

Click on the question-mark icons to display help windows

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

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

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.

OMB No 1545-1150

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning January 1, 2018, **and ending** December 31, 2018

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**

D Employer identification number ☐ **86-0725084**

E Telephone number **928-753-8715**

F Group Exemption Number ☐ **00**

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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 ☐

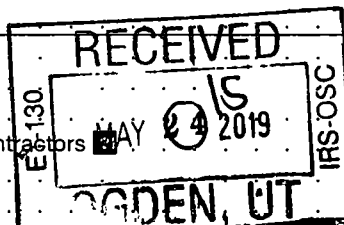
Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	53,500	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	23,608 86	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	13,151 17	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	11 16	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
b	Less: cost or other basis and sales expenses	5b			
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	1,675		
c	Less: direct expenses from gaming and fundraising events	6c	57,335 82		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-55,660 82		
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	34,610 39		
10	Grants and similar amounts paid (list in Schedule O)	10	42,321 60		
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			
14	Occupancy, rent, utilities, and maintenance	14	1,466 33		
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16	5,713 84		
17	Total expenses. Add lines 10 through 16	17	49,501 77		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,891 38		
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	57,881 48		
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	42,990 10		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)

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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	57,881 48	22 42,990 10
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	57,881 48	25 42,990 10
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

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? Training in risk management practices

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 Provide scholarships to persons in public entity risk management to attend National PRIMA Educational Conference, and PRIMA Institute (training program)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	42,321 60
29 Website provided to members and 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"/>	29a	1,340
30 Quarterly meetings - provides current education sessions on variety of topics designed to improve the professionalism of Public Risk Managers		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	537 64
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	44,199 24

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
DEBBIE JO MAUST PAST PRESIDENT	4	Ø	Ø	Ø
JEAN PUE PRESIDENT	4	Ø	Ø	Ø
KATHLEEN KOENIG VICE PRESIDENT	4	Ø	Ø	Ø
SUSAN MCKEE TREASURER	4	Ø	Ø	Ø
CHRISTINE NOBLES SECRETARY	4	Ø	Ø	Ø
TIM MULLIGAN DIRECTOR AT LARGE	1	Ø	Ø	Ø
DEAN LOUGHENDOUR DIRECTOR AT LARGE	1	Ø	Ø	Ø
DIANE SHOEMAKE DIRECTOR AT LARGE	1	Ø	Ø	Ø
CHONTEL HOUNNET DIRECTOR AT LARGE	1	Ø	Ø	Ø
AMANDA WILDER DIRECTOR AT LARGE	1	Ø	Ø	Ø

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 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 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 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 checked="" 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 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 checked="" type="checkbox"/>
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?		
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), 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		
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		
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>SUSAN MCKEE, TREASURER</u> Telephone no. ▶ <u>928-303-3493</u> Located at ▶ <u>2002 REX ALLEN DR., KINGMAN, AZ 86409</u> ZIP + 4 ▶		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
c 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 ▶		<input checked="" type="checkbox"/>
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 ▶ 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		<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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<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		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<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		<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		<input checked="" type="checkbox"/>

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

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

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" type="checkbox"/>

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
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 business address of each independent contractor	(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 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 Susan K. McKee Date 05/13/19
 Type or print name and title SUSAN K. MCKEE, TREASURER

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		Phone no	
Firm's address				

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

PUBLIC RISK MANAGEMENT ASSOC INC-AZ CHAPTER

Employer identification number

86-0725084

PART I-EXPENSES #1 - \$42,321.00

SCHOLARSHIPS ARE AWARDED TO THE PUBLIC ENTITY RISK MANAGERS (INCLUDING BOARD OF DIRECTOR MEMBERS) TO ATTEND THE NATIONAL PRIMA CONFERENCE-A 4-DAY EDUCATIONAL CONFERENCE AND THE PRIMA INSTITUTE, AN INTENSE EDUCATIONAL OFFERING FOR NEW RISK MANAGERS (TRACT 101) WITH A SECOND INTERMEDIATE SESSION (TRACT 102) AND ERM TRAINING. THE PURPOSE OF THE SCHOLARSHIPS IS TO COVER REGISTRATION COSTS;

TRAVEL EXPENSES TO AN ESTABLISHED MAXIMUM. ONLY ACTUAL COSTS ARE AWARDED.
2018 NATIONAL PRIMA CONFERENCE:

DEBORAH JO MAUST, CENTRAL AZ PROJECT, PO BOX 43020, PHOENIX, AZ	\$1,992.44
LELAND FRISCHE, TOWN OF GILBERT, 50 E CIVIC CENTER DR, GILBERT, AZ	\$1,965.22
JEAN PDE, CITY OF BUCKEYE, 530 E MONROE, BUCKEYE, AZ	\$2,000.00
SUSAN MCKEE, CITY OF KINGMAN, 310 N 4TH ST, KINGMAN, AZ	\$1,969.27
CHONTEL HOUNJET, AZ DOA, 100 N 15TH AVE, STE 301, PHOENIX, AZ	\$1,956.25
DIANE SHOEMAKE, CITY OF GLENDALE, 5850 W GLENDALE AVE, GLENDALE, AZ	\$2,000.00
TIM MULLIGAN, CITY OF SHOW LOW, 180 N 9TH ST, SHOW LOW, AZ	\$2,250
CHRISTINE NOBLES, MARICOPA COUNTY, 234 N CENTRAL AVE STE 530, PHOENIX, AZ	\$1,1089.00
KATHLEEN KOLM, MARICOPA COUNTY, 234 N CENTRAL AVE, STE 530, PHOENIX, AZ	\$1,763.30
DEAN COUGHENOUR, CITY OF FLAGSTAFF, 211 W ASPEN AVE, FLAGSTAFF, AZ	\$1,1632.07
AMY KENNELLY, AZ DOA, 100 N 15TH AVE STE 301, PHOENIX, AZ	\$2,000.00
REINALA COMBE, TOWN OF GILBERT, 50 E CIVIC CENTER DR, GILBERT, AZ	\$1,927.98
DAVE PARKER, CENTRAL AZ PROJECT, PO BOX 43020, PHOENIX, AZ	\$1,947.22
2018 PRIMA INSTITUTE	
SUSAN MCKEE, CITY OF KINGMAN, 310 N 4TH ST, KINGMAN, AZ	\$2,800.00
KATIE JOHNSON, CITY OF SEDONA, 102 ROADRUNNER DR, SEDONA, AZ	\$2,200.00
2019 NATIONAL PRIMA CONFERENCE:	
AMANDA WILBER, CITY OF COTTONWOOD, 816 N MAIN ST, COTTONWOOD, AZ	\$2,250.00
DEAN COUGHENOUR, CITY OF FLAGSTAFF, 211 W ASPEN AVE, FLAGSTAFF, AZ	\$2,000.00
DEBORAH JO MAUST, CENTRAL AZ PROJECT, PO BOX 43020, PHOENIX, AZ	\$2,000.00
CHONTEL HOUNJET, AZ DOA, 100 N 15TH AVE, STE 301, PHOENIX, AZ	\$2,000.00

Name of the organization

PUBLIC RISK MANAGEMENT ASSOC INC - AZ CHAPTER

Employer identification number

86-0725084

CHRISTINE NOBLES, MARICOPA COUNTY, 234 N CENTRAL AVE STE 530, PHOENIX, AZ \$2,000.00

JEAN DOE, CITY OF BUCKEYE, 530 E MONROE, BUCKEYE, AZ \$2,000.00

PART 1- OTHER EXPENSES

THE AZ PRIMA CHAPTER HELD A SUMMER EDUCATIONAL SERIES TRAINING
EVENT AS A FUND RAISER IN 2018. EXPENSES INCLUDED VENUE, FOOD,
AND PROMOTIONAL ITEMS (\$57,335.82)

ALSO INCLUDED IN LINE 16 ARE INSURANCE (\$1,684), ADMINISTRATIVE
COSTS, PHONES, OFFICE SUPPLIES (\$210.61), QUARTERLY MEETING
EXPENSES (\$537.64), CREDIT CARD PROCESSING FEES (\$1,697.63), MISC
SUMMER EDUCATIONAL SERIES EXPENSES (\$243.94), AND FEES FOR OUR
CHAPTERMANAGER WEBSITE (\$1,340)