For Paperwork Reduction Act Notice, see the separate instructions.

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.

2019

DLN: 93493318095640 OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service			► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.				Open to Public Inspection	
A For the 2019 c		ne 2019 c	alendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019					
B Check if applicable: ☑ Address change ☐ Name change			C Name of organization Inland Press Foundation			D Employer identification number 51-0163640		
☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending		eturn	Doing business as					
			Number and street (or P.O. box if mail is not delivered to street address) Room/suite			E Telephone number		
			PO Box 3790			(847) 795-0381		
			City or town, state or province, country, and ZIP or foreign postal code Lawrence, KS 66046			G Gross receipts \$ 1,792,229		
			F Name and address of principal officer:	H(a) is	this a group ref		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I Tax-exempt status:			TOM SLAUGHTER PO BOX 3790 LAWRENCE, KS 66046	su	ibordinates? e all subordinat		□Yes ☑ No	
		empt status:	include		cluded?		☐ Yes ☐No	
J Website: ▶ ww				If "No," attach a list. (see instructions) H(c) Group exemption number ▶				
K Form of organization:			: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of f	ar of formation: 1975 M State of legal domicile: IL			
В	art I	Sum	Man.					
Р		_	mary scribe the organization's mission or most significant activities:					
œ	Research and education relating to the newspaper publishing industry.							
Š								
Ē	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.							
Governance								
	3							
တ္	4 Number of independent voting members of the governing body (Part VI, line 1b)						7	
Ĕ	5	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)				5	(
Activities &	1					6	(
⋖ —	1		al unrelated business revenue from Part VIII, column (C), line 12			7a		
	b	Net unre	lated business taxable income from Form 990-T, line 39		 	7b		
		C til	dans and marks (Dash)(III Bas 4h)		Prior Year	-00	Current Year	
₫.	8		cions and grants (Part VIII, line 1h)			500	1,000	
Ravenue	9	-	• • • • • • • • • • • • • • • • • • • •		93,65		13,06	
<u></u>	1	LO Investment income (Part VIII, column (A), lines 3, 4, and 7d)			698,607		332,22	
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		793,758		346,28	
	-		nd similar amounts paid (Part IX, column (A), lines 1–3)			0		
	1	L4 Benefits paid to or for members (Part IX, column (A), line 4)				0		
S	1	5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			188,2	229	117,66	
ารค	1	5a Professional fundraising fees (Part IX, column (A), line 11e)				0	,	
Expenses	Ι.	b Total fundraising expenses (Part IX, column (D), line 25) ▶0						
	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		220,6	508	80,92	
	18	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			408,8	337	198,59	
	19	19 Revenue less expenses. Subtract line 18 from line 12			384,9	921	147,69	
Net Assets or Fund Balances				Beginn	ning of Current Y	ear	End of Year	
	20	Total ass	ets (Part X, line 16)		3,452,0	081	3,123,73	
	21	1 Total liabilities (Part X, line 26)			25,9	911	168,07	
	22	2 Net assets or fund balances. Subtract line 21 from line 20			3,426,1	170	2,955,65	
Pa	art II	Sign	ature Block			•		
know	ledge		erjury, I declare that I have examined this return, including accompanying f , it is true, correct, and complete. Declaration of preparer (other than offic					
<u>, .</u>		<u></u>						
		*****	*** 2020-11-12 Date					
Sign								
Here	ت		LAUGHTER SECRETARY/TREASURER r print name and title					
		17	·	ate I		PTIN		
Paid _		[20-11-12		eck 🔲 if P00824458		
		er	irm's name ► Way Ray Shelton & Co PC		eir-employed Firm's EIN ▶ 63-0962807			
Lies Only		⊢	irm's address ▶ 216 McFarland Circle North	Phone no. (205) 245-5960				
		··, ˈ						
			Tuscaloosa, AL 35406		<u> </u>	. . .	Yes 🗆 No	
ıvıa∨ 1	ine II	KS discuss	this return with the preparer shown above? (see instructions)			 	tes i ino	

Cat. No. 11282Y

Form **990** (2019)