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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 black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PUBLIC RELATIONS SOCIETY OF AMERICA MINNESOTA CHAPTER Number and street (or P O box, if mail is not delivered to street address) Room/suite 1821 University Avenue W	D Employer identification number 41-1414223
	City or town, state or country, and ZIP + 4 St Paul, MN 55104	E Telephone number (651) 917-9244
	F Group Exemption Number	

G Accounting method Cash Accrual Other (specify) _____

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

I Website: WWW.MNPRSA.COM

J Tax-Exempt status (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 89,709

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	65,298
	3 Membership dues and assessments	3	22,998
	4 Investment income	4	4
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b 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)	6b	0	
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	1,409	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	89,709	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	42,105
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,111
	16 Other expenses (describe in Schedule O)	16	51,688
17 Total expenses. Add lines 10 through 16	17	94,904	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,195
	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)	19	97,722
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-210
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	92,317

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	108,768	22	90,178
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,754	24	19,939
25 Total assets	112,522	25	110,117
26 Total liabilities (describe in Schedule O)	14,800	26	17,800
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	97,722	27	92,317

Part III Statement of Program Service Accomplishments

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 and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

The purpose of Minnesota PRSA is to - To advance the art and science of public relations in the public interest, - encourage research, discussion, and study of the problems and techniques of the public relations profession, - strengthen and maintain the highest standards of service and ethical conduct by all members of the profession, exchange ideas and experiences and collect and disseminate information that may enhance or improve the professional knowledge, standards, ethics, and standing of members, and- Promote the profession

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 Offer members professional forums & seminars, along with continuing education and an accreditation program. These programs work to strengthen and advance the profession of public relations. At year end 2011, there were 367 active members of PRSA Minnesota. Provide academic scholarships to assist those choosing careers in public relations. In 2011, four scholarships were given to student members (Grants \$ 48,086)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	48,086

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the 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		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)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
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)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		No
35c	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		0
39b	Gross receipts, included on line 9, for public use of club facilities		0
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> AMP _____ Telephone no <input type="checkbox"/> (651) 917-6240 1821 University Avenue W Located at <input type="checkbox"/> ST PAUL, MN _____ ZIP + 4 <input type="checkbox"/> 55104		
42b	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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
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 <input type="checkbox"/> 43 _____		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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)		No

	Yes	No
46		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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

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

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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 and 4947(a)(1) nonexempt charitable trusts 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	2012-07-18 Date		
	ANNA LEWICKI LONG Secretary Type or print name and title			
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> Marc Colin	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> Carpenter Evert & Associates 7760 France Ave S 940 Bloomington, MN 55435			EIN <input type="checkbox"/>
				Phone no <input type="checkbox"/> (952) 831-0085

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

Additional Data**Software ID:** 11000144**Software Version:** 2011v1.2**EIN:** 41-1414223**Name:** PUBLIC RELATIONS SOCIETY OF AMERICA
MINNESOTA CHAPTER**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LEAH OTTO 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	Director 2 00	0		
ANNA LEWICKI LONG 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	Secretary 2 00	0		
KELLI HARMS 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	Director 2 00	0		
PATRICIA EFFENBERGER 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	Director 2 00	0		
TRACY CARLSON 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	Treasurer 2 00	0		
DAVID KOSTIK 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	Director 2 00	0		
BRANT SKOGRAND 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	Vice President 2 00	0		
MELANIE BOULAY BECKER 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	Director 2 00	0		
BROOKE WORDEN 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	President 2 00	0		
CANDEE WOLF 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	PAST PRESIDENT 2 00	0		
LINDA KOHL 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	Director 2 00	0		
JASON SPRENGER 1821 UNIVERSITY AVE W S256 ST PAUL, MN 55104	Director 2 00	0		

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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PUBLIC RELATIONS SOCIETY OF AMERICA
MINNESOTA CHAPTER

Employer identification number

41-1414223

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$6685 Deferred Revenue - Ending \$17265
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$8115 Accounts Payable and Accrued Expenses - Ending \$535
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$1000 Prepaid Expenses and Deferred Charges - Ending \$2012
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$2754 Accounts Receivable - Ending \$17927
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Decreases 1	Misc Change in Net Assets \$210
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Bad Debt Expense \$55
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Donations \$187
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Sunshine Fund Expense \$203
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Volunteer Appreciation \$431
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	BANK FEES \$3956
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	SCHOLARSHIP EXPENSE \$4000
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Decorations and Awards \$4631
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Speaker Fees \$5000
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$29055
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$3793
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$377
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Misc Income \$1409