

Form **990EZ**
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 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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
MINNESOTA CHAPTER OF THE PUBLIC RELATIONS SOCIETY OF AMERICA
Number and street (or P O box, if mail is not delivered to street address) Room/suite
2345 RICE STREET STE 220
City or town, state or province, country, and ZIP or foreign postal code
ST PAUL, MN 551133720

D Employer identification number
41-1414223
E Telephone number
(952) 237-9258
F Group Exemption Number ▶ 1255

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.MINNESOTAPRSA.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. ▶ \$ 115,375

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	91,106
3	Membership dues and assessments	3	20,032
4	Investment income	4	19
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	
c	Less direct expenses from gaming and fundraising events	6c	
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	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	4,218
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	115,375

Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	3,050
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	27,930
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	54,054
17	Total expenses. Add lines 10 through 16	17	85,034
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30,341
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	20,107
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-3,208
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	47,240

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	25,175	22 47,148
23 Land and buildings		23
24 Other assets (describe in Schedule O)	21,553	24 5,761
25 Total assets	46,728	25 52,909
26 Total liabilities (describe in Schedule O).	26,621	26 5,669
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,107	27 47,240

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
TO ADVANCE THE ART AND SCIENCE OF PUBLIC RELATIONS IN THE PUBLIC INTEREST

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 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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) <input type="checkbox"/>	32	

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
GREG ZIMPRICH APR FELLOW PRSA PRESIDENT	3 50	0	0	0
DAN HAUSER APR PRESIDENT ELECT	3 50	0	0	0
JENNIFER BAGDADE APR TREASURER	3 50	0	0	0
DAVE NEUGER APR SECRETARY	3 50	0	0	0
EVA KEISER APR PAST PRESIDENT	3 50	0	0	0
BROOKE WORDEN APR ETHICS OFFICER	3 50	0	0	0
MARSHA PITTS-PHILLIPS DIVERSITY AND INCLUSION OFFICER	3 50	0	0	0
JACQUE LARSON APR DIRECTOR	3 50	0	0	0
SEAN MCDONNELL APR DIRECTOR	3 50	0	0	0
TAMMY NYSTUEN APR DIRECTOR	3 50	0	0	0
BEN SAUKKO APR DIRECTOR	3 50	0	0	0
JANET SWIECICHOWSKI APR DIRECTOR	3 50	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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of ► CHRISTINE STRAK MA CMP Telephone no ► (952) 237-9258
Located at ► 2345 RICE STREET SUITE 220 ST PAUL, MN ZIP + 4 ► 551133720

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 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 ► 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	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	46		No

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

		Yes	No
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	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	***** Signature of officer GREG ZIMPRICH PRESIDENT Type or print name and title	2020-07-02 Date
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Paid Preparer Use Only	Print/Type preparer's name JOHN TAUER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00294068
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402			Phone no (612) 376-4500	

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

Additional Data

Software ID:
Software Version:
EIN: 41-1414223
Name: MINNESOTA CHAPTER OF THE PUBLIC RELATIONS SOCIETY OF AMERICA

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 TO ENCOURAGE RESEARCH, DISCUSSION AND STUDY OF THE PROBLEMS AND TECHNIQUES OF THE PUBLIC RELATIONS PROFESSION TO STRENGTHEN AND MAINTAIN THE HIGHEST STANDARDS OF SERVICE AND ETHICAL CONDUCT BY ALL MEMBERS OF THE PROFESSION EXCHANGE OF IDEAS AND EXPERIENCES AND COLLECT AND DISSEMINATE INFORMATION THAT MAY ENHANCE OR IMPROVE THE PROFESSIONAL KNOWLEDGE, STANDARDS, ETHICS AND STANDING OF THE MEMBERSHIP PROMOTE THE PROFESSION (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

TY 2019 Transfers Personal Benefits Contracts Declaration

Name: MINNESOTA CHAPTER OF THE PUBLIC
RELATIONS SOCIETY OF AMERICA

EIN: 41-1414223

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)**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

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

MINNESOTA CHAPTER OF THE PUBLIC
RELATIONS SOCIETY OF AMERICA

Employer identification number

41-1414223

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 19

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION SUNSHINE FUND AMOUNT 180 DESCRIPTION STUDENT FUND AMOUNT 4,038 TOTAL TO FORM 990-EZ, LINE 8 4,218

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 1,605 DESCRIPTION DECORATIONS AND AWARDS AMOUNT 4,343 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 544 DESCRIPTION OFFICE SUPPLIES AMOUNT 5, 585 DESCRIPTION TRAVEL & LODGING AMOUNT 3,340 DESCRIPTION WEBSITE AMOUNT 2,413 DE SCRIPTION EVENT EXPENSES AMOUNT 33,580 DESCRIPTION ADVERTISING AND PROMOTION AMOUNT 730 DESCRIPTION MIDWEST DISTRICT DUES AMOUNT 1,579 DESCRIPTION SUNSHINE FUND EXPENS E AMOUNT 335 TOTAL TO FORM 990-EZ, LINE 16 54,054

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT -3,208

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 16,800 END OF YEAR AMOUNT 0 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 4,753 END OF YEAR AMOUNT 5,761

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 4,255 END OF YEAR AMOUNT 5,614 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 22,366 END OF YEAR AMOUNT 55