### Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

2018

OMB No. 1545-1150

Open to Public

Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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	2018 calend	ar year, or tax year beginning , 2018, and end	ing		, 20	
В	Check if ap	pplicable:	C Name of organization	D	D Employer identification number		
	Address o	change	Public Relations Society of America Inc		31-1315832		
	Name cha				E Telephone number		
Ц	Initial retu		P.O. Box 14925		(513)4	46-4700	
H		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	T F	Group Exemption		
H	Amended Applicatio		Cincinnati, OH 45250-0925	l'	Number	•	
		ting Method:				if the organization is <b>not</b>	
	Website	•	innatiprsa.org	1		tach Schedule B	
		<u></u>	Each only one) $- \square 501(c)(3) \times 501(c)(6) \blacktriangleleft \text{ (insert no.) } \square 4947(a)(1) \text{ or } \square 523(a)(1)$		•	0-EZ, or 990-PF).	
				(1)	Jiiii 990, 93	0-LZ, 01 990-1 1 ).	
				f total a	20040		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or \$500,000 or more, file Form 990 instead of Form 990-EZ			44 251	
_						44,351.	
F	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see				
	T -		the organization used Schedule O to respond to any question in this F				
	1		ons, gifts, grants, and similar amounts received			4,984.	
	2	_	ervice revenue including government fees and contracts			30,200.	
	3		ip dues and assessments		. 3	9,138.	
	4	Investment			. 4	29.	
	5a	Gross amo	unt from sale of assets other than inventory <b>5a</b>				
	b	Less: cost	or other basis and sales expenses				
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		. 5c		
	6	Gaming ar	d fundraising events:				
	а	Gross inc	ome from gaming (attach Schedule G if greater than				
ne		\$15,000) .	6a				
Revenue	b	Gross inco	me from fundraising events (not including \$ of contrib	utions			
è			aising events reported on line 1) (attach Schedule G if the				
_			th gross income and contributions exceeds \$15,000)   6b				
	С	Less: direc	t expenses from gaming and fundraising events 6c				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b an	d subtr	act		
					. 6d		
	7a	Gross sale	s of inventory, less returns and allowances   7a				
	b		of goods sold				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	-	. 7c		
	8		nue (describe in Schedule O)				
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			44,351.	
	10		I similar amounts paid (list in Schedule O)			44,331.	
	11		aid to or for members				
'n			ther compensation, and employee benefits				
Se	13		al fees and other payments to independent contractors			16 260	
eu	14					16,368.	
Expenses	. 14		y, rent, utilities, and maintenance			225	
	.0		ublications, postage, and shipping			325.	
	16		enses (describe in Schedule O) See. Line 16			32,986.	
_	17	Total expe	enses. Add lines 10 through 16	<u> </u>	<b>▶</b> 17	49,679.	
ts	18		(deficit) for the year (Subtract line 17 from line 9)			-5,328.	
se	19		or fund balances at beginning of year (from line 27, column (A)) (must				
Net Assets		-	r figure reported on prior year's return)			57,967.	
	20		iges in net assets or fund balances (explain in Schedule O)				
	21	Not accote	or fund balances at end of year. Combine lines 18 through 20		<b>&gt;</b> 21	52.639.	

Form 990-EZ (2018) Page **2** 

Pa	Balance Sheets (see the instructions to	,				
	Check if the organization used Schedule	O to respond to ar	· · · · · · · · · · · · · · · · · · ·			
00	Cook assisses and investments		_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			,	22	52,639.
23	Land and buildings		_		24	
24 25	Total assets		_		24 25	E2 620
26	Total liabilities (describe in Schedule O)		_	· ·	26	52,639.
27	Net assets or fund balances (line 27 of column		_		27	52,639.
	t III Statement of Program Service Accom	<u> </u>	,			32,003.
	Check if the organization used Schedule	•		,		Expenses
Wha		To advance P/R pr	• •		, ,	uired for section
Dasc	cribe the organization's program service accompli				,	c)(3) and 501(c)(4) nizations; optional for
	neasured by expenses. In a clear and concise m				other	
	ons benefited, and other relevant information for ea			,		
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						
	(Create t	includes foreign are	nto shool horo		200	
21	(Grants \$ ) If this amount Other program services (describe in Schedule O)	includes foreign gra	ints, check here .		30a	
31		includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)	ints, check here .		32	
					-	
Par	List of Officers, Directors, Trustees, and Key	/ Employees (list each			struc	tions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule		one even if not comp	pensated—see the in		<u></u>
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to ar	n one even if not comp ny question in this l (c) Reportable	pensated—see the in Part IV	<u></u>	
Par		(b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation	pensated — see the in Part IV	 ee <b>(e)</b> l	Estimated amount of
Par	Check if the organization used Schedule	O to respond to ar	n one even if not comp ny question in this l (c) Reportable	pensated — see the in Part IV	 ee <b>(e)</b> E	
	Check if the organization used Schedule	(b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and	 ee <b>(e)</b> E	Estimated amount of
Dar	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and	ee (e) i	Estimated amount of
Dar Pre Jay	Check if the organization used Schedule  (a) Name and title  rcy Schwass esident Brock	(b) Average hours per week devoted to position	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e) i	Estimated amount of ther compensation
Dar Pre Jay Tre	Check if the organization used Schedule  (a) Name and title  ccy Schwass esident Brock easurer	(b) Average hours per week devoted to position	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e) i	Estimated amount of ther compensation
Dar Pre Jay Tre	Check if the organization used Schedule  (a) Name and title  ccy Schwass esident Brock easurer on Rolfes	(b) Average hours per week devoted to position  3.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e) I	Estimated amount of ther compensation  0.
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Dar Pre Jay Tre	Check if the organization used Schedule  (a) Name and title  ccy Schwass esident Brock easurer on Rolfes	(b) Average hours per week devoted to position  3.00	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e) I	Estimated amount of ther compensation  0.
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Part	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the expenientian engage in any cignificant pativity not provide a transfer to the IDCO If "Vee " provide a		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		×
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	0.4		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	×	
000	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? If "No," provide an explanation in Schedule O	35b		
С	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	30		×
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
а	Initiation fees and capital contributions included on line 9			
b	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: section 4911 ▶			
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	100		
	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)		1-77	50
h	Located at ▶ 654 Highland Ave, Suite 25, Fort Thomas KY ZIP + 4 ▶ 4107 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	75	Vaa	NI.
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	X
	If "Yes," enter the name of the foreign country ▶	120		
	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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
			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?	44b		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1.0		
	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	45h		_

Form 990-EZ (2018) Page **4** 

								Yes	No
46		ne organization engage, directly or in							
Dout		ndidates for public office? If "Yes," of Section 501(c)(3) Organizations		Part I			. 4	6	×
Part		All section 501(c)(3) organizations	-	stions 47–49h and	152 and	complete th	e table	s for lir	168
		50 and 51.	o mast answer que	otions 47 400 and	1 02, and	oompicte ti	ic table.	, 101 111	100
		Check if the organization used Scl	nedule O to respond	to any question in	this Part	VI			. 🗆
			•					Yes	No
47		ne organization engage in lobbying							
40	•	If "Yes," complete Schedule C, Par					_	7	-
48		organization a school as described in						8	
49a b		ne organization make any transfers to s," was the related organization a se		_			_	9a 9b	
50		blete this table for the organization's							nd key
		oyees) who each received more than							
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribut benefit pl	ealth benefits, ions to employee ans, and deferred npensation		nated amo	
f	Total	number of other employees paid over	er \$100,000	. ▶					
51	Comp	plete this table for the organization'	s five highest compe	ensated independen	t contrac	_ tors who eac	h receive	ed more	e thar
	\$100,	000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	rvice	(c	) Compens	sation	
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶				
52		he organization complete Schedu		( )( )				,	
lodern									No
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than					nowleage	and belief	i, il is
	11/04/2019								
Sign	Signature of officer Date							-	
Here		Chris Holtman, Treasurer							
		Type or print name and title	Preparer's signature		Date		ı PTII	N	
Paid		Print/Type preparer's name Todd H Dittrich	. Toparor o organicule		- 3.0	Check Self-emplo	if P00		03
	parer Dittrick C Aggs		sociates, PLLC	ociates, PLLC		Firm's EIN ▶81			
Firm's address > 658 Highland Avenue, Fort Thomas, KY 41075 Phone no. (859)441-							1-775		
May tl	ne IRS	discuss this return with the preparer	shown above? See i	nstructions		·	▶ V	00	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** 

Ellie 10. Other Expended	T CONTINUATION CLARESTOCK
Description	Amount
Liability Insurance	1,419.
Credit Card Fees	995.
Admin Travel	661.
Office Supplies	68.
Admin Misc	1,439.
P.O. Box	82.
National Convention Exp	1,753.
Membership Programming	2,805.
Presidents Award Program	75.
Media Day Expenses	8,669.
Web Hosting	192.
Blacksmith Awards	12,468.
E-Mail Marketing System	344.
Eventbrite Registration Expenses	1,351.
APR Class Series	288.
New Professionals	195.
Social Media Exp	97.
Admin Gifts	85.
Total	32,986.

#### 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.

Name of the organization	Employer identification number
Public Relations Society of America Inc	31-1315832
Pt I, Line 16:	
Description: Liability Insurance \$1,419	
Description: Credit Card Fees \$995	
Description: Admin Travel \$661	
Description: Office Supplies \$68	
Description: Admin Misc \$1,439	
Description: P.O. Box \$82	
Description: National Convention Exp \$1,753	
Description: Membership Programming \$2,805	
Description: Presidents Award Program \$75	
Description: Media Day Expenses \$8,669	
Description: Web Hosting \$192	
Description: Blacksmith Awards \$12,468	
Description: E-Mail Marketing System \$344	
Description: Eventbrite Registration Expenses \$1,351	
Description: APR Class Series \$288	
Description: New Professionals \$195	
Description: Social Media Exp \$97	
Description: Admin Gifts \$85	

#### Form **8879-E0**

## IRS e-file Signature Authorization for an Exempt Organization

for an Exempt	Organization	

For calendar year 2018, or fiscal year beginning

, 2018, and ending , , ;

2018

OMB No. 1545-1878

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.▶ Go to www.irs.gov/Form8879EO for the latest information.

Internal Revenue Service Name of exempt organization **Employer identification number** Public Relations Society of America Inc 31-1315832 Name and title of officer Chris Holtman, 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. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . . **1a** Form 990 check here ► **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . . . . 2a Form 990-EZ check here ► 🔀 **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . 3a Form 1120-POL check here ► 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) . . . . . . . . . . . . . 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 2018 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. Officer's PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 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 2018 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 ► 11/04/2019 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. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 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