

CLIENT'S COPY

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)

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2016 calendar year, or tax year beginning **04/01/16**, and ending **03/31/17**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOCIETY FOR MARKETING ADVANCES, INC		D Employer identification number 86-1075348
	Number and street (or P.O. box, if mail is not delivered to street address) 2532 DOVER ROAD		E Telephone number 614-823-1299
	City or town, state or province, country, and ZIP or foreign postal code COLUMBUS OH 43209		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: ▶ **WWW.MARKETINGADVANCES.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**7**) ◀ (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. ▶ \$ **105,247**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																						
Revenue	1	Contributions, gifts, grants, and similar amounts received															4,300																																		
	2	Program service revenue including government fees and contracts															7,401																																		
	3	Membership dues and assessments															93,265																																		
	4	Investment income															223																																		
	5a	Gross amount from sale of assets other than inventory																																																	
	b	Less: cost or other basis and sales expenses																																																	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																																	
	6	Gaming and fundraising events																																																	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																																	
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)																																																		
c	Less: direct expenses from gaming and fundraising events																																																		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																																		
7a	Gross sales of inventory, less returns and allowances																																																		
b	Less: cost of goods sold																																																		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																																		
8	Other revenue (describe in Schedule O)																																																		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																																		
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																																	
	11	Benefits paid to or for members																																																	
	12	Salaries, other compensation, and employee benefits																																																	
	13	Professional fees and other payments to independent contractors																																																	
	14	Occupancy, rent, utilities, and maintenance																																																	
	15	Printing, publications, postage, and shipping																																																	
	16	Other expenses (describe in Schedule O)																																																	
17	Total expenses. Add lines 10 through 16																																																		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																																	
	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)																																																	
	20	Other changes in net assets or fund balances (explain in Schedule O)																																																	
	21	Total net assets or fund balances at end of year. Combine lines 18 through 20																																																	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

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	63,114	22	55,243
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	4,041	24	2,908
25 Total assets	67,155	25	58,151
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)	67,155	27	58,151

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?

SEE SCHEDULE O

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 CONDUCTS AN ANNUAL CONFERENCE FOR MARKETING EDUCATORS AND MARKETING PROFESSIONALS TO EXCHANGE IDEAS, PRESENT RESEARCH, AND TO ENHANCE EDUCATION. APPROXIMATELY 338 PERSONS BENEFITED. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 DISTRIBUTE MAILINGS TO MEMBERS. 338 PERSONS BENEFITED. (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)	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
ALVIN J. WILLIAMS PRESIDENT	2.00	0	0	0
DIANE R. EDMONDSON PRESIDENT-ELECT	2.00	0	0	0
MICHAEL A. LEVIN TREASURER	2.00	0	0	0
PIA ALBINSSON SECRETARY	2.00	0	0	0
CHERYL B WARD DIRECT ACADEMIC PLAC	2.00	0	0	0
KESHA COKER DIR ELECT. COMMUNICA	2.00	0	0	0
REBECCA VANMETER EXECUTIVE DIRECTOR	2.00	0	0	0
JAMIE PLEASANT DIRECTOR OF MEMBERSH	2.00	0	0	0
JIE G. FOWLER PROCEEDINGS EDITOR	2.00	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

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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37b 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
42a The organization's books are in care of
42b 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:
42c 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:
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)

	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	X

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 MICHAEL A. LEVIN Type or print name and title	Date TREASURER
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Paid Preparer Use Only	Print/Type preparer's name MICHAEL R. MAI, CPA	Preparer's signature MICHAEL R. MAI, CPA	Date 07/17/17	Check <input type="checkbox"/> if self-employed	PTIN P00004966
	Firm's name ▶ BAUMAN ASSOCIATES, LTD.			Firm's EIN ▶ 39-1277627	
	Firm's address ▶ PO BOX 1225 EAU CLAIRE, WI 54702-1225			Phone no. 715-834-2001	

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

SCHEDULE O
 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

 Complete to provide information for responses to specific questions on
 Form 990 or 990-EZ or to provide any additional information.

2016

 Department of the Treasury
 Internal Revenue Service

▶ 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.

 Open to Public
 Inspection

Name of the organization

SOCIETY FOR MARKETING ADVANCES, INC

Employer identification number

86-1075348
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
ROYALTIES	\$ 58
TOTAL \$	58

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
CONFERENCE & MEETINGS	\$ 71,518
AWARDS	\$ 5,351
BANK & CC CHARGES	\$ 4,105
WEBSITE MAINT/DEVELOP	\$ 500
SUPPLIES	\$ 1,233
TRAVEL	\$ 1,431
REFUNDS	\$ 325
DEPRECIATION	\$ 1,544
SUBSCRIPTIONS	\$ 8,577
MISCELLANEOUS	\$ 486
INSURANCE	\$ 3,339
EQUIPMENT RENTAL	\$ 3,152
TOTAL \$	101,561

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUIPMENT	\$ 3,989	\$ 2,908

Name of the organization

Employer identification number

SOCIETY FOR MARKETING ADVANCES, INC

86-1075348

ACCOUNTS RECEIVABLE	\$	52	\$	0
		TOTAL	\$	4,041
			\$	2,908

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO FOSTER RESEARCH, AND EDUCATION IN ALL PHASES OF MARKETING AND TO ENCOURAGE THE EXCHANGE OF IDEAS AMONG MEMBERS WITH SIMILAR INTERESTS.

FORM 990-EZ, PART V - PERSONAL BENEFIT CONTRACT

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.

Federal Statements

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES & ASSESSMENT	\$ <u>93,265</u>
TOTAL	\$ <u><u>93,265</u></u>

Bauman Associates, Ltd.
PO Box 1225
Eau Claire, WI 54702-1225
715-834-2001

July 18, 2017

CONFIDENTIAL

SOCIETY FOR MARKETING ADVANCES, INC
2532 Dover Road
Columbus, OH 43209

Dear Michael Levin:

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.


In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,



Bauman Associates, Ltd.

*If you have any
questions let me know -*


Filing Instructions

SOCIETY FOR MARKETING ADVANCES, INC

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended March 31, 2017

Federal Filing Instructions

None is required. Your Form 990-EZ for the year ended 3/31/17 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Bauman Associates, Ltd.
PO Box 1225
Eau Claire, WI 54702-1225

If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.