



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



► 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.*

Application pending

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

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

Form **990-EZ** (2010)

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 . . . . .	35,257	22	27,712
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .		24	
25	Total assets . . . . .	35,257	25	27,712
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) .	35,257	27	27,712

Part III

Statement of Program Service Accomplishments

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

☒

What is the organization's primary exempt purpose?  
TO PROMOTE THE FLORIDA MAGAZINE INDUSTRY THROUGH INCREASED EDUCATION AND PROFESSIONALISM, REGIONAL AND STATEWIDE NETWORKING TO OTHER PUBLISHING PROFESSIONALS PROVIDING SERVICES AND PRODUCTS, AND UPDATES ON PUBLISHING ISSUES SUCH AS LEGISLATION, TAXATION, POSTAL ISSUES, AND PAPER MARKET TRENDS

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	OFFERED ANNUAL PUBLISHING CONFERENCE AND EXPO SERVING MORE THAN 300 FLORIDA MAGAZINES AND 200 PLUS PUBLISHING PROFESSIONALS WITH OVER 40 SUPPLIERS OF PUBLISHING PRODUCTS AND SERVICES OFFERING EDUCATIONAL SEMINARS,TRADE SHOWS, NETWORKING OPPORTUNITIES, AND CURRENT ISSUES IN THE MAGAZINE AND PUBLISHING INDUSTRY, WHILE REWARDING MAGAZINE EXCELLENCE THROUGH THE PRESENTATION OF THE "CHARLIE" AWARDS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	PROVIDES A NEWSLETTER TITLED 'MAGPRO' TO MEMBERS WITH INFORMATION ON THE PUBLISHING INDUSTRY ACTIVITY, MEMBER UPDATES, MAGAZINE EVENTS AND EMPLOYMENT OPPORTUNITIES (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
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 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 . . . . .	33	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) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	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)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
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 . . . . .	35c	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 . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/> <b>37a</b> <input type="text"/> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
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 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 . . . . .	40b	
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 . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="text"/> FL		
42a	The organization's books are in care of <input type="text"/> PARTNERS IN ASSOCIATION MANAGEMENT Telephone no <input type="text"/> (850) 224-0711 325 JOHN KNOX ROAD L-103 Located at <input type="text"/> TALLAHASSEE, FL ZIP + 4 <input type="text"/> 32303		
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 <input type="text"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	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="text"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" 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? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	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)	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 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	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?		
49b	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

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

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	2012-05-22 Date		
	LEIGH ANN BRADLEY EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature MARK FLETCHER	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions) P00105179
	Firm's name (or yours if self-employed), address, and ZIP + 4	LANIGAN & ASSOCIATES P C 2630 CENTENNIAL PLACE SUITE 1 TALLAHASSEE, FL 32308		EIN 58-1304721
				Phone no (850) 893-8418

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID:

Software Version:

EIN: 23-7376917

Name: FLORIDA MAGAZINE ASSOCIATION INC

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
KEVIN KAMINSKI 5455 N FEDERAL HIGHWAY SUITE M BOCA RATON,FL 33487	PRESIDENT 4 00	0	0	0
HOLLY BOURQUIN 330 CORPORATE WAY STE 300 ORANGE PARK,FL 32073	VICE PRESIDENT 4 00	0	0	0
LINDA YOUNG MARKS 743 SE FORT KING ST OCALA,FL 34471	SECRETARY 4 00	0	0	0
DOUG DAMERST 7025 AUGUSTA NATIONAL DRIVE ORLANDO,FL 32822	TREASURER 4 00	0	0	0
LISA KAMPER 325 JOHN KNOX RD L103 TALLAHASSEE,FL 32303	EXECUTIVE DIRECTOR 2 00	0	0	0
JACKIE CANDELARIA 11500 PARK CENTER DRIVE ORLANDO,FL 32835	DIRECTOR 2 00	0	0	0
LINDA KLEINDIENST 1932 MICCOSUKEE ROAD TALLAHASSEE,FL 32308	DIRECTOR 2 00	0	0	0
JAMIE MARK 2402 SE 33RD PL OCALA,FL 34471	DIRECTOR 2 00	0	0	0
AJ BESON 13500 SUTTON PARK DR STE 105 JACKSONVILLE,FL 32224	DIRECTOR 2 00	0	0	0
ANDY BUTCHER 600 RINEHART ROAD LAKE MARY,FL 32746	DIRECTOR 2 00	0	0	0
JUDITH TOPPER 831 SHRIVER CIRCLE LAKE MARY,FL 32746	DIRECTOR 2 00	0	0	0
CYNDY RYAN 800 E BROWARD BLVD 506 FT LAUDERDALE,FL 33301	ASSOCIATE DIRECTOR 2 00	0	0	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 FLORIDA MAGAZINE ASSOCIATION INC	Employer identification number 23-7376917
--	--

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK AND CREDIT CARD FEES AMOUNT 6,127 DESCRIPTION BOARD OF DIRECTORS EXPENSE AMOUNT 2,079 DESCRIPTION INSURANCE AMOUNT 888 DESCRIPTION SUPPLIES AMOUNT 69 DESCRIPTION TAX AND LICENSES AMOUNT 61 DESCRIPTION CONVENTION, CONFERENCES, MEETINGS AMOUNT 42,982 DESCRIPTION WEBSITE AMOUNT 5,935 DESCRIPTION CHARLIE AWARDS AMOUNT 24,954 DESCRIPTION MARKETING AMOUNT 4,352 TOTAL TO FORM 990-EZ, LINE 16 87,447

## TY 2011 Transfers Personal Benefits Contracts Declaration

**Name:** FLORIDA MAGAZINE ASSOCIATION INC

**EIN:** 23-7376917

**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.