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OMB No. 1545-0047

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1,688,907

192

Open to Public Inspection

990

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www IRS gov/form990

For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 Name of organization STUDENT PUBLICATIONS INC D Employer identification number B Check if applicable Address change 42-1041859 Name change Doing business as Initial return Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 100 ADLER JOURNALISM BLDG NO E131 return/terminated (319) 335-5786 __ Amended return City or town, state or province, country, and ZIP or foreign postal code Application pending IOWA CITY, IA 522422004 G Gross receipts \$ 1,366,520 Name and address of principal officer **H(a)** Is this a group return for WILLIAM CASEY subordinates? 41 HAWTHORNE STREET Νo IOWA CITY, IA 52245 H(b) Are all subordinates Tax-exempt status ıncluded? 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW DAILYIO WAN COM

Part I Summary 1 Briefly describe the organization's mission or most significant activities

✓ Corporation Trust Association Other ►

L Year of formation 1924 M State of legal domicile IA

Group exemption number 🕨

K Form of organization

Activities & Governance

Ravenue

THIS ORGANIZATION PRINTS AND PUBLISHES THE STUDENT NEWSPAPER, "THE DAILY IOWAN", PRIMARILY FOR THE BENEFIT OF UNIVERSITY OF IOWA STUDENTS AND FACULTY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

 ${f 3}$ Number of voting members of the governing body (Part VI, line 1a) .

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5

Total number of volunteers (estimate if necessary) . 6

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a

Net unrelated business taxable income from Form 990-T, line 34 7b

Prior Year Current Year

8 Contributions and grants (Part VIII, line 1h) . 753,482 14,888 Program service revenue (Part VIII, line 2g) . . 1,336,805 1,318,930 9

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30.542 32.702 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2.120.829 1.366.520

12) 34,500 43,500 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 971,745 961,263

5-10) Professional fundraising fees (Part IX, column (A), line 11e) . 0 16a

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 708,363 749,456 17

1,714,608 1,754,219 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 18 from line 12 -387,699 19 406,221 Beginning of Current Year End of Year

Assets or 2.328.884 1.998.001 20 Total assets (Part X, line 16) . 309,094 Net V 245,502 21 Total liabilities (Part X, line 26)

Signature Block 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

Signature of officer Sign

Here

WILLIAM CASEY PUBLISHER Type or print name and title Print/Type preparer's name MARTY TUNNING Preparer's signature MARTY TUNNING Date PTIN Check [ıf P00086419 self-employed

Paid Fırm's name ► RSM US LLP Firm's EIN > 42-0714325 **Preparer** Firm's address ► 125 S DUBUQUE ST Phone no (319) 354-1500 Use Only IOWA CITY, IA 522404077

. ✓Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Net assets or fund balances Subtract line 21 from line 20

2,083,382

2017-01-23

Date

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😏	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	•
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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25a

25b

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28b

28c

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35a

35b

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Yes

Form 990 (2015)

	(/			
: IV	Checklist	of Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance		\			_
		Check if Schedule O contains a response or note to any line in this	Part	v	<u></u>	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	22			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1 b	0			
c		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?	vend	dors and reportable	1 c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered					
b	If at le	s return			2b	Yes	
За		in the sum of fines 1a and 2a is greater than 230, you may be required to e-me ne organization have unrelated business gross income of \$1,000 or more during		,	3a		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>			3b		110
	At any	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?	gnatu	re or other authority	4a		No
b	If"Ye:	s," enter the name of the foreign country	c and I	Financial Accounts			
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6 a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If "Ye	s," did the organization include with every solicitation an express statement the			6b		
7		izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		No
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7 b		
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal proper irm 8282?	· · .	which it was required to	7 c		No
d	If "Ye	s," indicate the number of Forms 8282 filed during the year \dots	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the o ed?	rganız • •	ation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	s, did 1 •	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus 1 the year?	sines:	s holdings at any time	8		
9a	Did th	ie sponsoring organization make any taxable distributions under section 49667			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Sect io	on 501(c)(12) organizations. Enter					
		Income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 I	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12 b				
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
	addıtı	organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	o t e. S	ee the instructions for	13a		
	in whic	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
C	Enter	the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion in	Schedule O	14b		

	m 990 (2015)			Page (
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines describe the circumstances, processes, or changes in Schedule O. See instructions.	s 8a, 8b, or 1	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	Section A. Governing Body and Management			14
			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	b Enter the number of voting members included in line 1a, above, who are independent 1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wother officer, director, trustee, or key employee?	vith any 2		No
3	Did the organization delegate control over management duties customarily performed by or under the dir supervision of officers, directors or trustees, or key employees to a management company or other perso			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 filed?	was 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets'	7. 5		No
6	Did the organization have members or stockholders?	6		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoin more members of the governing body?	t one or		No
b	A re any governance decisions of the organization reserved to (or subject to approval by) members, stoc or persons other than the governing body?	kholders, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during year by the following	ng the		
а	a The governing body?	8a	Yes	
b	b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			No
Se	Section B. Policies (This Section B requests information about policies not required by the Ir	nternal Reven	ue Cod	e.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	. 10a		No
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapt affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose			
l1a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body be the form?	fore filing 11a	Yes	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a		No
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that courise to conflicts?	12b		
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," in Schedule O how this was done	des cribe 12c		
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de	ecision?		
	a The organization's CEO, Executive Director, or top management official	15a	Yes	
b	b Other officers or key employees of the organization	15 b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme taxable entity during the year?			No
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	s		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

- Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶DEBBIE PLATH 100 ADLER JOURNALISM BLDG ROOM E131 IOWA CITY, IA 522422004 (319) 335-5786

16b

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen:	sated	any	current officer, c	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not box h ar or/ti	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) ROBERT NICHOLS	1 00	×						0	0	0
TRUSTEE		<u> </u>								
(2) CHRISTIAN SANDOVAL TRUSTEE	1 00	x						0	0	0
(3) EMILY HENNINGSEN VICE-CHAIR	1 00	x		×				0	0	0
(4) RICHARD VALENTINE TRUSTEE	1 00	×						0	0	0
(5) DAVID DOWLING TRUSTEE	1 00	×						0	0	0
(6) PAUL JENSEN TRUSTEE	1 00	x						0	0	0
(7) VANESSA SHELTON TRUSTEE	1 00	×						0	0	0
(8) RANDY EVANS TRUSTEE	1 00	×						0	0	0
(9) STEVE BATTERSON TRUSTEE	1 00	x						0	0	0
(10) ANNETTE SCHULTE TRUSTEE	1 00	×						0	0	0
(11) BILL CASEY PUBLISHER	40 00			×				117,936	0	9,214
(12) JULI KRAUSE SECRETARY	1 00			x				0	0	0

art VII	Section A. Officers,	Directors, Trus	ees, Key Employee:	s, and Highest Compe	ensated Employees (continued)
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(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d in is l	one t both	oox, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total			•			>				
c Total from continuation shee	•		١.	•	•	. 📮		117,936	0	9,214

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 1

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GAZETTE COMMUNICATIONS	PRINTING	242,849
500 THIRD AVE SE CEDAR RAPIDS, IA 52401		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

Form 99								Page 9
Part V	/##1	Statement o						_
		Check if Schedi	ule O contains a respor	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1a	Federated cam	paigns 1a					
ants	ь	Membership du	es 1b					
G.	С	Fundraising eve	ents 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	ations 1d					
a, G	e	Government grants	s (contributions) 1e					
Sign	f		ons, gifts, grants, and 1f	14,888				
buti the		similar amounts no	ot included above ons included in lines					
a di di	g	1a-1f \$	ons included in lines					
Contand	h	Total. Add lines	s 1a-1f	· · · · •	14,888			
<u> </u>				Business Code				
Program Service Revenue	2a	ADVERTISING		900099	785,697	785,697		
a <u>r</u>	b	UNIVERSITY OF IO	WA SUP	900099	487,119	487,119		-
N.C.	c d	SUBSCRIPTIONS MISCELLANEOUS		900099	19,310	19,310		
₹	e e	HAWKEYE FOOTBA		900099	14,111 12,693	14,111 12,693		1
Iran	f		am service revenue	300033	12,053	12,033		
ď.	_		s 2a-2f		1 210 020			
			ome (including dividen		1,318,930			1
		and other simila	aramounts)	•	32,702			32,702
	4		tment of tax-exempt bond	` ` ` . }				
	5	Royalties	(ı) Real	(II) Personal				
	6 a	Gross rents	()	(44)				
	Ь	Less rental						
	_ ا	expenses Rental income						
	ا ا	or (loss)	me or (loss)					
	"	Net rental medi	(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	(1, 200	(1) 2 3.10.				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
Other Revenue	8 a	Gross income f events (not inc \$	luding reported on line 1c)					
Other	ь		a penses b					
	9a		(loss) from fundraising (rom gaming activities	events >				
		See Part IV, lin	e 19 a					
	ь	Less direct ex	penses b					
	C	Net income or ((loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inve	entory . •				
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	c d	All other reven	lie					
	e e	Total. Add lines		🕨				
	12		See Instructions .	. -				
		rocarrevenue.	Jee matructions .	•	1,366,520	1,318,930		0 32,702

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete coli

Chec	r if Schedule O contains a response or note to any line in this Part IX								

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	43,500	43,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	127,113		127,113	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	707,133	625,417	81,716	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	30,620	25,470	5,150	
9	Other employee benefits	55,033	45,776	9,257	
10	Payroll taxes				
	·	41,364	25,325	16,039	
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,200		4,200	
c	Accounting	41,954		41,954	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	46,096	4,008	42,088	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,563		1,563	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	66,000	10,000	56,000	
17	Travel	32,307	29,925	2,382	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,138	28,138		
23	Insurance	17,796		1 7,796	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRINTING	284,313	284,313		
b	SUPPLIES	67,099	59,970	7,129	
c	POSTAGE AND FREIGHT	40,281	37,324	2,957	
d	MISCELLANEOUS EXPENSE	25,542	9,508	16,034	
e	All other expenses	94 ,1 67	92,246	1,921	
25	Total functional expenses. Add lines 1 through 24e	1,754,219	1,320,920	433,299	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form	990 (2	2015)					Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any line	e in this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			446,845	1	397,178
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			967,762	3	769,836
	4	Accounts receivable, net		91,437	4	68,784	
ts	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L	Part II of		5		
	6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see instr II of Schedule L	and 01(c)(9)				
Assets						6	
As	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,689	9	5,536
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	661,864			
	b	Less accumulated depreciation	10b	592, 137	83,884	10 c	69,727
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 .			737,267	12	686,940
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,328,884	16	1,998,001
	17	Accounts payable and accrued expenses			240,501	17	296,253
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
(A	21	Escrow or custodial account liability Complete Part IV of	f S c hed u	le D		21	
<u>e</u> s	22	Loans and other payables to current and former officers, o	Irectors	,trustees,			

Net Assets or

30

31

32 33

34

complete lines 30 through 34.

Total net assets or fund balances . .

Total liabilities and net assets/fund balances .

Capital stock or trust principal, or current funds . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

		' '			
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	2,328,884	16	1,998,001
	17	Accounts payable and accrued expenses	240,501	17	296,253
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilities		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			5,001	25	12,841
	26	Total liabilities. Add lines 17 through 25	245,502	26	309,094
Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>lar</u>	27	Unrestricted net assets	192,347	27	75,665
ă	28	Temporarily restricted net assets	1,316,864	28	1,038,921
Fund I	29	Permanently restricted net assets	574,171	29	574,321
<u>ヸ</u>		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			

1,688,907

30

31

32

33

34

2,083,382

2,328,884

Revenue less expenses Subtract line 2 from line 1 . .

Net unrealized gains (losses) on investments . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Check if Schedule O contains a response or note to any line in this Part XI		
Total revenue (must equal Part VIII, column (A), line 12)	1	
Total expenses (must equal Part IX, column (A), line 25)		

Cash ✓ Accrual Other_

Both consolidated and separate basis

Both consolidated and separate basis

1,366,520

3

4

5

6

7

8

9

10

Page **12**

1,754,219

-387,699

2,083,382

1,688,907

Yes

Yes

Yes

2a

2b

2c

3a

3b

굣

No

Νo

Nο

Form 990 (2015)

-6,776

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE A**

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Open to Public Inspection

DLN: 93493039012617 OMB No 1545-004

Employer identification number

42-1041859

Treasury Internal Revenue Service Name of the organization STUDENT PUBLICATIONS INC

(Form 990 or

990EZ)

Part I

1

2

3

Department of the

Attach to Form 990 or Form 990-EZ. www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear (d)2014 (a)2011 (b)2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Section A. Public Support
Calendar year

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(-)	(0)	(1)
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	107,270	109,550	19,550	8,060	14,888	259,318
	grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the organization's tax-exempt	1,451,604	1,427,695	1,321,661	1,336,805	1,318,930	6,856,695
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
5	paid to or expended on its behalf The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without						
6	charge Total. Add lines 1 through 5	1,558,874	1,537,245	1,341,211	1,344,865	1,333,818	7,116,013
	A mounts included on lines 1, 2,	2,000,07	2,007,210	1,0 11,211	2/011/000	1,000,010	.,,110,010
	and 3 received from disqualified persons	100,000	100,000	1,100,000	150,000		1,450,000
b	A mounts included on lines 2 and						
	3 received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of						C
	the amount on line 13 for the						
c	year Add lines 7a and 7b	100,000	100,000	1,100,000	150,000		1,450,000
8	Public support. (Subtract line 7c	,	,	, ,	,		
	from line 6)						5,666,013
Se	ction B. Total Support						
/ a 4	Calendar year	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	iscal year beginning in) ► A mounts from line 6	1,558,874	1,537,245	1,341,211	1,344,865	1,333,818	7,116,013
.0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	30,674	29,696	27,757	30,542	32,702	151,371
	and income from similar sources						
b							
	Unrelated business taxable						
	Income (less section 511 taxes) from businesses acquired after						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	30,674	29,696	27,757	30,542	32,702	151,371
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975	30,674	29,696	27,757	30,542	32,702	151,371
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	30,674	29,696	27,757	30,542	32,702	151,371
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	30,674	29,696	27,757	30,542	32,702	151,371
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	30,674	29,696	27,757	30,542	32,702	151,371
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	30,674	29,696	27,757	30,542	32,702	151,371
11 12	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	30,674	29,696	27,757	30,542	32,702	151,371
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,	30,674 1,589,548	29,696 1,566,941	27,757 27,757 1,368,968	30,542 1,375,407	32,702 1,366,520	151,371 7,267,384
11 12	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,589,548	1,566,941	1,368,968	1,375,407	1,366,520	7,267,384
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	1,589,548 for the organization	1,566,941 on's first, second,	1,368,968	1,375,407	1,366,520	7,267,384
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	1,589,548 for the organizatio	1,566,941 on's first, second, ercentage	1,368,968 third, fourth, or f	1,375,407	1,366,520 section 501(c)(3	7,267,384) organization, ▶ [
111 112 113 114 Se	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pul	1,589,548 for the organization	1,566,941 on's first, second, ercentage (f) divided by line	1,368,968 third, fourth, or f	1,375,407	1,366,520 section 501(c)(3	7,267,384) organization, ▶ [77 960 %
111 112 113 114 Se 115 116	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pul Public support percentage from 20	1,589,548 for the organization Dlic Support Po 5 (line 8, column (14 Schedule A, P	1,566,941 on's first, second, ercentage (f) divided by line art III, line 15	1,368,968 third, fourth, or f 13, column (f))	1,375,407	1,366,520 section 501(c)(3	7,267,384) organization, ▶ [
111 112 113 114 See 115 116 See	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here existed the support percentage for 201 Public support percentage from 20 is capital assets (Explain in Part VI)	1,589,548 for the organization plic Support Po 5 (line 8, column (14 Schedule A, P	1,566,941 on's first, second, ercentage f) divided by line art III, line 15 me Percentag	1,368,968 third, fourth, or f 13, column (f))	1,375,407 ifth tax year as a	1,366,520 section 501(c)(3	7,267,384) organization, ▶ □ 77 960 % 76 900 %
111 12 13 14 Se 15 16 Se 17	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pul Public support percentage for 201 Public support percentage from 20 ection D. Computation of Inv	1,589,548 for the organization Dlic Support Po 5 (line 8, column (14 Schedule A, P yestment Inco 2015 (line 10c, co	1,566,941 on's first, second, ercentage (f) divided by line art III, line 15 me Percentage olumn (f) divided by	1,368,968 third, fourth, or f 13, column (f)) ge by line 13, colum	1,375,407 ifth tax year as a	1,366,520 section 501(c)(3	7,267,384) organization, 77 960 % 76 900 % 2 080 %
111 12 13 14 Se 15 16 Se 17	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pul Public support percentage for 201 Public support percentage from 201 Ection D. Computation of Invalided in the support income percentage for Investment income percentage for Investment income percentage for	1,589,548 for the organization Dic Support Po 5 (line 8, column (14 Schedule A, Po restment Inco 2015 (line 10 c, com 2014 Schedule	1,566,941 on's first, second, ercentage (f) divided by line art III, line 15 me Percentag olumn (f) divided t	1,368,968 third, fourth, or f 13, column (f)) ge by line 13, colum	1,375,407 ifth tax year as a in (f))	1,366,520 section 501(c)(3	7,267,384) organization, 77 960 % 76 900 % 2 080 % 1 820 %
111 112 113 114 Se 115 116 Se 117	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pul Public support percentage for 201 Public support percentage from 20 ection D. Computation of Inv	1,589,548 for the organization plic Support Po 5 (line 8, column (14 Schedule A, Po restment Inco 2015 (line 10c, com 2014 Schedule e organization did	1,566,941 on's first, second, ercentage (f) divided by line art III, line 15 me Percentagolumn (f) divided li A, Part III, line 1 not check the box	1,368,968 third, fourth, or f 13, column (f)) ge by line 13, colum 7 x on line 14, and	1,375,407 ifth tax year as a in (f)) line 15 is more t	1,366,520 section 501(c)(3	7,267,384) organization, 77 960 % 76 900 % 2 080 % 1 820 %

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.**If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
С	by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5 b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9 a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u>, , , , , , , , , , , , , , , , , ,</u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	the organization's supported organization(s) would have been engaged in?			

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		•	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accomp	plish exempt purposes						
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in					
3 Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	quired)						
6 Other distributions (describe in Part VI) See instru							
7 Total annual distributions. Add lines 1 through 6							
7 Total allitual distributions. Add lines 1 tillough 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		····	····				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
a							
b							
С							
d From 2013							
e From 2014							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7 \$							
a Applied to underdistributions of prior years							
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7		ı					
a							
b							
c Excess from 2013							
d From 2014							
e From 2015							
			(F 000 000 F7) (201 F				

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493039012617

<u> 2015</u>

Open to Public Inspection

Na	me of the organization JDENT PUBLICATIONS INC				Empl	oyer identification numb	er
					42-1	041859	
Pa	Organizations Maintaining Dono Complete if the organization answer				unds o	or Accounts.	
		(a) Donor advised fund:		•	(b)	Funds and other account	s
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor funds are the organization's property, subject to	5			or advi	sed Yes	∏ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or do	nor	r advisor, or for ai	ny othei	Yes	┌ No
Pa	rt III Conservation Easements. Compl	ete if the organization	an:	iswered "Yes" c	n Forn	<u>n 990, Part IV, line 7.</u>	
1	Purpose(s) of conservation easements held by t	he organization (check all	tha	at apply)			
	Preservation of land for public use (e g , rec education)	reation or	- _F	Preservation of a	n histor	ıcally ımportant land area	3
	Protection of natural habitat	Γ	- F	Preservation of a	certifie	d historic structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservat	tior	n contribution in t	he form	of a conservation	
						Held at the End of th	e Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easem	ents			2b		
c	Number of conservation easements on a certified	d historic structure includ	ed	ın (a)	2c		
d	Number of conservation easements included in (historic structure listed in the National Register		, ar	nd not on a	2d		
3	Number of conservation easements modified, tra	ansferred, released, exting	luis	shed, or terminate	d by th	e organization during the	
	tax year >						
4	Number of states where property subject to cons	servation easement is loca	ate	d ▶			
5	Does the organization have a written policy rega violations, and enforcement of the conservation		ıng	, inspection, hand	dling of	┌ Yes ┌ 『	٧o
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of vio	olat	tions, and enforci	ng cons	ervation easements duri	ng the
	<u> </u>						
7	A mount of expenses incurred in monitoring, insp \$	ecting, handling of violation	ons	s, and enforcing c	onserva	tion easements during th	ne year
В	Does each conservation easement reported on I (B)(I) and section $170(h)(4)(B)(II)$?	ine 2(d) above satisfy the	red	quirements of sec	tion 17	0 (h)(4) Yes T	No
9	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the org asements	ganı	ızatıon's fınancıal	statem	se statement, and lents that describes	
Pa r	Complete if the organization answer				or Oth	er Similar Assets.	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not r assets held for public ex	to r tlb	report in its revei pition, education,	or resea	arch in furtherance of pub	
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila						olic

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$ _____

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

> \$ __

SCIIE	dule D	(FOIII 990) 2013						Page 2
Par	t III	Organizations Maintaining (continued)	Collections of	Art, Historica	l Treasure	s, or C	Other Similar A	ssets
3		the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, check any	of the follow	ing that a	are a significant us	e of its
а		Public exhibition		d L	oan or excha	nge prog	ırams	
b	_	Scholarly research		e	ther			
c		,		·				
4	•	Preservation for future generations de a description of the organization'	's collections and ox	valara how thoy fu	rthor the ora:	anization	a's avampt purpose	. In
-	Part >	· -	s collections and ex	cpiain now they tu	ittler the orga	allizatioi	rs exempt purpose	: 111
5		g the year, did the organization soli s to be sold to raise funds rather th	an to be maintained					s No
Par	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 990, Pa	rt IV, line 9	, or rep	ported an amour	nt on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	stodian or other inte	rmediary for cont	ributions or c	ther ass	sets not	s No
b	If'	'Yes," explain the arrangement in P	art XIII and comple	te the following to	able		Am	ount
c	Ве	ginning balance				1 c		
d	A d	ditions during the year				1d		
e	Dis	tributions during the year				1e		
f		ding balance				1 f		
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21, for escr	ow or custodia	al accou	nt liability? Ye	s No
b	If"Ve	es," explain the arrangement in Part	VIII Chack here if	the evolunation l	nae heen nros	uded in l	Dart VIII	П
	rt V	Endowment Funds. Comple						
		·	(a)Current year	(b)Prior year	b (c) Two yea		(d)Three years back	(e)Four years back
1a	Begir	nning of year balance	689,651	613,26		556,367	524,928	603,015
b	Conti	ributions	150	95,73	7	100	100	
c	Net II losse	nvestment earnings, gains, and s	22,494	54,75	6	101,914	89,667	2,124
d	Grant	s or scholarships						
e		r expenditures for facilities rograms	36,500	39,05	6	13,000	27,000	50,000
f	Admi	nistrative expenses	37,382	35,04	7	32,120	31,328	30,211
g	End o	f year balance	638,413	689,65	1	613,261	556,367	524,928
2	Provi	de the estimated percentage of the	current y ear end ba	lance (line 1g, co	lumn (a)) hele	d as		
а	Board	l designated or quasi-endowment 🕨	0 %					
b	Perm	anent endowment ▶ 90 000 %						
С		orarıly restricted endowment ► ercentages on lines 2a, 2b, and 2c	10 000 % should equal 100%					
3а	organ	nere endowment funds not in the pos lization by	ssession of the orga	inization that are	held and adm	ninistere	_	Yes No
		related organizations						a(i) Yes No
b		elated organizations es" on 3a(ii), are the related organiz					<u></u>	3b 1
4		ribe in Part XIII the intended uses o						
Par	rt VI	Land, Buildings, and Equip						
		Complete if the organization a Description of property	answered 'Yes' to	Form 990, Par (a) Cost or oth (investm	er basıs Cost (a.See (b) or other ba (other)	Accumulated	d (d)Book value
1a	Land							
b	Buildin	gs						
c	Leasel	nold improvements						
	F			I .	1		201 500	407 60 707

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

69,727

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the orgar	nization answered 'Yes'	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other (A) POOLED INVESTMENTS		686,940	С
· /		,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	686,940	
Complete if the organization answered (a) Description of investment	d 'Yes' on Form 990), Part IV, line 11c. _{See}	Form 990, Part X, line 13.
(4, 2 5 5 7, 2 6 5 7)		(5) 2 3 3 1 1 1 1 1	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	5 000 B 177 1	115 5 000 B 171 15
Part IX Other Assets. Complete if the organization (a) Description		Form 990, Part IV, line 1.	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 2			
Part X Other Liabilities. Complete if the org. See Form 990, Part X, line 25.			art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value	=	
Federal income taxes			
DEFERRED COMPENSATION	12,	341	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 12,	341	
2. Liability for uncertain tax positions In Part XIII, provid	de the text of the foot	note to the organization's	
organization's liability for uncertain tax positions under FIXIII 🔽	IN 40 (A3C /4U) Cr	cek here if the text of the	roothote has been provided in Part

	Complete if the organ	<u>ization answered 'Yes' on Form 990, </u>	Part I	v, line 12a.			
1	Total revenue, gains, and othe	r support per audited financial statements			1	1,359,744	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) (on investments	2a	-6,776			
b	Donated services and use of fa	cilities	2b				
c	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII)		2d				
e	Add lines 2a through 2d				2e	-6,776	
3	Subtract line 2e from line 1 .				3	1,366,520	
4	Amounts included on Form 99	O, Part VIII, line 12, but not on line 1					
a	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b		٠.		4c	0	
5	Total revenue Add lines 3 and	4c.(This must equal Form 990, Part I, line	12)		5	1,366,520	
Part		penses per Audited Financial St			s per Re		
		ization answered 'Yes' on Form 990,					
1	Total expenses and losses per	audited financial statements			1	1,710,719	
2	A mounts included on line 1 bu	not on Form 990, Part IX, line 25					
а	Donated services and use of fa	cilities	2a				
b	Prior year adjustments		2b				
c	Otherlosses		2c				
d	Other (Describe in Part XIII)		2d				
e	Add lines 2a through 2d				2e	0	
3	Subtract line $\mathbf{2e}$ from line 1 .				3	1,710,719	
4	Amounts included on Form 990), Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b	Other (Describe in Part XIII)		4b	43,500			
c	Add lines 4a and 4b		-		4c	43,500	
5	Total expenses Add lines 3 ar	d 4c. (This must equal Form 990, Part I, li	ne 18)	5	1,754,219	
Par	XIII Supplemental Info	ormation					
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				ny additional	
	Return Reference	Explanation					
L PART V, LINE 4		THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR					
	•	ENDOWMENT ASSETS THAT ATTEMPT	TO P	ROVIDE A PREDICTABI	E STREAM	OF FUNDING TO	
		PROGRAMS SUPPORTED BY ITS ENDOVI PURCHASING POWER OF THE ENDOWN					
		THE BOARD OF TRUSTEES, THE INVES					
		MAXIMUM TOTAL RETURN CONSISTEN	IT WI	TH THE PRESERVATION	OFPRIN	CIPAL,	
		DIVERSIFICATION AND AVOIDANCE					
		EXERCISE REASONABLE CARE, SKILL A FUNDS IN THE CONTEXT OF THE ENTI					
		RETURN OBJECTIVES REASONABLY SU					

THE ASSETS ARE TO BE MANAGED IN A MANNER THAT SEEKS TO MEET THESE INVESTMENT OBJECTIVES, WHILE AT THE SAME TIME ATTEMPTING TO REDUCE VOLATILITY IN YEAR-TO-

YEAR SPENDING ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY

Schedule D (Form 990) 2015	Page 5	
Part XIIII Supplemental	Information (continued)	
Return Reference	Explanation	
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AWARDED IN THE AMOUNT OF \$43,500	
	· ·	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990)

Department of the

Internal Revenue Service Name of the organization

STUDENT PUBLICATIONS INC

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493039012617

2015

Open to Public Inspection

Employer identification number

42-1041859

						12 10 11003	
Part I General Information	n on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the grants or a	ssistance?				stance, and	√ Yes N
Part II Grants and Other Assista				plete if the organization	answered "Yes" on F	form 990, Part IV, line 2	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 53 Enter total number of other orga	,	2				_	
For Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

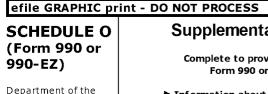
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS FOR THE PURPOSE OF RECRUITING THE BEST HIGH SCHOOL JOURNALISTS AND ENCOURAGING THEM TO CONTRIBUTE TO THE PAPER THROUGHOUT THEIR COLLEGE CAREER	9	43,500			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					

PART I, LINE 2

Return Reference

Explanation

THE GOAL OF THIS SCHOLARSHIP IS TO IMPROVE THE QUALITY OF THE PAPER BY RECRUITING THE BEST HIGH SCHOOL JOURNALISTS AND ENCOURAGING THEM TO CONTRIBUTE TO THE PAPER THROUGHOUT THEIR COLLEGE CAREER THE SCHOLARSHIP ALLOWS RECIPIENTS TO WORK AT THE DI WELL BEFORE MANY OF THEIR PEERS WHILE THE PAPER BENEFITS FROM HAVING MORE EXPERIENCED STAFF MEMBERS IN THE NEWSROOM RECIPIENTS SHOULD MEET THE FOLLOWING CRITERIA WHILE WORKING AT THE DAILY IOWAN $\,1$ MINIMUM GPA OF 2 7 OUT OF 4 33 AFTER TWO SEMESTERS 2 COMPLETION OF AT LEAST NINE CREDIT HOURS PER SEMESTER 3 SATISFACTORY NEWSROOM PERFORMANCE AT THE END OF EACH SEMESTER, YOUR NEWSROOM PERFORMANCE WILL BE EVALUATED BY YOUR IMMEDIATE SUPERVISOR, I E A DEPARTMENT EDITOR AND/OR THE EDITOR IF YOU ARE THE EDITOR, YOUR PERFORMANCE WILL BE EVALUATED BY THE SCHOLARSHIP COMMITTEE THE EVALUATION FORM RATES YOUR PERFORMANCE IN THE FOLLOWING AREAS QUALITY OF WORK, MEETING DEADLINES, ATTENDANCE, WILLINGNESS TO COMPLETE ASSIGNED TASKS, AND ABILITY AND WILLINGNESS TO GENERATE IDEAS FOR SPECIAL PROJECTS IF YOUR PERFORMANCE IS NOT SATISFACTORY, YOU WILL BE PUT ON A ONE-SEMESTER PROBATION IF THE SITUATION DOES NOT IMPROVE BY THE END OF THE PROBATION PERIOD, THE SCHOLARSHIP WILL BE TERMINATED AND NOT RE-INSTATED HOWEVER, THE TERMINATION WILL NOT PRECLUDE YOU FROM CONTINUING TO WORK IN THE NEWSROOM AT THE DISCRETION OF THE EDITOR IN ADDITION, YOU MAY OPT TO TAKE A ONE-SEMESTER LEAVE FOR PERSONAL OR ACADEMIC REASONS WHILE FORFEITING THE SCHOLARSHIP FOR THAT SEMESTER ONLY AS A SCHOLARSHIP STUDENT, YOUR PROGRESS AT THE DI WILL ALSO BE CLOSELY MONITORED THE EASIEST WAY TO MEASURE YOUR PROGRESS IS BY THE POSITION YOU HOLD POSITIONS OPEN TO YOU WHEN YOU BEGIN WORKING HERE METRO REPORTING, SPORTS REPORTING, COPY EDITING, PHOTOGRAPHY, ARTS WRITING AND EDITORIAL WRITING IF YOU ALREADY KNOW WHICH POSITION YOU ARE INTERESTED IN, IT WOULD BE A GOOD IDEA TO TALK TO PEOPLE ON STAFF NOW ABOUT THE POSITION AND WHAT IT REQUIRES THE PATHS OF PROGRESS ARE INTENDED TO GIVE YOU SOME IDEA OF WHAT WILL BE EXPECTED OF YOU IN THOSE POSITIONS, ALTHOUGH THESE REQUIREMENTS MAY CHANGE SOMEWHAT, DEPENDING ON THE CURRENT EDITOR IF YOU CHANGE YOUR MIND ABOUT THE TRACK YOU HAVE CHOSEN AFTER YOU START, YOU MUST DISCUSS THIS WITH THE CURRENT EDITOR-IN-CHIEF IT WOULD BE ADVISIBLE TO SPEND YOUR FIRST YEAR OR TWO AS A METRO, ARTS OR SPORTS WRITER, THEN MAYBE ONE SEMESTER ON THE COPY DESK OR WRITING EDITORIALS, THEN APPLY FOR AN EDITORIAL POSITION IN YOUR FIELD OF INTEREST MOST SCHOLARSHIP RECIPIENTS WILL BE REQUIRED TO WORK SIX TO TEN HOURS PER WEEK AT AN ENTRY-LEVEL POSITION AS FRESHMEN, WITH THE NUMBER OF HOURS YOU WORK INCREASING SOMEWHAT EACH YEAR THE EDITOR, MANAGING EDITOR AND SPORTS EDITOR ARE THE ONLY PEOPLE WHO REGULARLY WORK 40 HOURS A WEEK, BUT MANY DEPARTMENT EDITORS WORK 20 TO 35 HOURS A WEEK BY YOUR THIRD OR FOURTH YEAR, IT IS HIGHLY PROBABLE THAT YOU WILL HOLD AN EDITORIAL POSITION ALTHOUGH YOU ARE NOT REQUIRED TO HOLD AN EDITORIAL POSITION, THE QUALITY AND AMOUNT OF YOUR WORK SHOULD IMPROVE CONSISTENTLY EACH YEAR IN ORDER TO KEEP THE SCHOLARSHIP WORKING AT THE DI WILL TEACH YOU MORE ABOUT JOURNALISM THAN ANY CLASS WORKING HERE IS LIKE WORKING ON ANY NEWSPAPER--IT INVOLVES A LOT OF TIME, COMMITMENT AND HARD WORK AS A REPORTER, YOU MAY BE ASKED TO WRITE A STORY IN JUST THREE HOURS AS A PHOTOGRAPHER, YOU MAY BE ASKED TO COVER A PROTEST IN SUB-ZERO TEMPERATURE AT 7 A M AND YOU'LL BE EXPECTED TO DO IT WITH AN AGREEABLE SMILE SO BE PREPARED TO DO WHAT IT TAKES TO GET THE JOB DONE UNLIKE HIGH-SCHOOL PAPERS, WE HAVE A PAPER TO PUT OUT EVERY DAY, NOT NEXT WEEK OR NEXT MONTH OUR READERS DEPEND ON IT YOU WILL LEARN TO DO YOUR JOB QUICKLY AND ACCURATELY, AND WHEN IT IS ALL OVER, YOU WILL FIND YOURSELF A MUCH MORE MARKETABLE COMMODITY IN A VERY COMPETITIVE FIELD



Name of the organization STUDENT PUBLICATIONS INC.

Treasurv

Service

Internal Revenue

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

As Filed Data -

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► 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.

2015
Open to Public Inspection

DLN: 93493039012617

Employer identification number
42-1041859

990 Schedule O, Supplemental Information

Return Reference Explanation A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD MEMBERS AND REVIEWED BY PRINCIPAL OFFICER FORM 990, PART VI, SECTION **B, LINE 11** WILLIAM CASEY PRIOR TO SIGNING FORM 990, PART VI, SECTION THE ORGANIZATION EXCHANGES COMPENSATION INFORMATION ANNUALLY WITH THE WESTERN **B. LINE 15 ASSOCIATION** OF UNIVERSITY PUBLICATIONS MANAGERS OF WHICH THE ORGANIZATION IS A MEMBER THE BUDGET COMM ITTEE WITHIN THE BOARD REVIEWS THE INFORMATION TO DETERMINE COMPENSATION LEVELS FOR THE PU BLISHER AND OTHER MANAGEMENT POSITIONS COMPENSATION DECISIONS ARE DOCUMENTED AS PART OF T HE OVERALL ANNUAL BUDGETING REVIEW AND APPROVAL PROCESS

990 Schedule O, Supplemental Information Return Reference Explanation

OF ITS FINANCIAL STATEMENTS

FORM 990, PART VI, SECTION C,	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO
LINE 19	THE PUBLIC UPON REQUEST

FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT