



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No. 1545-1150

2014**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 2014 calendar year, or tax year beginning

, 2014, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final 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) ▶**I** Website: ▶ **arizonaprima.org****H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 ▶ \$ **98671.97****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	40,000.00
	2	Program service revenue including government fees and contracts	2	30,415.00
	3	Membership dues and assessments	3	15,470.00
	4	Investment income	4	16.97
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	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	
b	Gross income from fundraising events (not including \$ 12,020 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	12,020.00	
c	Less: direct expenses from gaming and fundraising events	6c	6,037.45	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,982.55	
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	750.00	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	92,634.52	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	27,058.98
	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	3,750.35
	14	Occupancy, rent, utilities, and maintenance	14	697.58
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	48,499.78
	17	Total expenses. Add lines 10 through 16	17	80,006.69
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,627.83
	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	67,440.69
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	80,068.52

RECEIVED
MAY 14 2015
OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2014)

SCANNED JUN 09 2015

GAS 13

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	67440.69	22 80068.52
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	67440.69	25 80068.52
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67440.69	27 80068.52

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, 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	41,950.45
29 Provide scholarships to persons in public entity risk management to attend the National Prima educational conference and Prima Institute		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	27,179.94
30 Website provided to members & nonmembers with a variety of risk management resources including information from prior sessions		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3750.35
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	72880.74

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
Barry Hegrenes President	4	0	0	0
Pauline Hecker Vice President	4	0	0	0
Jean Poe Secretary	4	0	0	0
Debbie Jo Maust Treasurer	4	0	0	0
Sheri Swain Past President	1	0	0	0
Leland Frische Director	1	0	0	0
Christine Nobles Director	1	0	0	0
Timothy Mulligan Director	1	0	0	0
Susan McKee Director	1	0	0	0
Iris Dobler 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	
c 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 ▶		
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	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>Arizona</u>		
42a The organization's books are in care of ▶ <u>Debbie Jo Maust (Treasurer)</u> Telephone no. ▶ <u>623-869-2160</u> Located at ▶ <u>23636 N 7th Street, Phoenix AZ</u> ZIP + 4 ▶ <u>85024</u>		
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: ▶	42b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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: ▶	42c	<input checked="" type="checkbox"/>
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	44a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

48		
-----------	--	--

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

49a		
------------	--	--

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

49b		
------------	--	--

- 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 ▶

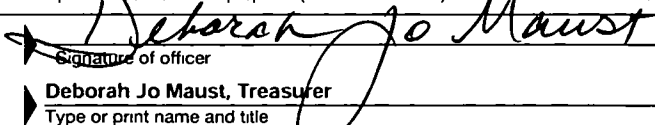
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 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		4-24-15
	Signature of officer	Date
	Deborah Jo Maust, Treasurer	
	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

2014

**Open to Public
Inspection**

Name of the organization

Public Risk Management Association, Inc, Arizona Chapter

Employer identification number

86-0725084

Part 1 - Expenses # 1- \$27,059

Scholarships are awarded to public entity risk managers (including 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 and travel expenses up to an established maximum. Only actual costs are awarded. 15 scholarships were awarded for the National Conference and 3 scholarships awarded for the Prima Institute.

Jean Poe, Town of Buckeye, 530 E Monroe Avenue, Buckeye, AZ, 85326 \$1,500

Susan Blythe, City of Casa Grande, 510 E Florence Blvd, Casa Greande, AZ 85122 \$1,500

Debbie Jo Maust, Central Arizona Project, PO Box 43020, Phoenix AZ 85020 \$1,500

Pauline Hecker, Maricopa County 222 N Central Ave, #1110, Phoenix AZ 85004 \$1,500

Laura Guerrero, City of Tempe 20 East 6th Street Tempe AZ \$1,500

Lee Frische, Town of Gilbert, 50 E Center Drive, Gilbert AZ 85296 \$1500

Christine Nobles, Maricopa County, 222 N Central Ave, #1110, Phoenix AZ 85004 \$1,500

Sheri Swain, AZ Dept of Administaration, 100 N 15th Avenue, Suite 301, Phoenix AZ 85007 \$1,500

Colin Spaeth, City of Flagstaff, 211 W Aspen, Flagstaff AZ 86001 \$1,500

Robert Duffy, City of Yuma, One City Plaza, Yuma AZ 85364-1436 \$1,500

Diane Russell, Town of Prescott Valley 7501 E Civic Circle, Prescott Valley, AZ 86314 \$1,500

Jack, Flindt, Pinal County, PO Box 2088, Florence, AZ 85132 \$1,500

Claudia Rohrs, City of Chandler, PO Box 4008, MS608 Chandler AZ 85244-4008 \$1,500

Shannon Murphy, Maricopa County, 222 N Central Ave, #1110, Phoenix AZ 85004 \$1,500

Kathleen Kolm, Maricopa County, 222 N Central Ave, #1110, Phoenix AZ 85004 \$1,380

Annalyn Eden, City of Buckeye, 530 # Monroe Avenue, Buckeye AZ 85326 \$1,600

Kay Eldridge, City of Yuma, One City Plaza, Yuma AZ 85364, \$1,600

Leland Frische, Town of Gilbert, 50 E Civic Center Drive, Gilbert AZ 85296 \$1,600

Name of the organization

Employer identification number

Public Risk Management Association, Inc, Arizona Chapter**86-0725084****Part 1 - Expenses Other Expenses \$48,500**

The Arizona PRIMA chapter presents one annual educational event - the Summer Educational Series \$41,950 Expenses include venue, food, speakers, brochures, and other items typical of conferences.

Also included in line 16 is insurance (\$1,352), credit card processing fees (1717), administration costs phones, office supplies (\$392); and speaker costs & tokens (\$2,996) quarterly meeting incidental costs (\$93)