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Short Form

OMB No 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

2014

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.Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

A For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **JUN 30, 2015**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AMERICAN SOCIETY OF NEWS EDITORS
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
209 REYNOLDS JOURNALISM INSTITUTE
 City or town, state or province, country, and ZIP or foreign postal code
COLUMBIA, MO 65211

D Employer identification number
54-0649704

E Telephone number
573-882-9854

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.ASNE.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 ▶ \$ **34,331.**

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		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	16,418.	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	17,913.	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		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			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	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			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	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			
7b	Less: cost of goods sold	7b			
7c	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	34,331.		
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	46,220.		
13	Professional fees and other payments to independent contractors	13	20,066.		
14	Occupancy, rent, utilities, and maintenance	14	5,413.		
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16	25,115.		
17	Total expenses. Add lines 10 through 16	17	96,814.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<62,483.>		
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	<496,339.>		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	61,376.		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<497,446.>		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

SCANNED JUL 01 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	54,858.	22	39,551.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	96,000.	24	3,962.
25 Total assets	150,858.	25	43,513.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	647,197.	26	540,959.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<496,339.>	27	<497,446.>

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? **MEMBERSHIP ORGANIZATION OF NEWS EDITORS**

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 SCHEDULE O**

(Grants \$) If this amount includes foreign grants, check here

28a

29 **SEE SCHEDULE O**

(Grants \$) If this amount includes foreign grants, check here

29a

30 **SEE SCHEDULE O**

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

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
CHRIS PECK				
PRESIDENT	0.20	0.	0.	0.
PAMELA FINE				
VICE PRESIDENT	0.20	0.	0.	0.
MIZELL STEWART III				
SECRETARY	0.20	0.	0.	0.
ALREDO CARBAJAL				
TREASURER	0.20	0.	0.	0.
DAVID BOARDMAN				
DIRECTOR	0.10	0.	0.	0.
DEBRA ADAMS SIMMONS				
DIRECTOR	0.10	0.	0.	0.
NANCY BARNES				
DIRECTOR	0.10	0.	0.	0.
JIM BRADY				
DIRECTOR	0.10	0.	0.	0.
LUCY DALGLISH				
DIRECTOR	0.10	0.	0.	0.
STEPHEN ENGELBERG				
DIRECTOR	0.10	0.	0.	0.
MANNY GARCIA				
DIRECTOR	0.10	0.	0.	0.
SUSAN GOLDBERG				
DIRECTOR	0.10	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 Sch. 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		X
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)		X
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)?		X
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	N/A	
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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
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	N/A
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		N/A
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
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	X
41 List the states with which a copy of this return is filed		NONE
42a The organization's books are in care of		CINDY ROE
Located at		215 REYNOLDS JOURNALISM INSTITUTE, COLUMBIA, MO
Telephone no.		573-884-2405
ZIP + 4		65211
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)?	42b	X
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).		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
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	43	N/A
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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	

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		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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as 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?

b 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 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
N/A				

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." N/A

(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

Date

TERI HAYT, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

STEPHEN C SMITH

Stephen C. Smith

5-11-16

P00048938

Firm's name WILLIAMS-KEEPERS LLC

Firm's EIN 43-1126847

Firm's address 2005 WEST BROADWAY, SUITE 100 COLUMBIA, MO 65203

Phone no. (573) 442-6171

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

AMERICAN SOCIETY OF NEWS EDITORS

Employer identification number

54-0649704

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSE	699.
INFORMATION TECHNOLOGY	4,519.
TRAVEL	6,700.
CONFERENCES & MEETINGS	2,910.
INSURANCE	878.
CREDIT CARD FEES	3,808.
MISCELLANEOUS EXPENSES	5,156.
MARKETING	445.
TOTAL TO FORM 990-EZ, LINE 16	25,115.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
SALARY & BENEFIT REIMBURSEMENT FOR PRIOR PERIOD	61,376.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	96,000.	95.
PREPAID EXPENSES	0.	2,310.
DUE FROM UNIVERSITY	0.	1,557.
TOTAL TO FORM 990-EZ, LINE 24	96,000.	3,962.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	150,844.	28,977.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

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

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Inspection

Name of the organization

AMERICAN SOCIETY OF NEWS EDITORS

Employer identification number

54-0649704

DEFERRED REVENUE	0.	57,995.
DUE TO ASNE FOUNDATION	448,631.	453,987.
DUE TO UNIVERSITY	47,722.	0.
TOTAL TO FORM 990-EZ, LINE 26	647,197.	540,959.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

ANNUAL CONVENTION - ASNE HOSTS AN ANNUAL CONVENTION WHICH
ALLOWS MEMBERS AND GUESTS TO PARTICIPATE IN A CHALLENGING
EDUCATIONAL PROGRAM THAT CONFRONTS PROBLEMS FACING NEWS
JOURNALISTS. TOPICS INCLUDED: WAR AND TERRORISM, FREEDOM OF
INFORMATION, DIVERSITY, READERSHIP, ETHICS AND GOOD WRITING AND
REPORTING.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

MEMBERSHIP: ASNE'S MEMBERS ARE INDIVIDUALS, AND ITS BOARD
IS ELECTED BY MEMBERS. MANY OF ASNE'S INITIATIVES ARE
CARRIED OUT BY ITS COMMITTEES. IT ALSO OPERATES PROJECTS
COORDINATED BY STAFF WITH ADVICE FROM COMMITTEES AND THE BOARD. THE
AMERICAN SOCIETY OF NEWS EDITORS ADVANCES THE CAUSE OF QUALITY,
INDEPENDENT PROFESSIONAL JOURNALISM. FOUNDED IN 1922 TO DEFEND THE
PROFESSION FROM UNJUST ASSAULT, ASNE IS PRIMARILY AN ORGANIZATION OF
NEWSROOM LEADERS IN THE UNITED STATES, WITH MEMBERS FROM CANADA AND
MEXICO, CENTRAL AND SOUTH AMERICA WELCOME AS WELL.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

WEBINARS: ASNE HOLDS LIVE WEBINARS TO FOSTER CONVERSATIONS

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

AMERICAN SOCIETY OF NEWS EDITORS

Employer identification number

54-0649704

BETWEEN EDITORS AND MEMBERS OF THE JOURNALISM PROFESSION

DESIGNED TO HELP EDITORS NAVIGATE CORPORATE MANDATES, STAY

FOCUSED ON GOOD JOURNALISM AND BEST PRACTICES LEADERSHIP METHODS IN A

TIME OF DIMINISHING RESOURCES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.

REASON FOR FILING SHORT-YEAR RETURN

THE ORGANIZATION RECEIVED IRS EXEMPTION AS A 501(C)(6) ORGANIZATION

EFFECTIVE OCTOBER 1, 2014. THE ORGANIZATION FILED A SHORT-YEAR RETURN

FOR THE PERIOD JULY 1, 2014 THROUGH SEPTEMBER 30, 2014 BECAUSE THIS IS

THE LAST PERIOD THE ORGANIZATION WAS EXEMPT UNDER SECTION 501(C)(7).

THIS SHORT-YEAR RETURN COVERS THE REMAINDER OF THE FISCAL YEAR IN WHICH

THE ENTITY SWITCHED TO A 501(C)(6) ORGANIZATION.

54-0649704

[illegible]

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	AMERICAN SOCIETY OF NEWS EDITORS	54-0649704
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	209 REYNOLDS JOURNALISM INSTITUTE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	COLUMBIA, MO 65211	

Enter the Return code for the return that this application is for (file a separate application for each return) ... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CINDY ROE

- The books are in the care of **215 REYNOLDS JOURNALISM INSTITUTE - COLUMBIA, MO 65211**
Telephone No. **573-884-2405** Fax No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2016**.
- 5 For calendar year , or other tax year beginning **OCT 1, 2014**, and ending **JUN 30, 2015**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☒ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE AND COMPLETE AN ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date