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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013**Open to Public Inspection**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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Public Risk Management Association Inc, Arizona Chapter
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
c/o Jean Poe, Town of Buckeye, 530 E Monroe Avenue
 City or town, state or province, country, and ZIP or foreign postal code
Buckeye, AZ 85326

D Employer identification number
86-0725084

E Telephone number
623-869-2160

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: ▶ **arizonaprma.org**

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

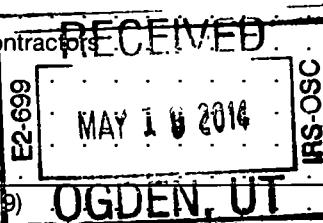
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **84180.20**

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	39221.65
	2	Program service revenue including government fees and contracts	2	19729.58
	3	Membership dues and assessments	3	12527.88
	4	Investment income	4	32.09
	5a	Gross amount from sale of assets other than inventory	5a	0
	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	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	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	12669.00
	c	Less: direct expenses from gaming and fundraising events	6c	9414.90
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3254.10
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74765.30
	10	Grants and similar amounts paid (list in Schedule O)	10	25636.48
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	1438.00
14	Occupancy, rent, utilities, and maintenance	14	1138.73	
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe in Schedule O)	16	46903.04	
17	Total expenses. Add lines 10 through 16	17	75116.25	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(350.95)
	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	67791.64
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	67440.69

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)SCANNED JUN 11 2014
Revenue

2495

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	67791.64	22 67440.69
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	67791.64	25 67440.69
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67791.64	27 67440.69

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? Education of Governmental/Public Entity Risk Managers

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

28 Summer Educational Series - 3 day event which provides concurrent educational sessions on variety of topics designed to improve the professionalism of public entity risk managers		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	38767.36
29 Provide scholarships to persons in the public entity risk management to attend the National Prima Educational Conference and the Prima Institute		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	25636.48
30 Quarterly 1 day educational meeting with two to three topics designed to improve the professionalism of public entity risk managers		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5026.42
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	69430.26

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
Jean Poe President	4	0	0	0
Barry Hegrenes Vice President / President Elect	4	0	0	0
Susan Johns Secretary	4	0	0	0
Debbie Jo Maust Treasurer	4	0	0	0
Sheri Swain Past President	2	0	0	0
Pauline Hecker Director	1	0	0	0
Christine Nobles Director	1	0	0	0
Leland Frische Director	1	0	0	0
Laura Guerrero Director	1	0	0	0
Dean Coughenour Director	1	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		✓
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)		✓
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		
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		✓
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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
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?		✓
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		
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) and 501(c)(4) 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		
c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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		✓
41 List the states with which a copy of this return is filed ▶ Arizona		
42a The organization's books are in care of ▶ Debbie Jo Maust (Treasurer) Telephone no. ▶ 623-869-2160 Located at ▶ 23636 N 7th Street, Phoenix AZ ZIP + 4 ▶ 85024		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		✓
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 ▶ 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		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)		✓

- 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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

- 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

	Yes	No
47		
48		
49a		
49b		

- 48** Is the organization a school as 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 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 ▶

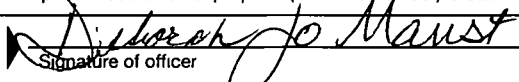
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 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		<u>May 15, 2014</u>
	Deborah Jo Maust, Treasurer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Public Risk Management Association Inc, Arizona Chapter

Employer identification number

86-0725084

Part 1 - Expenses - # 10 \$25,636

Scholarships are award to public entity risk managers (incl 4 officers) to attend the National Prima Conference - a 4-day educational event,
and to the Prima Institute, an intensive educational offering for new Risk Managers (track 101), with a second intermediate session (track 102)

The purpose of scholarship is to cover registration costs & travel expenses up to an established maximum. Only actual costs are awarded.

10 scholarships were awarded for the National Conference, and 4 scholarships were awarded for the Prima Institute

David Blythe City of Casa Grande 510 E Florence Blvd, Casa Grande AZ 85122 \$2000

Pauline Hecker, Maricopa County 222 N Central Avenue #1110, Phoenix AZ 85004 \$2000

Barry Hegrenes, City of Mesa PO Box 5898, Mesa AZ 85211 \$2000

Susan Johns, City of Casa Grande 510 E Florence Blvd, Casa Grande AZ 85122 \$2000

Nancy Love, Town of Buckeye 530 E Monroe Avenue, Buckeye AZ 85326 \$2000

Debbie Jo Maust, Central Arizona Project, PO Box 43020, Phoenix AZ 85020 \$2000

Timothy Mulligan, City of Show Low 180 N 9th Street, Show Low AZ 85901 \$2000

Christine Nobles, Maricopa County 222 N Central Avenue #1110, Phoenix AZ 85004 \$2000

Jean Poe, Town of Buckeye 530 E Monroe Avenue, Buckeye AZ 85326 \$2250

Sheri Swain, 7002 E Lynx Wagon Rd, Prescott Valley AZ 86314 \$2000

Tim Fisher, City of Goodyear 190 N Litchfield Road, Goodyear, AZ 85338 \$1,500

Chris Hansen, c/o City of Tempe 20 East 6th Street, Tempe AZ \$1,500

Barry Hegrenes, Co City of Mesa, PO Box 5898, Mesa AZ 85211 \$1,500

Reina LaCombe, c/o Town of Gilbert, 50 E Civic Center Drive, Gilbert AZ 85296 \$1,500

Part 1 - Expenses #16 Other Expenses \$ 46903

The Arizona PRIMA Chapter presents one annual educational event - the Summer Educational Series" annually. (\$38767) Expenses include
venue, speakers, food, brochures and other items typical of conference.

Four quarterly educational meetings are presented around the state and hosted by various governmental entities. (5026) Costs include
venue lease, lunches, and video/sound expenses.

Also included in line 16 is insurance (\$1305) and administration including phone, office supplies (1655) and speaker tokens (\$150)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Employer identification number

Area with horizontal dashed lines for supplemental information.