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)

20**17**

OMB No. 1545-1150

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.

ΑI	or the	2017 calenda	ar year, or tax year beginning , 2017, and ending		, 20
В	Check if ap	oplicable:	C Name of organization D Em	ployer id	entification number
	Address c	hange		L-1315	5832
	Name cha	*	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel	ephone n	umber
=	Initial retur		P.O. Box 14925	513)44	16-4700
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code F Gr	oup Exe	mption
=		n pending	Cincinnati, OH 45250-0925	umber 🕨	>
			X Cash	► 🗶 i	f the organization is not
	Vebsite				ach Schedule B
JΤ	ax-exen	npt status (che			0-EZ, or 990-PF).
			☐ Corporation ☐ Trust ☐ Association ☐ Other		<u> </u>
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s	
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	46,018.
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instri		
			the organization used Schedule O to respond to any question in this Part I		•
	1		ons, gifts, grants, and similar amounts received	1	5,450.
	2		ervice revenue including government fees and contracts	2	30,299.
	3	_	ip dues and assessments	3	10,241.
	4	Investment		4	28.
	5a		ount from sale of assets other than inventory 5a	-	
	b		or other basis and sales expenses	_	
	C		5c		
	6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events		
e	а	Gross inco \$15,000) .			
Revenue	h			-	
eke	b		me from fundraising events (not including \$of contributions aising events reported on line 1) (attach Schedule G if the		
Œ			th gross income and contributions exceeds \$15,000) 6b		
			t expenses from gaming and fundraising events 6c	-	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	-	
	"	line 6c) .	e or (1055) from gariling and fundraising events (add lines of and obtaind subtract	6d	
	70	,		- Ou	
	7a		• • • • • • • • • • • • • • • • • • • •	-	
	b			70	
	8		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 8	
	9			9	46 010
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	46,018.
	11		· · · · · · · · · · · · · · · · · · ·	11	
"	12		aid to or for members	12	
se	13		al fees and other payments to independent contractors	13	17 052
en					17,053.
Expenses	14		y, rent, utilities, and maintenance	14	1 21 7
	15		ublications, postage, and shipping	15	1,317.
	16		enses (describe in Schedule O) See. Line 16. Stmt .	16	27,117.
	17	Types and	enses. Add lines 10 through 16	17	45,487.
ţ	18 19		(deficit) for the year (Subtract line 17 from line 9)	18	531.
SSE	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with a figure reported on prior year's return)		F7 426
Net Assets	00	-		19	57,436.
Se	20		nges in net assets or fund balances (explain in Schedule O)	20	F. 0.6.7
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	57,967.

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Pa	Balance Sneets (see the instructions in	,		5		
	Check if the organization used Schedule	U to respond to ar		Part II		B) End of year
22	Cash, savings, and investments		-	.,	22	•
23				57,436.	23	57,967.
24					24	
25				57 436	25	57,967.
26				37,430.	26	37,507.
27	A Other assets (describe in Schedule O) Total assets			57.436.	27	57,967.
	· ·	· / •				. ,
		•		•		Expenses
Wha	-	· · · · · · · · · · · · · · · · · · ·	• •			ired for section)(3) and 501(c)(4)
Desc						izations; optional for
					other	
			•	•		
28	n/a					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	
29						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	
30						
		includes foreign are	nto obook boro		200	
24	· · · · · · · · · · · · · · · · · · ·				30a	
3 I					31a	
32	Total program service expenses (add lines 28a t	hrough 31a)	ints, check here .	· · · • •	32	
						tions for Part IV)
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		Estimated amount of her compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Chr	is Holtman					
Pre	sident	3.00	0.	0		0.
Jay	Brock					
Tre	asurer	0.50	0.	0		0.
	cy Schwass					
Sec	./Pres Elect	0.50	0.	0		0.
		1				
		1				
		1				
		I .	İ	I	- 1	

Part	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No ×
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	×	
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		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i>	35b		<u> </u>
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		×
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		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		×
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		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	_		
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		
С	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			
е	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		×
41	List the states with which a copy of this return is filed ► OH			
42a	The organization's books are in care of ▶ Dittrich & Associates, PLLC Telephone no. ▶ (859)) 44	1-77	750
	Located at ▶ 654 Highland Ave, Suite 25, Fort Thomas KY ZIP+4 ▶ 410	75		
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)?	42b	Yes	No ×
	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).			
С	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		×
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 \Delta 43		. 1	▶ □
11-	Did the experimentary maintain any depay advised funds during the view of 600 minutes		Yes	No
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		×
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		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
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		×
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		×
				i

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									Yes	No		
46		ne organization engage, directly or in ndidates for public office? If "Yes," c										
Part '		Section 501(c)(3) organizations		- Faili			· ·	46		×		
rait		All section 501(c)(3) organizations		stions 47–49b an	id 52. an	d complet	te the t	tables f	or line	es		
		50 and 51.			0_,							
		Check if the organization used Sch	nedule O to respond	to any question in	n this Par	t VI						
			•	<u>.</u>					Yes	No		
47		ne organization engage in lobbying										
	year?	If "Yes," complete Schedule C, Part	:11					47				
48		organization a school as described in					 					
49a		ne organization make any transfers to	· · · · · · · · · · · · · · · · · · ·	_				49a				
b		s," was the related organization a se						49b		L		
50		plete this table for the organization's byees) who each received more than										
	empic	byees) who each received more than	· · · · · · · · · · · · · · · · · · ·			Health benefits		CITICI IV	one.			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribu	itions to empl	loyee (e	e) Estimate				
	.,	. ,	devoted to position	(Forms W-2/1099-MIS		olans, and def ompensation	erred	other com	pensat	ion		
						·						
-	Total	l number of other employees paid ove	or \$100 000									
51		plete this table for the organization's			nt contra	 ctore who	each r	eceived	more	than		
31		000 of compensation from the organization.			ant Contra	CIOIS WIIO	Caciiii	eceivea	111016	tilai		
	(a)	Name and business address of each independ	ont contractor	(b) Type of s	convice		(a) C	ompensatio	nn.			
	(α)	Name and business address of each independ	CHI COMMOCOL	(b) Type of a	CIVICC		(6)	Omponsati				
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶	•						
52		he organization complete Schedu	le A? Note: All se	ction 501(c)(3) or	ganizatior	ns must a	ittach					
	comp	leted Schedule A					▶	► Yes	1	No		
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than					my know	vledge and	belief,	it is		
ii de, coi	Teot, and	Complete: Declaration of preparer (other than	onicer) is based on an inic	mation of which prepar	er rias arry k							
Sign		Signature of officer				06/22/2 Date	70T8					
Here		Jay Brock, Treasurer				Duio						
		Type or print name and title										
Do:~		Print/Type preparer's name	Preparer's signature		Date	Char	ck 🗵 if	PTIN				
Paid Prop	arar	Todd H Dittrich				self-	employer	d P001	5260	3		
Prepa Use (Firm's name ▶ Dittrich & Ass	ociates, PLLC	l		Firm's EIN	▶81-0	056504	6			
		Firm's address ▶ 658 Highland A			75	Phone no.		9)441-)		
Mav th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions			. 🕨	X Yes		No		

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

Continuation Statement

Description	Amount
Liability Insurance	1,456.
Credit Card Fees	1,227.
Admin Travel	656.
Office Supplies	99.
Admin Misc	116.
P.O. Box	76.
National Convention Exp	690.
Membership Programming	1,368.
Presidents Award Program	325.
Media Day Expenses	6,907.
Web Hosting	254.
Blacksmith Awards	12,665.
E-Mail Marketing System	336.
Eventbrite Registration Expenses	796.
APR Class Series	112.
Bank Fees	19.
Board Planning	15.
Total	27,117.

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

lame of the organization	Employer Identification number

Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization **Employer identification number** Public Relations Society of America Inc 31-1315832 Name and title of officer

Jay Brock, Treasurer

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	. 1b	
2a Form 990-EZ check here ► 🗵 b Total revenue, if any (Form 990-EZ, line 9)	. 2b	46,018.
3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22)	. 3b	
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) .	. 4b	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	. 5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

☐ I authorize	A GIIO DOX GIIIY	to enter my PIN				as my signature
	ERO firm name			nun	•	

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date $\triangleright 06/22/2018$

Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6	1	5	0	1	9	4	1	0	7	5
Do not enter all zeros										

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)

Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ▶

> **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So