Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

A F	or the	2022 calenda	ar year, or tax year beginning , 2022, and ending		, 20
B 0	heck if ap	plicable:	C Name of organization D Em	oloyer id	entification number
	Address c	hange	Public Relations Society of America Inc 31	-1315	5832
\sqcup	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele	ephone n	umber
=	nitial retur		P.O. Box 14925 51	34464	1700
=	-inal retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	oup Exe	mption
=		n pending	Cincinnati, OH 45250-0925	mber	•
			☐ Cash ☐ Accrual Other (specify): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	X if the	e organization is not
	/ebsite				ach Schedule B
J T	ax-exen		sek only one) $ \square$ 501(c)(3) \times 501(c) (6) (insert no.) \square 4947(a)(1) or \square 527 (Form		
			X Corporation ☐ Trust ☐ Association ☐ Other:		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	 3	
			5500,000 or more, file Form 990 instead of Form 990-EZ		26,637.
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
	A1 C 1		the organization used Schedule O to respond to any question in this Part I		
_	1		ons, gifts, grants, and similar amounts received	11	2,738.
	2		ervice revenue including government fees and contracts	2	16,180.
	3		ip dues and assessments	3	7,713.
	4	Investment	•	4	
	- 5а		ount from sale of assets other than inventory 5a	7	6.
	b		or other basis and sales expenses	-	
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6		id fundraising events:	30	
	а	_	ome from gaming (attach Schedule G if greater than		
Revenue	_ u		6a		
Ş.	b		me from fundraising events (not including \$ of contributions		
æ			aising events reported on line 1) (attach Schedule G if the		
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b		
	С		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) .		6d	
	7a	Gross sale	s of inventory, less returns and allowances		
	b	Less: cost	of goods sold		
	С	•	it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8		nue (describe in Schedule O)	8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	26,637.
	10		I similar amounts paid (list in Schedule O)	10	
	11	Benefits pa	aid to or for members	11	
es	12		ther compensation, and employee benefits	12	
Expenses	13		al fees and other payments to independent contractors	13	10,812.
cbe	14	Occupancy	y, rent, utilities, and maintenance	14	
ш	15	Printing, pu	ublications, postage, and shipping	15	
	16		enses (describe in Schedule O) See. Line 16. Stmt .	16	18,773.
	17	Total expe	enses. Add lines 10 through 16	17	29,585.
Ŋ	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	18	-2,948.
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-yea	r figure reported on prior year's return)	19	36,900.
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	33,952.

Form 990-EZ (2022) Page **2**

Pai	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a				🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			36,900.	22	33,952.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			26.000	24	22.050
25 26	Total assets			36,900.	25 26	33,952.
27	Net assets or fund balances (line 27 of colum			36,900.	27	33,952.
Par	·					337321
	Check if the organization used Schedule	•		,		Expenses
What	t is the organization's primary exempt purpose?	To advance P/R pr	* :			uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomp				,	nizations; optional for
as m	neasured by expenses. In a clear and concise rons benefited, and other relevant information for e	manner, describe the			other	rs.)
	n/a					
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	🗆	28a	
29						
	/Over-1- (C)		nata ala ala bana		00-	
30	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	🗀	29a	
30						
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	🗆	31a	
32	Total program convice expenses (add lines 29a					
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke	y Employees (list each	n one even if not comp	ensated-see the in	struc	<u></u>
Par		y Employees (list each	n one even if not comp ny question in this	ensated-see the in	struc	tions for Part IV)
Par	List of Officers, Directors, Trustees, and Ke	y Employees (list each	n one even if not comp ny question in this (c) Reportable	pensated—see the in Part IV	nstruc	
Par	List of Officers, Directors, Trustees, and Ke	ey Employees (list each e O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/	pensated—see the in Part IV	nstruc 	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	ey Employees (list each e O to respond to an (b) Average	n one even if not comp ny question in this (c) Reportable	pensated—see the in Part IV	nstruc 	Estimated amount of
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	ey Employees (list each e O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the in Part IV	nstruc 	Estimated amount of
Bri	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	ey Employees (list each e O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the in Part IV	eee (e) I	Estimated amount of
Bri Pre Ann	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title dget Kochersperger sident ie Efkeman	e O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	censated—see the in Part IV	eee (e) I	Estimated amount of ther compensation
Bri Pre Ann Tre	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title dget Kochersperger sident ie Efkeman asurer	e O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	censated—see the in Part IV	eee (e) I	Estimated amount of ther compensation
Bri Pre Ann Tre Sar	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title dget Kochersperger sident ie Efkeman asurer a Cullin, APR	(b) Average hours per week devoted to position 3.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	censated—see the ir Part IV	eee (e) I	Estimated amount of ther compensation 0.
Bri Pre Ann Tre Sar	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title dget Kochersperger sident ie Efkeman asurer a Cullin, APR ./Pres Elect	ty Employees (list each e O to respond to all (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	censated—see the in- Part IV	eee (e) I	Estimated amount of ther compensation
Bri Pre Ann Tre Sar Sec	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title dget Kochersperger sident ie Efkeman asurer a Cullin, APR ./Pres Elect ison Schroeder, APR	(b) Average hours per week devoted to position 3.00 0.50	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	censated—see the inequality of	eee (e) I	Estimated amount of ther compensation 0. 0.
Bri Pre Ann Tre Sar Sec	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title dget Kochersperger sident ie Efkeman asurer a Cullin, APR ./Pres Elect	(b) Average hours per week devoted to position 3.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	censated—see the ir Part IV	eee (e) I	Estimated amount of ther compensation 0.
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Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	<u>V</u> .	
			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	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)?		^	~
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	35a 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		×
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 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
ээ a	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:; 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		
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)44	1-77	50
h	Located at: 654 Highland Ave, Suite 25, Fort Thomas KY ZIP + 4 410. At any time during the calendar year, did the organization have an interest in or a signature or other authority over	75 	Yes	NI-
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	×
	If "Yes," enter the name of the foreign country:	12.0		
	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		V	NI -
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	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		×

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ (2022) Page **4**

							_	Y	es	NO
46		he organization engage, directly or in								
		ndidates for public office? If "Yes," of		, Part I			. 4	16		×
Part		Section 501(c)(3) Organization								
		All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and co	mplete th	e table	s for	lines	3
		50 and 51.								
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI		<u> </u>			
							_	Y	'es	No
47		he organization engage in lobbying				_				
	year?	If "Yes," complete Schedule C, Par	tll				. 4	17		
48	Is the	organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. 4	18		
49a	Did th	ne organization make any transfers t	o an exempt non-cha	ritable related organi	zation?		. 49	9a		
b		es," was the related organization a se						9b		
50		plete this table for the organization's								key
	empl	oyees) who each received more than	n \$100,000 of comper	nsation from the orga	nization. If t	here is nor	e, enter	"Nor	ne."	
			(b) Average	(c) Reportable	(d) Health					
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC/		to employee and deferred				
			devoted to position	1099-NEC)	compe		0	ооро		
f	Total	number of other employees paid ov	er \$100,000							
51		plete this table for the organization			contractors	s who eac	h receiv	ed m	ore t	har
	\$100	,000 of compensation from the orga	nization. If there is no	ne, enter "None."						
	(2)	Name and business address of each independ	dent contractor	(b) Type of sen	vice	lo	c) Compen	eation		
	(a)	Name and business address of each independ	dent contractor	(b) Type of Serv	VICE	,,) Compen	Sation		
							_			
d	Total	number of other independent contra	actors each receiving	over \$100,000						
52	Did 1	the organization complete Schedu	ule A? Note: All se	ction 501(c)(3) orga	ınizations n	nust attac	h a			
		. l . t l Õ . l l l A						es	□ N	O
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and statem	ents, and to the	best of my k	nowledge	and be	elief, it	is
true, co	rrect, an	d complete. Declaration of preparer (other tha	n officer) is based on all info	rmation of which preparer	has any knowle	edge.				
Sign		Signature of officer			Dat	e	_		_	
Here		Anne Efkeman, Treasur	er							
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature	Da	ate	Check X	if PTI	N		
Prep	arer	Todd H Dittrich		1	1/08/202	3 self-emplo	byed P00	0152	2603	
Use		Firm's name Dittrich & Ass	sociates, PLLC		Firr	n's EIN 81	-0565	046		
		Firm's address 658 Highland 2	Avenue, Fort Th	omas, KY 41075	Pho	one no. (8	359)44	1-7	750	
May tl	he IRS	discuss this return with the prepare	r shown above? See i	nstructions			. X Y	es	N	0

Additional Information From 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	1,419.
Credit Card Fees	646.
Admin Travel	258.
P.O. Box	150.
National Convention Exp	1,538.
Membership Programming	1,410.
Presidents Award Program	92.
Media Day Expenses	250.
Web Hosting	227.
Blacksmith Awards	11,406.
E-Mail Marketing System	396.
Eventbrite Registration Expenses	777.
Zoom Meeting Fees	194.
Admin Misc	10.
Total	18,773.

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 \$646	
Demonstrations admin Marcon 1 4050	
Description: Admin Travel \$258	
Description: P.O. Box \$150	
Description: National Convention Exp \$1,538	
Description: Membership Programming \$1,410	
Description: Membership Programming \$1,410	
Description: Presidents Award Program \$92	
Description: Media Day Expenses \$250	
Description: Web Hosting \$227	
Debolipelon web nobeling v22/	
Description: Blacksmith Awards \$11,406	
Description: E-Mail Marketing System \$396	
Description: Eventbrite Registration Expenses \$777	
Description: Zoom Meeting Fees \$194	
Description: Admin Misc \$10	
Description: Admin Misc VIO	

BAA

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

	OMB NO.	1545-0047
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20

Department of the Treasury Internal Revenue Service For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

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

Go to www.irs.gov/Form8879TE for the latest information.

2022

Name of f	filer					EIN or SSN	
			America Inc			31-1315832	
Name and	d title of officer or p	person subject to tax					
	Efkeman, 1						
Part I	Type of	Return and Ret	urn Information				
8038-CF 3a , 4a , \$	P and Form 533 5a, 6a, 7a, 8a ,	30 filers may enter 9a , or 10a below, a	ou are using this Form dollars and cents. For al and the amount on that linver is applicable, blank (I other forms, e	nter whole dollars being filed with	s only. If you check this form was blank	k the box on line 1a, 2a k, then leave line 1b, 2b
			ore than one line in Part I		,, ,		,
		k here \square	b Total revenue, if ar		art VIII, column (A	A), line 12)	1b
2a I	Form 990-EZ	heck here \square	b Total revenue, if ar				2b
3a I	Form 1120-POL	check here \square	b Total tax (Form 112	20-POL, line 22)			3b
4a I	Form 990-PF	heck here \square	b Tax based on inve	stment income	(Form 990-PF, F	Part V, line 5) .	4b
5a l	Form 8868 che	ck here 🗵	b Balance due (Form	8868, line 3c)			5b 0.
6a l	Form 990-T ch	eck here \square	b Total tax (Form 990	D-T, Part III, line	4)		6b
7a l	Form 4720 che	ck here	b Total tax (Form 472	20, Part III, line)		7b
8a I	Form 5227 che	ck here \square	b FMV of assets at e	end of tax year	(Form 5227, Item	ıD)	8b
9a I	Form 5330 che	ck here \square	b Tax due (Form 533	0, Part II, line 19)		9b
	Form 8038-CP o		b Amount of credit pa				10b
Part II			ure Authorization of				
Jnder p	enalties of perj	ury, I declare that	X I am an officer of the	above entity or	I am a perso	on subject to tax w	ith respect to (name
of entity	<i>'</i>)			, (EIN)		and that I have exa	mined a copy of the
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