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** PUBLIC DISCLOSURE COPY **

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 black lung

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2012 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number NATIONAL ASSOCIATION OF HISPANIC Address change JOURNALISTS, INC. Name change 95-3927141 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return 202-662-7145 Termin-1050 CONNECTICUT AVENUE NW 10TH FLOOR Amended return 813,040. City, town, or post office, state, and ZIP code **G** Gross receipts \$ Applica-WASHINGTON, DC 20036 H(a) Is this a group return pending F Name and address of principal officer: ANNA LOPEZ BUCK for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► WWW.NAHJ.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1985 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATION AND ADVOCACY **Activities & Governance** Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T. line 34 **Prior Year Current Year** 392,652. 460,286. Contributions and grants (Part VIII, line 1h) Revenue 573,336. 417,620. Program service revenue (Part VIII, line 2g) 3,518. 1,305. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,712.1,463.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 813,040. 1,038,852. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 95,000. 54,375. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 207,910. 98,861. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 615,888. 350,938. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 918.798. 504.174. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 120,054. 308,866. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year** End of Year 219,591. 522,786. 20 Total assets (Part X, line 16) 118,101 41,832. 21 Total liabilities (Part X. line 26) Net 101,490. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | 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 Date Sign ANNA LOPEZ BUCK, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature AMANDA MEKO, CPA P01062615 Paid ▶ GREENWALT CPAS, 35-1489521 Preparer Firm's name Firm's EIN Firm's address 5342 W. VERMONT STREET Use Only INDIANAPOLIS, IN 46224 Phone no. 317-241-2999

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

	rt III Statement of Program Service Accomplishments
ı aı	
_	
1	Briefly describe the organization's mission:
	THE NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS (NAHJ) IS DEDICATED
	TO THE RECOGNITION AND PROFESSIONAL ADVANCEMENT OF HISPANICS IN THE
	NEWS INDUSTRY ESTABLISHED IN APRIL 1984, NAHJ CREATED A NATIONAL VOICE
	AND UNIFIED VISION FOR ALL HISPANIC JOURNALISTS. NAHJ'S GOALS ARE: 1)
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
•	
3	0, 7,10
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 124,335. including grants of \$) (Revenue \$ 386,533.)
	NATIONAL AND REGIONAL CONFERENCES, WORKSHOPS, PANELS, GUEST SPEAKERS,
	AND A JOB FAIR PROVIDE MEMBERS WITH INFORMATION, MEDIA SKILLS, AND
	CAREER PLACEMENT. STUDENT PROJECTS TEACH STUDENTS PRACTICAL SKILLS.
	CAREER PLACEMENT. STUDENT PROJECTS TEACH STUDENTS PRACTICAL SKILLS.
	
4b	(Code:) (Expenses \$ 59 , 374 •including grants of \$ 54 , 375 •) (Revenue \$)
	EDUCATIONAL PROGRAMS AND SCHOLARSHIPS SPONSOR A HIGH SCHOOL WRITING
	CONTEST, AWARD SCHOLARSHIPS TO STUDENTS STUDYING JOURNALISM, AND
	PUBLISH A REPORT ON MINORITIES IN THE MEDIA.
	504
4c	(Code:) (Expenses \$
4c	MEMBER NEWSLETTER, RESEARCH, AND ONLINE INFORMATION - PROVIDE MEMBERS
4c	
4c	MEMBER NEWSLETTER, RESEARCH, AND ONLINE INFORMATION - PROVIDE MEMBERS WITH A NEWSLETTER AND ONLINE INFORMATION ON CURRENT TRENDS IN THE
4c	MEMBER NEWSLETTER, RESEARCH, AND ONLINE INFORMATION - PROVIDE MEMBERS
4c	MEMBER NEWSLETTER, RESEARCH, AND ONLINE INFORMATION - PROVIDE MEMBERS WITH A NEWSLETTER AND ONLINE INFORMATION ON CURRENT TRENDS IN THE
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	MEMBER NÉWSLETTER, RESEARCH, AND ONLINE INFORMATION - PROVIDE MEMBERS WITH A NEWSLETTER AND ONLINE INFORMATION ON CURRENT TRENDS IN THE PROFESSION AND PREPARES A REPORT ON THE STATUS OF JOURNALISTS OF COLOR
4c	MEMBER NEWSLETTER, RESEARCH, AND ONLINE INFORMATION - PROVIDE MEMBERS WITH A NEWSLETTER AND ONLINE INFORMATION ON CURRENT TRENDS IN THE PROFESSION AND PREPARES A REPORT ON THE STATUS OF JOURNALISTS OF COLOR Other program services (Describe in Schedule O.)
	MEMBER NEWSLETTER, RESEARCH, AND ONLINE INFORMATION - PROVIDE MEMBERS WITH A NEWSLETTER AND ONLINE INFORMATION ON CURRENT TRENDS IN THE PROFESSION AND PREPARES A REPORT ON THE STATUS OF JOURNALISTS OF COLOR Other program services (Describe in Schedule O.) (Expenses \$ 10,670 • including grants of \$) (Revenue \$ 30,563 •)
	MEMBER NEWSLETTER, RESEARCH, AND ONLINE INFORMATION - PROVIDE MEMBERS WITH A NEWSLETTER AND ONLINE INFORMATION ON CURRENT TRENDS IN THE PROFESSION AND PREPARES A REPORT ON THE STATUS OF JOURNALISTS OF COLOR Other program services (Describe in Schedule O.)

Part 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)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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		х
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		Х
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	_		Х
		5		-25
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
.0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	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	11b		Х
С	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	11c		Х
d	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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.

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Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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? If "Yes," complete Х Schedule J 23 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 25 Х 24a 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 to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? If "Yes," complete Х Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a $\overline{\mathbf{x}}$ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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If "Yes," complete Schedule R, Part V, line 2

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

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?

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable g	aming							
	(gambling) winnings to prize winners?			1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		ľ							
	filed for the calendar year ending with or within the year covered by this return	2a	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ทร?		2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority ov	ver, a			x				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organizat	tion solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	-								
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).					l				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		· · · · · · · · · · · · · · · · · · ·	7b		<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required								
	to file Form 8282?	 I I		7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				v				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ľ	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		ı	7f	NT /					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, airplanes, or other vehicles, airplanes, did the organization of cars, airplanes, airpla			7h	N/	<u> </u>				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D									
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	ally tillie dul	ing the year?	8						
9	Sponsoring organizations maintaining donor advised funds.		N/A	00						
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a						
10	Section 501(c)(7) organizations. Enter:			9b						
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders N/A	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1.0								
-	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	İ							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>								
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a				14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b						
				Eorm	000	(2012)				

Form 990 (2012)

95-3927141

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v

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					Δ				
Sec	tion A. Governing Body and Management									
		, ,	<u>.</u>	_	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	<u>7</u>						
	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	Enter the number of voting members included in line 1a, above, who are independent	1b	1	7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other							
	officer, director, trustee, or key employee?			2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х				
_	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			<u> </u>	X					
	more members of the governing body?			7a	X					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>	+					
				7b	X					
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			7.5						
8 a				8a	Х					
_	The governing body?			8b	X					
b	Each committee with authority to act on behalf of the governing body?			OD	122					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable to the part VII, Section A, who cannot be reasonable to the part VIII, Section A, who cannot be reasonable to the part VIII, Section A, who cannot be reasonable to the part VIII, Section A, who cannot be reasonable to the part VIII.			9		х				
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Fi			9	 					
Sec	tion B. Folicies (This Section B requests information about policies not required by the internal R	evenue	Code.)		V	NI-				
40-	Did the average stice have lead about an humahar averafilists O			40-	Yes	No				
	Did the organization have local chapters, branches, or affiliates?			10a	125					
D	If "Yes," did the organization have written policies and procedures governing the activities of such or	-		401	X					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		Х				
_	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay bero	e filing the form?	11a		Α.				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40		х				
12a	1 ,			12a	1					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk			12b	-					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	in Schedule O how this was done			12c	+					
13	Did the organization have a written whistleblower policy?			13	X	37				
14	Did the organization have a written document retention and destruction policy?			14		X				
15	Did the process for determining compensation of the following persons include a review and approv		dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					3.7				
а	The organization's CEO, Executive Director, or top management official			15a	1	X				
b	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange									
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	· ·							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	า'ร							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Secti	on 501(c)(3)s only	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	in Sch	edule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict o	of interest policy, a	nd fina	ncial					
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd rec	ords of the organiz	ation:	-					
	JAKE KOENIG - 317-927-8000									
	3909 N MERIDIAN ST, INDIANAPOLIS, IN 46208									

12-10-12

Page 7

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

Check if Schedule O contains a response to any question 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.

Learning Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and 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.

hours for related organization www.2/1099-MISC) from the organization and related organizations www.2/1099-MISC) from the organization www.2/1099-MISC) from the organization www.2/1099-MISC) from the organization www.2/1099-MISC) from the organization www.2/1099-MISC) from the organizations www.2/1099-MISC) from the organizations www.2/1099-MISC) www.2/1099-MISC) from the organization www.2/1099-MISC) www.2/1099-MISC) from the organization www.2/1099-MISC)	Check this box if fleither the organization in		T	111120			npe	isai			(F)
hours per week (list any hours for elated organizations per legisted organi					Pos	ition					
	Name and This		box, unless person is both an			•					
Nours for related organization Nours for first form the organization and related organization Nours for first form the organization Nours for firs		officer and a director/truste		tee)							
Delow Fine Delow		, ,	irector							•	compensation
Delow Fine Delow			e or d	tee			sated			(88-2/1099-8856)	
(1) REBECCA H. AGUILAR		1	truste	al trus		yee	mper		(** 27 1000 141100)		•
(1) REBECCA H. AGUILAR		1 -	idual	tution	er	oldme	est co loyee	Je.			organizations
VICE PRESIDENT, ONLINE			Indiv	Instii	Offic	Key 6	High	Form			
California Cal	(1) REBECCA H. AGUILAR	2.00									
VICE PRESIDENT, PRINT			Х		Х				0.	0.	0.
(3) ELIZABETH ALVAREZ AT-LARGE OFFICER X	(2) ERIN S. AILWORTH	2.00							_	_	_
AT-LARGE OFFICER	VICE PRESIDENT, PRINT		X		X				0.	0.	0.
Columbia	(3) ELIZABETH ALVAREZ	2.00									
REGION 8 DIRECTOR	AT-LARGE OFFICER		X						0.	0.	0.
S	(4) ELAINE J. ARADILLAS	2.00							_	_	_
REGION 7 DIRECTOR	REGION 8 DIRECTOR		X						0.	0.	0.
Columbia	(5) NADINE R. ARROYO RODRIGUEZ	2.00									
X	REGION 7 DIRECTOR		X						0.	0.	0.
Column C	(6) HUGO G. BALTA	2.00									
STUDENT REPRESENTATIVE	PRESIDENT		X		X				0.	0.	0.
REGION 2 DIRECTOR	(7) NICOLE CHAVEZ	2.00							_	_	_
REGION 2 DIRECTOR	STUDENT REPRESENTATIVE		X						0.	0.	0.
(9) MEKAHLO MEDINA 2.00 VICE PRESIDENT, BROADCASTING X X 0. 0. 0 (10) KEN MOLESTINA 2.00 X 0. 0. 0 REGION 3 DIRECTOR X 0. 0. 0 (11) ROSA E. MORALES 2.00 X 0. 0. 0 REGION 6 DIRECTOR X 0. 0. 0 0 (12) MARIELA MURDOCCO 2.00 X 0. 0. 0 AT-LARGE OFFICER X 0. 0. 0 (13) CESAR ROBERTO PAZOS 2.00 X 0. 0. 0 REGION 4 DIRECTOR X X 0. 0. 0 (14) SERGIO V. QUINTANA 2.00 X X 0. 0. 0 SECRETARY X X 0. 0. 0 0 (15) FEDERICO SUBERVI, PH.D. 2.00 X 0. 0. 0 0	(8) IVETTE DAVILA-RICHARDS	2.00							_	_	_
VICE PRESIDENT, BROADCASTING X X X 0. 0. 0. (10) KEN MOLESTINA 2.00 X 0. 0. 0. 0. REGION 3 DIRECTOR X 0. 0. 0. 0. 0. (11) ROSA E. MORALES 2.00 X 0. 0. 0. 0. REGION 6 DIRECTOR X 0. 0. 0. 0. 0. (12) MARIELA MURDOCCO 2.00 X 0. 0. 0. 0. AT-LARGE OFFICER X 0. 0. 0. 0. 0. (13) CESAR ROBERTO PAZOS 2.00 X 0. 0. 0. 0. REGION 4 DIRECTOR X X 0. 0. 0. 0. (14) SERGIO V. QUINTANA 2.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. (15) FEDERICO SUBERVI, PH.D. 2.00 X 0. <td>REGION 2 DIRECTOR</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	REGION 2 DIRECTOR		X						0.	0.	0.
REGION 3 DIRECTOR	(9) MEKAHLO MEDINA	2.00							_	_	_
REGION 3 DIRECTOR	VICE PRESIDENT, BROADCASTING		X		X				0.	0.	0.
REGION 6 DIRECTOR	(10) KEN MOLESTINA	2.00							_	_	_
X 0 0 0 0 0 0 0 0 0	REGION 3 DIRECTOR		Х						0.	0.	0.
Column	(11) ROSA E. MORALES	2.00									
AT-LARGE OFFICER (13) CESAR ROBERTO PAZOS REGION 4 DIRECTOR (14) SERGIO V. QUINTANA SECRETARY (15) FEDERICO SUBERVI, PH.D. ACADEMIC OFFICER X 0. 0. 0. 0. 0. 0. 0. 0. 0.	REGION 6 DIRECTOR		Х						0.	0.	0.
CESAR ROBERTO PAZOS 2.00 X 0.0 0	(12) MARIELA MURDOCCO	2.00							_	_	_
REGION 4 DIRECTOR	AT-LARGE OFFICER		Х						0.	0.	0.
(14) SERGIO V. QUINTANA 2.00 SECRETARY X X (15) FEDERICO SUBERVI, PH.D. 2.00 ACADEMIC OFFICER X	(13) CESAR ROBERTO PAZOS	2.00									
SECRETARY X X 0. 0. 0. 0. (15) FEDERICO SUBERVI, PH.D. 2.00 X X 0. 0. 0. 0.	REGION 4 DIRECTOR		X						0.	0.	0.
(15) FEDERICO SUBERVI, PH.D. 2.00 X 0. 0. 0	(14) SERGIO V. QUINTANA	2.00									
ACADEMIC OFFICER X 0. 0.	SECRETARY		Х		Х				0.	0.	0.
	(15) FEDERICO SUBERVI, PH.D.	2.00							_	_	_
(16) BLANCA AZUCENA TORRES 2.00			Х						0.	0.	0.
		2.00	1								_
			X						0.	0.	0.
(17) ANNA LOPEZ BUCK 40.00		40.00								_	_
	EXECUTIVE DIRECTOR				X				82,500.	0.	0.

232007 12-10-12

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
_ -	(A) Name and title	(B) Average hours per	(C) Positio (do not check mo box, unless perso				than	h an	(D) Reportable compensation	(E) Reportable compensation			(F) stimate nount	
		week (list any hours for related organizations below line)	tee or director	lnstitutional trustee	Officer Officer		Highest compensated sn.ty.vo	Ĺ	from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-MI	าร	othe compens from t organiza and rela organiza		e ion ed
			드	드	Ю	Ke	Ξ a	8						
	Sub-total Total from continuation sheets to Part V							<u> </u>	82,500.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							no r	82,500. eceived more than \$100	0,000 of reportat	0. ole			0.
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual			4		Х
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors	•				•			•			5		Х
1	Complete this table for your five highest co	•	-								npens	ation	from	
	(A) Name and business	address	N	INC	3				(B) Description of s	services	c	(C Compe	C) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li	stec	d above) who received n	nore than				

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Pa	rt VII							
		Check if Schedule O cont	ains a response	to any question i	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Government grants (contribut	1b 1c 1d ions) 1e ts, and ve 1f 1a-1f: \$	75,430. 317,222. 100,000.	392,652.			
Program Service Revenue	2 a b c d e f	CAREER CENTER R PUBLICATIONS	EVENUE enue		386,533. 30,563. 524. 417,620.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, inter	est, and oroceeds	1,305.			1,305.
	6 a b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
venue	d	Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$	g events (not	>				
Other Revenue	С	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	a bdraising events ctivities. See	>				
	c 10 a b	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a	>				
			EVENUE	Business Code 900099	1,463.	1,463.		
		All other revenue			1,463. 813,040.	419,083.	0.	1,305.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response to any question in this Part IX (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 54,375. 54,375. the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 82,500. 24,750. 49,500. 8,250. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 16,361. 7,800. 8,561 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management 23,031. 23,031. Accounting Professional fundraising services. See Part IV. line 17 8,743. 5,995. 2,748. Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 68,484 6,366. 30,098. 32,020. column (A) amount, list line 11g expenses on Sch O.) 2,133. 453. 1,680. 12 Advertising and promotion 8,924. 3,424. 430. 5,070. 13 Office expenses Information technology 14 Royalties 15 8,129. 8,129 16 Occupancy 80,814. 106,536. 14,166. 11,556. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 101,361. 79,408. 20,523. 1,430. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 8,286. 8,286. 23 Other expenses, Itemize expenses not covered 24 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 0.) 12,761. 12,761. BAD DEBT EXPENSE MISCELLANOUS EXPENSE 2,550. 889. 1,661. b С d All other expenses 504,174. 194,379. 256,109. 53,686. 25 Total functional expenses. Add lines 1 through 24e 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 (2012) Part X | Balance Sheet

JOURNALISTS, INC.

art X	Balance Sheet				
	Check if Schedule O contains a response to any	question in this Part X			L
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		86,824.	1	376,803
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		24,813.	3	60,483
4	Accounts receivable, net			4	
5	Loans and other receivables from current and for				
	trustees, key employees, and highest compensa				
	Part II of Schedule L		5		
6	Loans and other receivables from other disquali				
	section 4958(f)(1)), persons described in section	· · · ·			
	employers and sponsoring organizations of section				
	employees' beneficiary organizations (see instr).	·		6	
7	Notes and loans receivable, net			7	
7 8				8	
9	Inventories for sale or use	4,203.	9	2,13	
		1,203.	-	2,13	
lua	Land, buildings, and equipment: cost or other	405			
١.	basis. Complete Part VI of Schedule D			40-	
b	1		103,751.	10c	83,36
11	Investments - publicly traded securities		103,731.	11	03,30
12	Investments - other securities. See Part IV, line			12	
13	Investments - program-related. See Part IV, line			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		010 501	15	F00 70
16	Total assets. Add lines 1 through 15 (must equ		219,591.	16	522,78
17	Accounts payable and accrued expenses	66,330.	17	21,04	
18	Grants payable	10 000	18	00 70	
19	Deferred revenue		10,760.	19	20,79
20	Tax-exempt bond liabilities			20	
21 22	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
22	Loans and other payables to current and former	officers, directors, trustees,			
	key employees, highest compensated employee	es, and disqualified persons.			
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrela	ated third parties		23	
24	Unsecured notes and loans payable to unrelate	d third parties		24	
25	Other liabilities (including federal income tax, pa	yables to related third			
	parties, and other liabilities not included on lines	17-24). Complete Part X of			
	Schedule D		41,011.	25	
26	Total liabilities. Add lines 17 through 25		118,101.	26	41,83
	Organizations that follow SFAS 117 (ASC 958	s), check here ▶ X and			
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 an	d 34.			
27	Unrestricted net assets		-535,783.	27	-199,12
28	Temporarily restricted net assets		544,745.	28	680,07
29		<u></u>	92,528.	29	
	Organizations that do not follow SFAS 117 (A	SC 958), check here ▶☐			
	and complete lines 30 through 34.	I			
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or ed			31	
32	Retained earnings, endowment, accumulated in			32	
33	Total net assets or fund balances		101,490.	33	480,95
34	Total liabilities and net assets/fund balances		219,591.	34	522,78

Form **990** (2012)

Forn	n 990 (2012) JOURNALISTS, INC.	95-39	27141	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>40.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			74.
3	Revenue less expenses. Subtract line 2 from line 1	3			66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			90.
5	Net unrealized gains (losses) on investments	5	14	<u>4,2</u>	66.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	56,332			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	480),9	54.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	ıte basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit.			

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Form **990** (2012)

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SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.

Employer identification number 95-3927141

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	tructions.					
he organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1	A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🗌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter t	the hos	spital's	nam	ie,
	city, and stat	e:			-								
5	An organizati	ion operated for the	benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describ	ed in			
	-	(b)(1)(A)(iv). (Comple		,		•	•						
6	A federal, sta	ite. or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).						
7			eives a substantial part					or from the	general	public	descri	bed i	n
	-	b)(1)(A)(vi). (Comple	· · · · · · · · · · · · · · · · · · ·			J							
8	-		section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 X						rom contri	butions, m	nembershi	n fees, ar	nd aros	ss rece	eints	from
-	An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.												
		509(a)(2). (Complete			. ,			,				,	
10			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).					
11	-	-	perated exclusively for th	·=	•			-	v out the	purpo	ses of	one o	or
	-	-	ations described in section						•				
			organization and comple				-,						
	a Type I			ype III - Fu			d	qyT 🔲 t	e III - Nor	n-functi	ionallv	intec	rated
е 🗌	• •		at the organization is not		•	-		• •			-	_	
			han one or more publicly										
f			ten determination from t						- ()(-)		(/(/-	
•		rganization, check th											
g		•	organization accepted ar										
9			lirectly controls, either al								Γ	Yes	No
			upported organization?								lg(i)		
			n described in (i) above?								g(ii)		
			person described in (i) of								g(iii)		
h			about the supported or							<u></u>	9(/		
••	T TOVIGO LITO I	ollowing innormation	about the supported of	garnzation	(3).								
(i) Nama	of supported	/ii\ EINI	(iii) Type of organization	(iv) Is the c	organization	(v) Did voi	ı notify the	(vi) Is	the	(vii) An	nount (of mor	
` '	anization	(ii) EIN	(described on lines 1-9		sted in your			organizátio (i) organiz	on in col.	(VII) AII	supp		iciai y
orge	amzanon		`above or IRC section	governing	document?	(i) of your	support?	U.S	.?		оирр	OIL	
			(see instructions))	Yes	No	Yes	No	Yes	No				
otal													

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	ļ					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
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 (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(u) 2000	(5) 2000	(6) 2010	(4) 2011	(6) 2012	(i) rotal
	Gross income from interest,						
Ŭ	dividends, payments received on	ļ					
	securities loans, rents, royalties						
	and income from similar sources	ļ					
9	Net income from unrelated business						
3	activities, whether or not the	ļ					
40	business is regularly carried on						
IU	Other income. Do not include gain	ļ					
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
		-t- / in-tt				40	
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	ŭ		•	•	. , . ,	. □
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				<u></u>
_	Public support percentage for 2012 (l			acluma (fl)		14	%
	Public support percentage from 2011					15	
	33 1/3% support test - 2012. If the o						
10a							
h	stop here. The organization qualifies33 1/3% support test - 2011. If the organization						
U							
170	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	· ·	-	. \Box
	meets the "facts-and-circumstances"	-	· ·				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶∟

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.)

	qualify under the tests listed b	elow, please comp	olete Part II.)				
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	611,557.	692,900.	450,060.	561,221.	392,652.	2708390.
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 purpose	555,232.	567,101.	662,979.	472,401.	417,620.	2675333.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	1155500	1050001	111000	100000	01000	
	Total. Add lines 1 through 5	1166789.	1260001.	1113039.	1033622.	810,272.	5383723.
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received	372,458.	385,000.	85,000.	180,000.	165,000.	1187458.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b	372,458.	385,000.	85,000.	180,000.	165,000.	
	Public support (Subtract line 7c from line 6.)						4196265.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1166789.	1260001.	1113039.	1033622.	810,272.	5383723.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	10,141.	2,118.	1,455.	956.	1,305.	15,975.
_	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	10,141.	2,118.	1,455.	956.	1,305.	15,975.
11	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 IV.)	2,605.	15,853.	6,953.	1,712.	1,463.	28,586.
	Total support. (Add lines 9, 10c, 11, and 12.)	1179535.	1277972.	1121447.		813,040.	5428284.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
Sec	check this box and stop heretion C. Computation of Publ	ic Support Pe	rcentage				> L
				actume (f)		45	77.30 %
	Public support percentage for 2012 (I					15	
	Public support percentage from 2011 etion D. Computation of Investigation					16	<u>%</u>
	Investment income percentage for 20			ne 13. column (f))		17	.29 %
	Investment income percentage from 2					18	<u> </u>
	33 1/3% support tests - 2012. If the						
194	more than 33 1/3%, check this box a						►X
b							
-	b 33 1/3 % support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶ □
	23 12-04-12		,	•		edule A (Form 99	

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Filers of:		Section:						
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	lly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
X								
Special I	Rules							
	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	contributions for us If this box is checke purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the General Rule applies to this organization because it received nonexclusively the etc., contributions of \$5,000 or more during the year						

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
NATIONAL ASSOCIATION OF HISPANIC
JOURNALISTS, INC.

Employer identification number

95-3927141

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	100,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	36,500.	Person X Payroll

Name of organization
NATIONAL ASSOCIATION OF HISPANIC
JOURNALISTS, INC.

Employer identification number

95-3927141

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
NATIONAL ASSOCIATION OF HISPANIC
JOURNALISTS, INC.

Employer identification number

95-3927141

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	AIRLINE TICKETS		02/29/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 	90, 990-EZ, or 990-PF) (201

Page 4

NATIONAL ASSOCIATION OF HISPANIC

JOURNA	LISTS, INC.			95-3927141
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	ridual contributions to section the following line entry. For organ is, contributions of \$1,000 or lettle space is needed.	501(c)(7), (8), iizations comp ss for the year.	or (10) organizations that total more than \$1,000 for the leting Part III, enter (Enter this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transferee's name, address, and ZIP + 4			elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of		elationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF HISPANIC

Employer identification number 95-3927141

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	i.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or c		
Pai			
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	T		
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, an	nd enforcing conservation easements of	during the year ➤
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A		other Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	, ,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC	· · · · ·	
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under SFAS 116		
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2012

	rt III Organizations Maintaining C	collections of A		orical Tr	easures or	Othe		ar Asse			age Z
	Using the organization's acquisition, accessi										
3	(check all that apply):	on, and other record	as, crieck	ally of the	Tollowing triat	are a siç	grillicarit	use or its	COIIECTIO	ii iteiii	3
	Public exhibition	c		oon or ovol	hange progran	20					
a	Scholarly research	(nange progran						
b	Preservation for future generations	•	;(Juliei							
с 4	Provide a description of the organization's co	alloctions and avalo	in how th	ov further th	no organization	a'o ovon	nnt nurne	ooo in Dor	+ VIII		
5	During the year, did the organization solicit o							JSE III Fai	t Alli.		
3	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arran										- 110
	reported an amount on Form 990, Par			organizatio	ir anowered i	00 101	01111 000	, 1 aic 10,			
	Is the organization an agent, trustee, custodi		diary for o	contribution	s or other asse	ets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										- 110
-	,,,	aa. 55p.515 a5 15							Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i	f the organization ar	swered '	'Yes" to Fo	rm 990, Part IV	/, line 10	0.				
		(a) Current year	(b) Pr	rior year	(c) Two years	back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1o	g, column (a	a)) held as:						
	· · · · · · · · · · · · · · · · · · ·		%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administere	ed for th	ne organiz	zation	ı	· ·	
	by:								0-(1)	Yes	No
	(i) unrelated organizations								3a(i)		
L	(ii) related organizations		Cobod								
ı D	If "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of the								3b		
Pai	rt VI Land, Buildings, and Equipm										
	Description of property	(a) Cost or o	- i	(b) Cost	or other	(c) Ac	cumulate	h.d	(d) Boo	k valu	
	besomption of property	basis (investr		basis			reciation	,	(a) Boo	it valu	
	Land	`			. /						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		<u> </u>								
	Add lines 1s through 1s (Column (d) must e		V oolum	n (D) line 1	0(a))						0.

Schedule D (Form 990) 2012

		SOCIATION OF	HISPANIC	05 2005144
	(Form 990) 2012 JOURNALISTS			95-3927141 Page
	Investments - Other Securities. Se			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financ	ial derivatives			
(2) Closely	y-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VII	I Investments - Program Related. Se	ee Form 990, Part X, line	13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX		15.		
		Description		(b) Book value
(1)		i		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, col. (B) line	e 15)		•
Part X	Other Liabilities. See Form 990, Part X,			
1.	(a) Description of liability		(b) Book value	
	deral income taxes			
(2)	25.2561116 (27.05			
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

(8) (9) (10)(11) Schedule D (Form 990) 2012

JOURNALISTS, INC.

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ENTS NAHJ
Schedule D (Form 990) 2012

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturi	1
1				1	879,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	14,266.		
b	Donated services and use of facilities		51,814.		
С	Recoveries of prior year grants		-		
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	66,080.
3	Subtract line 2e from line 1			3	813,040.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5	T. 1			5	813,040.
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	ırn
1	Total expenses and losses per audited financial statements			1	555,988.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	51,814.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	51,814.
3	Subtract line 2e from line 1			3	504,174.
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			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	504,174.
Par	t XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines 1a	and 4; Part IV, lines 1	b and	2b; Part V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				
PAF	T X, LINE 2: NAHJ IS A NOT-FOR-PROFIT ORG	ANIZAT	TION, EXEMP	T F	ROM
FEI	ERAL INCOME TAXES UNDER SECTION 501(C)(3)	OF TH	HE U.S. INT	ERN	AL REVENUE
COI	E, AND IS NOT CONSIDERED TO BE A PRIVATE	FOUND?	ATION AS DE	FIN	ED BY
SEC	TION 509(A) OF THE INTERNAL REVENUE CODE.				
. ~ -	10177TTVG GTLVDLDDG DOD TVGGVT T-1				707
ACC	OUNTING STANDARDS FOR INCOME TAXES PROVID	E DETA	ATTED GOIDA	NCE	FOR

FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN

TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS.

232054

Part XIII Supplemental Information (continued)
REGULARLY EVALUATES ITS ACTIVITIES TO DETERMINE THAT THEY ARE IN
COMPLIANCE WITH ITS TAX-EXEMPT PURPOSE. CURRENTLY, NAHJ'S MANAGEMENT DOES
NOT BELIEVE IT IS ENGAGED IN ANY ACTIVITIES THAT CREATE AN UNCERTAIN TAX
POSITION. ALL TAX PERIODS PRIOR TO 2009 ARE NO LONGER SUBJECT TO
EXAMINATION.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name o	Name of the organization NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.								
Part I		-							
С	Does the organization maintain records the organization maintain records the criteria used to award the grants or assisted as the companization of the organization of	stance?							X No
Part I						anization answered "\	es" to Form 990, Part	IV, line 21, for any	
	recipient that received more than \$	\$5,000. Part II car	be duplicated if addit	tional space is nee	ded.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gr or assistance	
2 E	Enter total number of section 501(c)(3) a	ınd gövernment ör	rganizations listed in th	ne line 1 table	1		ı	<u> </u>	
	enter total number of other organizations							······· <u> </u>	
	For Paperwork Reduction Act Notice							Schedule I (Form 9	90) (2012)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL SCHOLARSHIPS	18	54,375.	0.		
		·			
Part IV Supplemental Information. Complete this part to pro	ovide the information	n required in Part I,	line 2, Part III, colum	ın (b), and any other additional in	formation.
PART I, LINE 2					
PROCEDURE FOR MONITORING GRANTS	IN THE U.S	•			
A LETTER SPECIFYING USE OF SCHOLA	ARSHIP FUN	DS IS SENT	' WITH AN A	WARD	
CHECK TO SCHOOLS. THE SCHOLARSH	IP CHECK PA	AYS ONLY F	OR TUITION		
HOWEVER, SOME STUDENTS WITH MULT	IPLE SCHOL	ARSHIPS MA	Y HAVE SOM	E FUNDS	
LEFT OVER. IN THESE CASES, THE S	SCHOOL CON	TACTS NAHJ	TO ASK IF	THE	
REMAINING FUNDS CAN BE GIVEN TO	THE STUDEN	T TO ASSIS	T IN PURCH	ASING	
BOOKS. NAHJ NORMALLY GIVES CONSI	ENT IN THE	SE CASES.			

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.

Employer identification number 95-3927141

Pai	rt I Types of Property							
	•	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	etermin	•	:s
_	Aut. Maulia of aut.		items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							—
2	Art - Historical treasures							—
3	Art - Fractional interests							—
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	X	1	100 000	 FMV OF TICK	TRIMC		
25	Other (AIRLINE TICKE)	Λ		100,000.	FMV OF TICK	ETS.		
26	Other ()							
27	Other ()							
28	Other ()	<u> </u>						
29	Number of Forms 8283 received by the organi.							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			· ·	
00	B : " " " " . " . " . " . " . " . " . " .						Yes	No
30a	During the year, did the organization receive b							
	at least three years from the date of the initial			•				х
	the entire holding period?					30a		lacksquare
	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties							v
	contributions?					32a		X
	If "Yes," describe in Part II.	h () (and the second state of th	and and			
33	If the organization did not report an amount in describe in Part II	column (c) 1	or a type of prope	πy τοr wnich column (a) is ch	пескеа,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

NATIONAL ASSOCIATION OF HISPANIC

Schedule M	(Form 990) (2012) JOURNAL	IISTS,	INC.		95-392/141	Page 2
Part II	Supplemental Information)n. Complete	this part to provide	e the information required by Pa	art Llines 30h 32h and 33 an	d whether
	the organization is reporting in P	art L column	(h) the number of	contributions the number of item	ms received or a combination	of both
	Also complete this part for any a	arti, coluiriii Idditional info	rmation	contributions, the number of item	ns received, or a combination	or both.
	Also complete this part for any a	idditional imo	mation.			
_						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

PROFESSIONALS'

NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.

Employer identification number 95-3927141

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ORGANIZE AND PROVIDE MUTUAL SUPPORT FOR HISPANICS INVOLVED IN THE

GATHERING OR DISSEMINATION OF NEWS, 2)TO ENCOURANGE AND SUPPORT THE

STUDY AND PRACTICE OF JOURNALISM AND COMMUNICATIONS BY HISPANICS, 3) TO

FOSTER AND PROMOTE A FAIR TREATMENT OF HISPANICS BY THE MEDIA, 4) TO

FURTHER THE EMPLOYMENT AND CAREER DEVELOPMENT OF HISPANICS IN THE

MEDIA, 5) TO FOSTER A GREATER UNDERSTANDING OF HISPANIC MEDIA

SPECIAL CULTURAL IDENTITY, INTERESTS, AND CONCERNS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROFESSIONAL DEVELOPMENT, PROVIDE PROGRAMS FOR MID-CAREER AND

PROFESSIONAL DEVELOPMENT

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 30,563.

CHAPTER ACTIVITIES

EXPENSES \$ 10,670. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE ENTITY HAS SEVEN (7) CLASSES OF
MEMBERSHIP, REGULAR MEMBERS, WHOSE PRINCIPAL MEANS OF SUPPORT IS EARNED IN
THE GATHERING, EDITING OR PRESENTATION OF NEWS, AND WHO MAY NOT BE
EMPLOYEES OF GOVERNMENT-SUPPORTED NEWS ORGANIZATIONS, ACADEMIC MEMBERS WHO
ARE EDUCATORS OF JOURNALISM EDUCATIONAL INSTITUTIONS OF HIGHER LEARNING,
ASSOCIATE MEMBERS, WHO ARE PERSONS ENGAGED IN SUCH MEDIA-RELATED JOBS AS
PUBLIC RELATIONS, PUBLIC OR CORPORATE INFORMATION, DIRECTORS OF MEDIA
ORGANIZATIONS, FOUNDING MEMBERS, WHO SIGNED THE ARTICLES OF INCORPORATION
AND PAID THE ESTABLISHED DUES BY APRIL 15, 1984, STUDENT MEMBERS WHO ARE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13 ENGAGED IN A PROGRAM OF FULL-TIME STUDY IN A RECOGNIZED EDUCATIONAL

INSTITUTION OF HIGHER LEARNING, HONORARY MEMBERS ARE MEMBERS WHO ARE ACTIVE

OR RETIRED FROM A JOURNALISM OR MEDIA ACTIVITY AND WHO HAVE ACHIEVED

RECOGNITION IN THE PROFESSION BY THEIR EXEMPLARY CONTRIBUTION TO THE

PROFESSION, SUPPORTING MEMBERS, WHO ARE INDIVIDUALS OR CORPORATE

REPRESENTATIVES NOT ENGAGED IN THE MEDIA INDUSTRY BUT WHO SUPPORT THE GOALS

AND PURPOSES OF THE ENTITY.

FORM 990, PART VI, SECTION A, LINE 7A: THE FOLLOWING MEMBERS HAVE ALL RIGHTS GRANTED TO THEM UNDER THE BY LAWS WHICH INCLUDE THE RIGHT TO VOTE:

REGULAR MEMBERS, ACADEMIC MEMBERS, AND FOUNDING MEMBERS, IF THEY REMAIN ACADEMIC MEMBERS. EVERY MEMBER ENTITLED TO VOTE IS ENTITLED TO CAST ONE VOTE ON ALL MATTERS SUBMITTED. ASSOCIATE MEMBERS, STUDENT MEMBERS, HONORARY MEMBERS AND SUPPORTING INDIVIDUAL AND CORPORATE MEMBERS ARE ENTITLED TO ALL RIGHTS EXCEPT FOR THE RIGHT TO VOTE AND HOLD OFFICE.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY,

INCLUDING ELECTION OF DIRECTORS, FILLING IN VACANCIES, AMENDING CORPORATE

DOCUMENTS, APPROVING CERTAIN CONRACTS OR PLANS ARE SUBJECT TO APPROVAL BY

MEMBERS OF THE ENTITY.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE PROVIDED TO THE BOARD AFTER FILING.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT

OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED TO THE PUBLIC UPON

REQUEST. THE BOARD OF DIRECTORS RECEIVE THEM AS A MATTER OF COURSE AND FOR

DISCUSSION.

232212 01-04-13

Name of the organization NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.	Employer identification number 95-3927141
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	6,366.
MANAGEMENT AND GENERAL EXPENSES	30,098.
FUNDRAISING EXPENSES	32,020.
TOTAL EXPENSES	68,484.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	68,484.

Form 8868 (Rev. 1-2013)					Page 2	
If you are filing for an Additional (Not Automatic) 3-N	onth Extension,	complete only Part II and check this	s box		X	
Note. Only complete Part II if you have already been gra If you are filing for an Automatic 3-Month Extension,	nted an automatic	3-month extension on a previously f				
Part II Additional (Not Automatic) 3-M	onth Extensio	n of Time. Only file the origin	al (no c	pies nee	ded).	
· · · · · · · · · · · · · · · · · · ·			•	•	see instructions	
Type or Name of exempt organization or other filer, s	ee instructions				on number (EIN) or	
print NATIONAL ASSOCIATION OF	' '					
File by the JOURNALISTS, INC.		95-39	27141			
Number street and room or suite no. If a P.	date for Number street and room or suite no. If a P.O. box, see instructions.					
return. See 1050 CONNECTICUT AVENUE		,	()			
City, town or post office, state, and ZIP code	e. For a foreign add	dress, see instructions.				
WASHINGTON, DC 20036						
•						
Enter the Return code for the return that this application	is for (file a separa	ate application for each return)			0 1	
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already	granted an autor	natic 3-month extension on a prev	iously file	ed Form 886	 38.	
JAKE KOENI		•				
 The books are in the care of ► 3909 N MER 	IDIAN ST	- INDIANAPOLIS, IN	4620	8		
Telephone No. ► 317-927-8000		FAX No. ▶				
If the organization does not have an office or place of	business in the Ur					
If this is for a Group Return, enter the organization's for					aroup, check this	
box ▶ . If it is for part of the group, check this box		ach a list with the names and EINs o				
4 I request an additional 3-month extension of time u	MOTITAL	BER 15, 2013		0,0 1,10 0,110		
5 For calendar year 2012, or other tax year begin		, and endin	a			
6 If the tax year entered in line 5 is for less than 12 m			Final	eturn		
Change in accounting period	,					
7 State in detail why you need the extension						
ADDITIONAL INFORMATION NE	EDED TO P	REPARE A COMPLETE	AND A	CCURAT	E RETURN	
WILL NOT BE AVAILABLE UNT						
		•				
8a If this application is for Form 990-BL, 990-PF, 990-	T. 4720. or 6069. e	enter the tentative tax, less any				
nonrefundable credits. See instructions.	., 5, 5. 5555, 5		8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720,	or 6069 enter any	refundable credits and estimated		<u> </u>		
tax payments made. Include any prior year overpa						
previously with Form 8868.	8b	\$	0.			
c Balance due. Subtract line 8b from line 8a. Include	a vour navment wit	th this form if required by using	0.0	Ψ		
EFTPS (Electronic Federal Tax Payment System).	, , ,	artins form, irrequired, by daing	8c	\$	0.	
		st be completed for Part II		Ψ		
Under penalties of perjury, I declare that I have examined this fo		•	•	f my knowled	ge and belief	
t is true, correct, and complete, and that I am authorized to prep		and the same and the same same in the same in the same and the same an		, KIIOWIOU	go ana sonoi,	
Signature >	Title ▶ CPA		Date	•		
orginaturo 📂			Date		8868 (Rev. 1-2013)	
				roiili (1-2013)	

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STATE COPY

TAXABLE YEAR

California Exempt Organization **Annual Information Return**

228941 12-18-12 **FORM**

2012

199

		or fiscal year beginning month day	yea	ar	, and ending mont		da			
Corporation/Organization Name California corporation number										
NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC. 1313556										
Address (suite		STS, INC.				FEIN	556			
,		OF PMB no.) JECTICUT AVENUE NW 10TH FLO	ΛD			95-3	0271	/ 1		
City	,OIV.		State	ZIP C	ode	1 93-3	<i>3 </i>	4 T		
WASHIN	IGТ		DC	I	036					
A First Ret					ot under R&TC Section	n 23701d, has t	he organ	ization		
B Amende		rn • Yes X			he year: (1) participat					
		47(a)(1)trust Yes X	No	or (2) at	tempted to influence	ed to influence legislation or any ballot measure,				
D Final Ret						r R&TC Section 23704.5				
		ved • Surrendered (Withdrawn)		(relating	to lobbying by publi	c charities)?		• Yes X No		
	-	ed/Reorganized Enter date: •			complete and attach					
	_	ing method:	1					1g? ● Yes X No		
(1)					enter the gross recei					
F Federal r	_		Ι.	sources						
(1) ● L				-	zation is exempt und					
		filing for the subordinates/affiliates? • Yes X a roster. See instructions	INO		ely religious, education					
		tion in a group exemption? Yes X	No		ed primarily (50% or ox. No filing fee is rec					
		the parent's name?	" I					Yes X No		
11 100,	wiiati	and paront o name.			organization file Form			100 100		
I Did the o	rgani	ation have any changes in its activities, governing	-	report ta	xable income?	. 100 01 1 01111 11		•		
	-	icles of incorporation, or bylaws that have) Is the or	the organization under audit by the IRS or has the					
		ted to the Franchise Tax Board? • Yes						• Yes X No		
If "Yes,"	explai	, and attach copies of revised documents.								
Part I	Comp	ete Part I unless not required to file this form. See Genera								
	1	Gross sales or receipts from other sources. From Side 2, Pa					1	420,388.00		
	2	Gross dues and assessments from members and affiliates		2	75,430.00					
	3 Gross contributions, gifts, grants, and similar amounts received ST						3	317,222.00		
Receipts	4	Total gross receipts for filing requirement test. Add line 1 th				TMT 2	4	813,040.00		
and Revenues	_	This line must be completed. If the result is less than \$50,			5 5		4	013,040.00		
nevellues	5	Cost of goods sold Cost or other basis, and sales expenses of assets sold			6	00				
	7	Total costs. Add line 5 and line 6					7	00		
	8	Total gross income. Subtract line 7 from line 4					8	813,040.00		
	9	Total expenses and disbursements. From Side 2, Part II, lin				_	9	504,174.00		
Expenses	10	Excess of receipts over expenses and disbursements. Subtr	ract liı	ne 9 from l	ine 8	•	10	308,866.00		
	11	Filing fee \$10 or \$25. See General Instruction F					11	10.00		
Filing	12	Total payments					12	00		
Fee	13	Penalties and Interest. See General Instruction J					13	00		
	14	Use tax. See General Instruction K					14	00		
	15	Balance due. Add line 11, line 13, and line 14. Then subtra					15 my knowl	10. ₀₀		
Sign	it is	r penalties of perjury, I declare that I have examined this return, includin ue, correct, and complete. Declaration of preparer (other than taxpayer)			rmation of which prepare					
Here	Sign	ture cer		Title ZXECTI	TIVE DIRE	Date	•	Telephone		
11010	01 01	cer 🚩		_	ate DITTE	Check if	-	PTIN		
	Prep	arer's				self-employed		01062615		
Paid		s name						FEIN		
Preparer's	(or y	urs, CREENWALT CDAS INC						5-1489521		
Use Only	employed) 5342 W. VERMONT STREET						Telephone			
						[3	17-241-2999			
	May	the FTB discuss this return with the preparer shown above?	See ir	nstructions		●∟	Yes L	No		

For Privacy Notice, get form FTB 1131.

NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.

95-3927141

228951 12-18-12

Part II	Organizations with gross receipts of more than \$50,000 and private foundations regardless of
	amount of gross receipts - complete Part II or furnish substitute information

		1	Gross sales or receipts from all	business a	activities. See instru	ctions			•	1		00
		2	Interest						• <u>[</u>	2		1,305.00
		3	Dividends						• [3		00
Receip	ts	4	0 .						• [4		00
from		5	Gross royalties						• [5		00
Other		6	Gross amount received from sa	le of assets	s (See Instructions)				•	6		00
Source	s	7	Other income				SEE ST	Αſ	rement 3 •	7		419,083.00
		8	Total gross sales or receipts fro	om other so	ources. Add line 1 th	rough	line 7. Enter here and	d or	n Side 1, Part I, line 1	8		420,388.00
		9	Contributions, gifts, grants, and							9		5 4 ,375. ₀₀
		10	Disbursements to or for member	ers					• <u> </u>	10		00
		11	Compensation of officers, direc	tors, and tr	rustees		SEE ST	Αſ	TEMENT 5 •	11		82,500.00
_			Other salaries and wages							12		16,361.00
Expens	ses	13								13		00
and		14	Taxes							14		00
Disbur	se-		Rents						•••••••••••••••••••••••••••••••••••••••	15		8,129.00
ments		16	Depreciation and depletion (See	Instructio	ns)		CEE CO	ъ	• DEMENTO 6 -	16		242 900
		17	Other Expenses and Disbursem	ents	O H		SEE ST	W.1	rement 6 •	17		342,809. ₀₀ 504,174. ₀₀
Sche	dul		Total expenses and disburseme	ents. Add II	Beginning of			Par		18	able y	
Assets		e L	Datatice Sticets		(a)	laxabi	(b)	$\overline{}$	(c)	J 147	ubic y	(d)
1 Ca	- 1-				(4)		86,824	+	(0)		•	376,803.
			s receivable				00,021	+			•	370,003.
			ceivable					+			•	
											•	
			state government obligations								•	
			in other bonds					1			•	
7 Inv	/estm	nents	in stock STMT 7				103,751				•	83,369.
8 Mc											•	
9 Otl	her in	vestr	ments								•	
10 a	Depr	eciab	le assets									
b	Less	accu	mulated depreciation	()				()		
11 La	nd .										•	
			STMT 8				29,016	٠			•	62,614.
							219,591	٠				522,786.
			et worth				66 220					01 040
			yable				66,330	•			•	21,042.
			s, gifts, or grants payable					+			•	
			notes payable					+			•	
17 IVIC			es STMT 9				51,771	+			•	20,790.
			or principle fund				31,771	+			•	20,7501
			ital surplus. Attach reconciliation					+			•	
			nings or income fund				101,490				•	480,954.
			es and net worth				219,591					522,786.
Sche				per books	s with income per r	eturn						
			Do not complete this sche				e 13, column (d), is l	ess	than \$50,000.			
1 Ne	t inco	ome p	per books	•	308,8	66.	7 Income record	ed c	on books this year			
			me tax				not included in				•	
3 Ex	Excess of capital losses over capital gains 8 Deductions in this return not charged											
4 Ind	come	not r	recorded on books this year				against book in	cor	me this year		•	
5 Ex	pens	es red	corded on books this year not				9 Total. Add line	7 aı	nd line 8			
de	ducte	ed in t	this return				10 Net income per	r ret	turn.			
6 To	tal. A	dd Iir	ne 1 through line 5		308,8	66.	Subtract line 9	froi	m line 6			308,866.

FORM 199 CA	SH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
NEWS CORP NEWS AMERICA, INC.	1182 AVENUE OF THE AMERICAS NEW YORK, NY 10036	02/07/12	10,000.	
NBC UNIVERSAL MEDIA, LL	C 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608	08/27/12	20,000.	
PEPSICO FOUNDATION	700 ANDERSON HILL ROAD PURCHASE, NY 10577	02/29/12	100,000.	
GANNETT FOUNDATION	7950 JONES BRANCH DRIVE MCLEAN, VA 22107	01/18/12	5,000.	
ROBERT WOODS JOHNSON FOUNDATION	ROUTE 1 & EAST COLLEGE ROAD PRINCETON, NJ 08543	03/01/12	36,500.	
FORD MOTOR CO.	ONCE AMERICA ROAD, SUITE 213-A2 CHICAGO, IL 60601	09/14/12	15,000.	
TOTAL INCLUDED ON LINE	3	-	186,500.	

	CONTRIBUTIONS OF SCHUDED ON PART I,	•	STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	S ADDRESS	
UNITED AIRLINES	77 WALKER DR	IVE CHICAGO, IL 6	0601
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
AIRLINE TICKETS	02/29/12	100,000.	100,000.
TOTAL INCLUDED ON LINE 3			100,000.
FORM 199	OTHER INCOME		STATEMENT 3
DESCRIPTION			AMOUNT
MISCELLANEOUS REVENUE CONVENTION REGIS & FE CAREER CENTER REVENUE PUBLICATIONS			1,463. 386,533. 30,563. 524.
TOTAL TO FORM 199, PART II,	LINE 7		419,083.

FORM 199 CASH CONTRIBUTIONS, AND SIMILAR AMO		STATEMENT 4
ACTIVITY CLASSIFICATION: SCHOLARSHIPS		
DONEES NAME DONEES ADDRESS	RELATIONSHIP	P AMOUNT
	NONE	54,375.
TOTAL FOR THIS A	CTIVITY	54,375.
TOTAL INCLUDED ON FORM 199, PART II, L	INE 9	54,375.
FORM 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
REBECCA H. AGUILAR 1050 CONNECTICUT AVENUE NW 10TH FLOOR WASHINGTON, DC 20036	VICE PRESIDENT, ONLINE 2.00	0.
ERIN S. AILWORTH 1050 CONNECTICUT AVENUE NW 10TH FLOOR WASHINGTON, DC 20036	VICE PRESIDENT, PRINT 2.00	0.
ELIZABETH ALVAREZ 1050 CONNECTICUT AVENUE NW 10TH FLOOR WASHINGTON, DC 20036	AT-LARGE OFFICER 2.00	0.
ELAINE J. ARADILLAS 1050 CONNECTICUT AVENUE NW 10TH FLOOR WASHINGTON, DC 20036	REGION 8 DIRECTOR 2.00	0.
NADINE R. ARROYO RODRIGUEZ 1050 CONNECTICUT AVENUE NW 10TH FLOOR WASHINGTON, DC 20036		0.
HUGO G. BALTA 1050 CONNECTICUT AVENUE NW 10TH FLOOR WASHINGTON, DC 20036	PRESIDENT 2.00	0.

NATIONAL ASSOCIATION OF	F HISPANIC JOU	RNAL	95-3927141
NICOLE CHAVEZ 1050 CONNECTICUT AVENUE N WASHINGTON, DC 20036		STUDENT REPRESENTATIVE 2.00	0.
IVETTE DAVILA-RICHARDS 1050 CONNECTICUT AVENUE 1 WASHINGTON, DC 20036	NW 10TH FLOOR	REGION 2 DIRECTOR 2.00	0.
MEKAHLO MEDINA 1050 CONNECTICUT AVENUE 1 WASHINGTON, DC 20036	NW 10TH FLOOR	VICE PRESIDENT, BROADCASTI 2.00	0.
KEN MOLESTINA 1050 CONNECTICUT AVENUE 1 WASHINGTON, DC 20036		REGION 3 DIRECTOR 2.00	0.
ROSA E. MORALES 1050 CONNECTICUT AVENUE 1 WASHINGTON, DC 20036	NW 10TH FLOOR	REGION 6 DIRECTOR 2.00	0.
MARIELA MURDOCCO 1050 CONNECTICUT AVENUE 1 WASHINGTON, DC 20036	NW 10TH FLOOR	AT-LARGE OFFICER 2.00	0.
CESAR ROBERTO PAZOS 1050 CONNECTICUT AVENUE 1 WASHINGTON, DC 20036	NW 10TH FLOOR	REGION 4 DIRECTOR 2.00	0.
SERGIO V. QUINTANA 1050 CONNECTICUT AVENUE 1 WASHINGTON, DC 20036	NW 10TH FLOOR		0.
FEDERICO SUBERVI, PH.D. 1050 CONNECTICUT AVENUE 1 WASHINGTON, DC 20036			0.
BLANCA AZUCENA TORRES 1050 CONNECTICUT AVENUE 1 WASHINGTON, DC 20036		FINANCIAL OFFICER 2.00	0.
ANNA LOPEZ BUCK 1050 CONNECTICUT AVENUE MASHINGTON, DC 20036	NW 10TH FLOOR	EXECUTIVE DIRECTOR 40.00	0.
		_	

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199	OTHER EXPENSES		STATEMENT	6
DESCRIPTION			AMOUNT	
BAD DEBT EXPENSE MISCELLANOUS EXPENSE ACCOUNTING FEES INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL CONFERENCES AND CONVENTIONS INSURANCE			12,7 2,5 23,0 8,7 68,4 2,1 8,9 106,5 101,3	50. 31. 43. 84. 33. 24. 36.
TOTAL TO FORM 199, PART II,	LINE 17		342,8	09.
FORM 199	INVESTMENTS IN STOCK		STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
PUBLICLY TRADED SECURITIES		103,751.	83,3	69.
TOTAL TO FORM 199, SCHEDULE	L, LINE 7	103,751.	83,3	69.
FORM 199	OTHER ASSETS		STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRE		24,813. 4,203.	60,4	
TOTAL TO FORM 199, SCHEDULE	L, LINE 12	29,016.	62,6	14.
FORM 199	OTHER LIABILITIES		STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
OTHER LIABILITY DEFERRED REVENUE		41,011. 10,760.	20,7	0. 90.
TOTAL TO FORM 199, SCHEDULE	L, LINE 18	51,771.	20,7	90.

FORM 199 FUND BALANCES		STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS PERMANENTLY RESTRICTED ASSETS	-535,783. 544,745. 92,528.	-199,123. 680,077. 0.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	101,490.	480,954.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: cT 65682	Check if:				
NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.	Change of address Amended report				
1050 CONNECTICUT AVENUE NW 10TH FLOOR Address (Number and Street)	Corporate	or Organization No.	1313556		
WASHINGTON, DC 20036 City or Town, State and ZIP Code	Federal En	nployer I.D. No.	95-3927141		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Attorney General's R			7, 311 and 312)		
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual R	evenue	Fe	<u>e</u>
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million			0,001 and \$10 million 10,001 and \$50 million 0 million	\$19 \$20 \$30	25
PART A - ACTIVITIES					
For your most recent full accounting period (beginning $01/01/20$ Gross annual revenue \$ $813,040$. Total assets \$	12 endi	ing <u>12/31/</u> 522,786.	2012_) list:		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT			
Note: If you answer "yes" to any of the questions below, you must attach a s and details for each "yes" response. Please review RRF-1 instructions			xplanation		
		<u>-</u>	the examination	Yes	No
 During this reporting period, were there any contracts, loans, leases or other f and any officer, director or trustee thereof either directly or with an entity in w any financial interest? 					х
2. During this reporting period, was there any theft, embezzlement, diversion or or funds?	misuse of th	e organization's ch	aritable property		х
3. During this reporting period, did non-program expenditures exceed 50% of gr	oss revenue	es?			х
 During this reporting period, were any organization funds used to pay any per with the Internal Revenue Service, attach a copy. 	nalty, fine or	judgment? If you f	iled a Form 4720		х
 During this reporting period, were the services of a commercial fundraiser or fill "yes," provide an attachment listing the name, address, and telephone num 	•		le purposes used?		х
During this reporting period, did the organization receive any governmental fu name of the agency, mailing address, contact person, and telephone number	•	, provide an attach	ment listing the		х
 During this reporting period, did the organization hold a raffle for charitable puthe number of raffles and the date(s) they occurred. 	urposes? If "	yes," provide an at	tachment indicating		х
8. Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commerce		-			х
Did your organization have prepared an audited financial statement in accordance principles for this reporting period?	ance with ge	enerally accepted a	accounting		х
Organization's area code and telephone number 202-662-7145					
Organization's e-mail address					
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.					
ANNA LOPEZ BUCK		XECUTIVE			
Signature of authorized officer Printed Name	Tit	ie	Date		

** PUBLIC DISCLOSURE COPY **

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 black lung

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2012 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number NATIONAL ASSOCIATION OF HISPANIC Address change JOURNALISTS, INC. Name change 95-3927141 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return 202-662-7145 Termin-1050 CONNECTICUT AVENUE NW 10TH FLOOR Amended return 813,040. City, town, or post office, state, and ZIP code **G** Gross receipts \$ Applica-WASHINGTON, DC 20036 H(a) Is this a group return pending F Name and address of principal officer: ANNA LOPEZ BUCK for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► WWW.NAHJ.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1985 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATION AND ADVOCACY **Activities & Governance** Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T. line 34 **Prior Year Current Year** 392,652. 460,286. Contributions and grants (Part VIII, line 1h) Revenue 573,336. 417,620. Program service revenue (Part VIII, line 2g) 3,518. 1,305. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,712.1,463.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 813,040. 1,038,852. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 95,000. 54,375. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 207,910. 98,861. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 615,888. 350,938. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 918.798. 504.174. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 120,054. 308,866. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year** End of Year 219,591. 522,786. 20 Total assets (Part X, line 16) 118,101 41,832. 21 Total liabilities (Part X. line 26) Net 101,490. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | 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 Date Sign ANNA LOPEZ BUCK, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature AMANDA MEKO, CPA P01062615 Paid ▶ GREENWALT CPAS, 35-1489521 Preparer Firm's name Firm's EIN Firm's address 5342 W. VERMONT STREET Use Only INDIANAPOLIS, IN 46224 Phone no. 317-241-2999

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2012)	NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.							
Part III Statement of	Part III Statement of Program Service Accomplishments							
Check if Schedule	O contains a response to any question in this Part III							
Briefly describe the orga	nization's mission:							

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	THE NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS (NAHJ) IS DEDICATED	<u> </u>
	TO THE RECOGNITION AND PROFESSIONAL ADVANCEMENT OF HISPANICS IN THE	
	NEWS INDUSTRY ESTABLISHED IN APRIL 1984, NAHJ CREATED A NATIONAL VO	ICE
	AND UNIFIED VISION FOR ALL HISPANIC JOURNALISTS. NAHJ'S GOALS ARE:	1)
2	Did the organization undertake any significant program services during the year which were not listed on	
		X No
	If "Yes," describe these new services on Schedule O.	
3		X No
3	3 3 3 3	140
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	and
	revenue, if any, for each program service reported.	
4a		533. ₎
	NATIONAL AND REGIONAL CONFERENCES, WORKSHOPS, PANELS, GUEST SPEAKERS	<u>S,</u>
	AND A JOB FAIR PROVIDE MEMBERS WITH INFORMATION, MEDIA SKILLS, AND	
	CAREER PLACEMENT. STUDENT PROJECTS TEACH STUDENTS PRACTICAL SKILLS.	
4b	(Code:) (Expenses \$ 59,374 • including grants of \$ 54,375 •) (Revenue \$)
	EDUCATIONAL PROGRAMS AND SCHOLARSHIPS SPONSOR A HIGH SCHOOL WRITING	
	CONTEST, AWARD SCHOLARSHIPS TO STUDENTS STUDYING JOURNALISM, AND	
	PUBLISH A REPORT ON MINORITIES IN THE MEDIA.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	524.)
	MEMBER NEWSLETTER, RESEARCH, AND ONLINE INFORMATION - PROVIDE MEMBER	RS
	WITH A NEWSLETTER AND ONLINE INFORMATION ON CURRENT TRENDS IN THE	
	PROFESSION AND PREPARES A REPORT ON THE STATUS OF JOURNALISTS OF CO	LOR
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 10,670 • including grants of \$) (Revenue \$ 30,563 •)	
4e	Total program service expenses ► 194,379.	
70		00 (2242)

232002 12-10-12

Form 990 (2012) JOURNALISTS, Part 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)?		103	100
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		21
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
7		6		22
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	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	11b		Х
С	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	11c		X
d	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17		Х
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		Х
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		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) JOURNALISTS, INC.
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete			
	Schedule J	23		Х
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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete Schedule L, Part I	OEL		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		- 22
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
O_	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012)	JOURNALISTS,		95-3927141
Part V Statements	Regarding Other IRS	Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	Ī		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			~
	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	··-		
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A			
а		9a		-
10	, , , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand			Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_^
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2012)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	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	Enter the number of voting members included in line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	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 decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨		
	JAKE KOENIG - 317-927-8000			
	3909 N MERIDIAN ST, INDIANAPOLIS, IN 46208			

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

Check if Schedule O contains a response to any question 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, and 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

Companizations Comp	(A) Name and Title	(B) Average hours per week	box,	not cl unles	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
VICE PRESIDENT, ONLINE		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
C(2) ERIN S. AILWORTH		2.00			v					0	0
VICE PRESIDENT, PRINT	· · · · · · · · · · · · · · · · · · ·	2 00	Δ		Λ				0.	0.	<u> </u>
(3) ELIZABETH ALVAREZ		2.00	v		v					n	0
AT-LARGE OFFICER	· · · · · · · · · · · · · · · · · · ·	2 00	Λ		Λ				0.	0.	
CA ELAINE J. ARADILLAS Z.00 X		2.00	v						0.	0	0
REGION 8 DIRECTOR		2 00	77						0.	0.	
S		2:00	x						0.	0.	0.
REGION 7 DIRECTOR		2,00								0.	
Column			\mathbf{x}						0.	0.	0.
NICOLE CHAVEZ 2.00	(6) HUGO G. BALTA	2.00							-		
STUDENT REPRESENTATIVE	PRESIDENT		x		х				0.	0.	0.
REGION 2 DIRECTOR	(7) NICOLE CHAVEZ	2.00									
REGION 2 DIRECTOR	STUDENT REPRESENTATIVE		x						0.	0.	0.
YUCE PRESIDENT, BROADCASTING	(8) IVETTE DAVILA-RICHARDS	2.00									
VICE PRESIDENT, BROADCASTING X X X 0. 0. 0. (10) KEN MOLESTINA 2.00 X 0. 0. 0. 0. REGION 3 DIRECTOR X 0. 0. 0. 0. 0. REGION 6 DIRECTOR X 0. 0. 0. 0. 0. (12) MARIELA MURDOCCO 2.00 X 0. 0. 0. 0. AT-LARGE OFFICER X 0. 0. 0. 0. 0. (13) CESAR ROBERTO PAZOS 2.00 X 0. 0. 0. 0. REGION 4 DIRECTOR X X 0. 0. 0. 0. 0. (14) SERGIO V. QUINTANA 2.00 X 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (15) FEDERICO SUBERVI, PH.D. X 0. 0. 0. 0. 0. 0. 0. 0. 0. </td <td>REGION 2 DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	REGION 2 DIRECTOR		Х						0.	0.	0.
Column C	(9) MEKAHLO MEDINA	2.00									
REGION 3 DIRECTOR	VICE PRESIDENT, BROADCASTING		Х		Х				0.	0.	0.
REGION 6 DIRECTOR	(10) KEN MOLESTINA	2.00									
X	REGION 3 DIRECTOR		X						0.	0.	0.
AT-LARGE OFFICER	(11) ROSA E. MORALES	2.00							_	_	_
AT-LARGE OFFICER (13) CESAR ROBERTO PAZOS REGION 4 DIRECTOR (14) SERGIO V. QUINTANA SECRETARY (15) FEDERICO SUBERVI, Ph.D. ACADEMIC OFFICER (16) BLANCA AZUCENA TORRES FINANCIAL OFFICER (17) ANNA LOPEZ BUCK X			Х						0.	0.	0.
CISAR ROBERTO PAZOS CISAR ROBERTO PAZOS CISAR REGION 4 DIRECTOR X X X X X X X X X		2.00									•
X 0. 0. 0.		0.00	Х						0.	0.	0.
Column		2.00								0	0
X X 0. 0. 0.		2 00	X						0.	0.	<u> </u>
Column C		2.00	. ,		37					0	0
ACADEMIC OFFICER X 0. 0. 0. (16) BLANCA AZUCENA TORRES 2.00 X 0. 0. 0. (17) ANNA LOPEZ BUCK 40.00		2 00	Λ		Λ				0.	0.	<u> </u>
(16) BLANCA AZUCENA TORRES FINANCIAL OFFICER X 0. 0. 0.	•	4.00	_v							^	n
FINANCIAL OFFICER X 0. 0. 0. (17) ANNA LOPEZ BUCK 40.00		2 00	^						0.	0.	<u> </u>
(17) ANNA LOPEZ BUCK 40.00		2.00	$ \mathbf{x} $						n	n	n
		40.00	22							0.	<u></u>
EXECUTIVE DIRECTOR A A Z , DUU • U • U • U •	EXECUTIVE DIRECTOR	10.00			Х				82,500.	0.	0.

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Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	_ _		(F) timate	
		week (list any hours for related organizations below line)	tee or director				Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	6	com fr org an	other pensa om the anization anization	tion e ion ed
			_											
	Sub-total								82,500.		0.			0
С	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							82,500.		0.			0
2	Total number of individuals (including but r compensation from the organization							no re	eceived more than \$100	0,000 of reportable	е			(
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey en	nplc	oyee	, or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d otl		the organization		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	/ uni	elat	ed organization or indiv	idual for services		4		<u>X</u>
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedul	e J f	or s	uch _i	pers	son		<u></u>			5		Х
1	Complete this table for your five highest contact the organization. Report compensation for	=	-								pens	ation 1	rom	
	(A) Name and business			ONI		VILII	OI W		(B) Description of s		C	(Compe	;) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than			000 //	

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. a	1 C V II		on in this Part VIII			
		Check if Schedule O contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f 9 h 2 a b c d e	PUBLICATIONS 900099 All other program service revenue	392,652. de 386,533. 30,563. 30,563.	30,563.		
_	g	Total. Add lines 2a-2f Investment income (including dividends, interest, and	417,620.			
	4 5	other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	>			1,305.
	b	(i) Real (ii) Personal (ii) Real (iii) Personal (iii) Personal (iii) Personal (iii) Personal (iiii) Personal (iiii) Personal (iiii) Personal (iiiii) Personal (iiiii) Personal (iiiiii) Personal (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses				
	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not	-			
Other Revenue		including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b				
Ò		Net income or (loss) from fundraising events	>			
	b	Part IV, line 19 a b Less: direct expenses b				
	10 a	Ret income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory			_	
	11 a			1,463.		
		All other revenue	4 125			
	12	Total. Add lines 11a-11d Total revenue. See instructions.	1,463. 813,040.	419,083.	0.	1,305.

11301113 765919 NAT40.0

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			emplete column (A).	X
	Check if Schedule O contains a respons		is Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	54,375.	54,375.		
3	Grants and other assistance to governments,	, , ,	, , ,		
Ū	organizations, and individuals outside the				
	,				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	02 500	24 750	40 500	0 250
	trustees, and key employees	82,500.	24,750.	49,500.	8,250.
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	16,361.	7,800.	8,561.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	02 024		02 021	
С	Accounting	23,031.		23,031.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,743.	2,748.	5,995.	
q					
J	column (A) amount, list line 11g expenses on Sch O.)	68,484.	6,366.	30,098.	32,020.
12	Advertising and promotion	2,133.	453.	1,680.	•
13		8,924.	3,424.	5,070.	430.
	Office expenses	0,5210	3,1210	370701	130,
14	Information technology				
15	Royalties	0 100		0 100	
16	Occupancy	8,129.	14 166	8,129.	11 556
17	Travel	106,536.	14,166.	80,814.	11,556.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	101,361.	79,408.	20,523.	1,430.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	. Г	8,286.		8,286.	
23		0,200.		0,200.	
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.)	10 564		10 56	
а	BAD DEBT EXPENSE	12,761.		12,761.	
b	MISCELLANOUS EXPENSE	2,550.	889.	1,661.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	504,174.	194,379.	256,109.	53,686
26	Joint costs. Complete this line only if the organization	, 	,		,
20	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 (2012)

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Part X | Balance Sheet

Part	X	Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		86,824.	1	376,803
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		24,813.	3	60,483
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
	•	section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr).	·		6	
STS	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use		8		
⋖	9			4,203.	9	2,131
١,		Land, buildings, and equipment: cost or other				
'	iou	basis. Complete Part VI of Schedule D	10a			
	h	Less: accumulated depreciation			10c	
١,	11	Investments - publicly traded securities		103,751.	11	83,369
	12	Investments - other securities. See Part IV, line 1		200,7020	12	00,000
	13	Investments - other securities, see Fart IV, line			13	
	13 14				14	
		Intangible assets		15		
	15 16	Other assets. See Part IV, line 11	219,591.	16	522,786	
	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equa	66,330.	17	21,042	
		Accounts payable and accrued expenses		00,550.	18	21,042
	18 19	Grants payable	10,760.	19	20,790	
		Deferred revenue		10,700.	20	20,150
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I			21	
<u>Ψ</u> Ι	21				21	
<u></u> 4	22	Loans and other payables to current and former key employees, highest compensated employees				
E					00	
		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
2	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines		41,011.	0.5	0
١,	20			118,101.	25 26	41,832
- 2	26	Total liabilities. Add lines 17 through 25		110,101.	26	41,032
,		Organizations that follow SFAS 117 (ASC 958				
ĕ	7	complete lines 27 through 29, and lines 33 an		-535,783.	07	-199,123
	27	Unrestricted net assets		544,745.	27	680,077
8 2	28	Temporarily restricted net assets		92,528.	28	000,077
֓֓֓֟֟֓֟֟֓֟֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A	SC 050) shock have	74,340.	29	U
<u> </u>		-	.SC 938), cneck nere ▶ ☐ ☐			
o _		and complete lines 30 through 34.			00	
set 3	30	Capital stock or trust principal, or current funds			30	
8 3	31	Paid-in or capital surplus, or land, building, or ed			31	
⋇ ।	32	Retained earnings, endowment, accumulated in	F	101 400	32	400 OE4
_ '	33	Total net assets or fund balances		101,490. 219,591.	33	480,954
3	34	Total liabilities and net assets/fund balances		419,391.	34	522,786. Form 990 (2012

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2				40. 74.		
3	Revenue less expenses. Subtract line 2 from line 1	3			-	66.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10	$\frac{1}{1}, 4$	90.		
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		5	6,3	32.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		48	0,9	54.		
Pa	rt XII Financial Statements and Reporting					=		
	Check if Schedule O contains a response to any question in this Part XII					<u>Ш</u>		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		- [Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			2a		X		
h	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
С	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis							
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit					
	Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit					

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.

Employer identification number 95-3927141

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	oox.)					
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌			tal service organization			170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hosp	ital's na	ame,
	city, and stat		•									
5	An organizat	ion operated for the	benefit of a college or ur	niversity o	wned or o	perated by	a govern	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental unit	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 📖	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public d	escribe	d in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gr	oss inve	estment
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınization	after Jur	ne 30, 1	975.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11	An organizati	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the	purpose	es of on	ie or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Che	eck the I	oox tha	t
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	ո 11h.						
	a Type	ı b 🗆 ту	/pe II c Ty	ype III - Fu	nctionally	integrated	c	ј 🔲 Тур	e III - Nor	n-functio	nally in	tegrated
е 🗌	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons	other t	han
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section	509(a)(2	2).
f			ten determination from t						. , ,			•
		rganization, check th										
g		•	organization accepted ar									
3			irectly controls, either al								Ye	s No
			upported organization?									-
			n described in (i) above?								-	1
			person described in (i) of									
h			about the supported or							[3	,	
••	1 101140 410 1	onewing intermedien	assat the supported of	garnzanori	(0).							
(i) Nama	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did voi	u notify the	(vi) ls	the	(vii) Amo	ount of n	nonetary
` '	anization	(11) L111	(described on lines 1-9		sted in your		ion in col.	organizatio (i) organiz	on in col. I		support	-
0.90			above or IRC section	governing	document?	(i) of you	r support?	Ü.S	.?		ouppoit	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>			
Total												

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	ļ					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
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 (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(u) 2000	(5) 2000	(6) 2010	(4) 2011	(6) 2012	(i) rotal
	Gross income from interest,						
Ŭ	dividends, payments received on	ļ					
	securities loans, rents, royalties						
	and income from similar sources	ļ					
9	Net income from unrelated business						
3	activities, whether or not the	ļ					
40	business is regularly carried on						
IU	Other income. Do not include gain	ļ					
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
		-t- / in-tt				40	
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	ŭ		•	•	. , . ,	. □
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				<u></u>
_	Public support percentage for 2012 (l			acluma (fl)		14	%
	Public support percentage from 2011					15	
	33 1/3% support test - 2012. If the o						
10a							
h	stop here. The organization qualifies33 1/3% support test - 2011. If the organization						
U							
170	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	· ·	-	. \Box
	meets the "facts-and-circumstances"	-	· ·				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶∟

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

Sec	ction A. Public Support	elow, please comp	Diete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	Gifts, grants, contributions, and	(a) 2000	(b) 2009	(0) 2010	(u) 2011	(6) 2012	(i) Total	
•	membership fees received. (Do not							
	include any "unusual grants.")	611,557.	692,900.	450,060.	561,221.	392,652.	2708390.	
2		011,337.	032,300.	430,000	301,221.	332,032.	27003300	
2	Gross receipts from admissions, merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the	555,232.	567,101.	662,979.	472,401.	417,620.	2675333.	
_	organization's tax-exempt purpose	333,232.	307,101.	004,919.	4/2,401.	417,020.	2073333.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	1166789.	1260001.	1113039.	1033622.	810,272.	5383723.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	372,458.	385,000.	85,000.	180,000.	165,000.	1187458.	
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year						0.	
c	Add lines 7a and 7b	372,458.	385,000.	85,000.	180,000.	165,000.	1187458.	
8	Public support (Subtract line 7c from line 6.)						4196265.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012 810, 272.	(f) Total 5383723.	
9	Amounts from line 6	1166789.	1260001.	1113039.	1033622.	810,272.	5383723.	
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar sources	10,141.	2,118.	1,455.	956.	1,305.	15,975.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b	10,141.	2,118.	1,455.	956.	1,305.	15,975.	
	Net income from unrelated business	,	,	·		,	<u> </u>	
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital	2,605.	15,853.	6,953.	1,712.	1,463.	28,586.	
13	assets (Explain in Part IV.)	1179535.	1277972.	1121447.	1036290.	813,040.	5428284.	
	First five years. If the Form 990 is for							
•••					•		Lation,	
Sec	ction C. Computation of Publ							
	77.20							
	(i) in the second of the secon							
Section D. Computation of Investment Income Percentage								
17	•			ne 13 column (f))		17	.29 %	
18	(y = 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							
	33 1/3% support tests - 2012. If the							
.54	more than 33 1/3%, check this box a						. 37	
h	33 1/3% support tests - 2011. If the							
J	line 18 is not more than 33 1/3%, che	•			•	•		
20	Private foundation. If the organization			•		ŭ		
20	riivate iounuation. Il the organizatio	TI GIG HOL CHECK A	DOX OIT III IE 14, 19	a, or 130, CHECK II	IIO DUX AITU SEE ITIS		<u> </u>	

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Filers of:		Section:						
Form 990 or 990-EZ		$oxed{X}$ 501(c)($oxed{3}$) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	lly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.						
Special I	Rules							
	509(a)(1) and 170(b)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	contributions for us If this box is checke purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions of \$5,000 or more during the year						

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
NATIONAL ASSOCIATION OF HISPANIC
JOURNALISTS, INC.

Employer identification number

95-3927141

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$36,500.	Person X Payroll

Name of organization
NATIONAL ASSOCIATION OF HISPANIC
JOURNALISTS, INC.

Employer identification number

95-3927141

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
NATIONAL ASSOCIATION OF HISPANIC
JOURNALISTS, INC.

Employer identification number

95-3927141

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	AIRLINE TICKETS		02/29/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 	90, 990-EZ, or 990-PF) (201

Name of organization

Employer identification number

NATIONAL ASSOCIATION OF HISPANIC

Part III	Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to sect the following line entry. For co., contributions of \$1,000 all space is needed.	tion 501(c)(7), (8) organizations comp or less for the year	or (10) organizations that total more than \$1,000 for the oleting Part III, enter
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
_			fer of gift	
- - -	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, a	(e) Trans		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held
_		(e) Trans	fer of gift	
 - -	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a		fer of gift	elationship of transferor to transferee
-				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 95-3927141 \end{array}$

Par	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	· ·		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		<u> </u>
	year >	,	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the	he organization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

_	t III Organizations Maintaining C	Collections of A	rt Historical T	reasures or O		r Asse			ige ∠
3	Using the organization's acquisition, accessi								
3	(check all that apply):	on, and other record	is, check any or the	e ioliowing triat are	a significant u	SE 01 11.5	COIIECTIO	iii iteiiii	5
а	Public exhibition	d	I Dan or ov	change programs					
	Scholarly research	e e		change programs					
b	Preservation for future generations	е							
4									
5									
3	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pai	t IV Escrow and Custodial Arran								1110
	reported an amount on Form 990, Par		ote ii tile organizati	ion answered Tes	10 1 01111 000,	i aitiv, i	ii ic 5, 6i		
	Is the organization an agent, trustee, custodi		diary for contribution	ons or other assets	not included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
_			g				Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe					L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation has bee	n provided in Part	XIII]
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to F	orm 990, Part IV, Iir	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three ye	ars back	(e) Fou	r years l	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	•	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should be a sh								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered f	or the organiza	ation	1		
	by:						0 (1)	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
_	If "Yes" to 3a(ii), are the related organizations						3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm								
ı aı		(a) Cost or o	 	st or other (c	A A A A A A A A A A A A A A A A A A A	<u>, </u>	(d) Poo	le volue	
	Description of property	basis (investr		st or other (c	 Accumulated depreciation 	1	(d) Boo	n value	,
12	Land	,	, 24010	- \					
	Land Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)		ightharpoonup			0.

Schedule D (Form 990) 2012

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Part VII Investments - Other Securities. See	Form 990, Part X, line 1	2.		Tage 9
(a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end	-of-year market value
(1) Financial derivatives				•
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value	(c) Method of Valu	lation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1	15.			
	Description			(b) Book value
	·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			>	
Part X Other Liabilities. See Form 990, Part X, li	ne 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
I Utal. (Column (b) must equal Form 990, Part A, col. (B) line	ZU.)			

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 JOURNALISTS, INC.

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Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per F	Return	
1	Total revenue, gains, and other support per audited financial statements			1	879,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	14,266.		
	Donated services and use of facilities		51,814.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	66,080.
3	Subtract line 2e from line 1			3	813,040.
4	Amounts included on Form 990, Part VIII, line 12, 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			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	813,040.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Witl	h Expenses per	Retur	
1	Total expenses and losses per audited financial statements			1	555,988.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	51,814.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	51,814.
	Subtract line 2e from line 1			3	504,174.
	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			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	504,174.
Pa	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines 1a a	nd 4; Part IV, lines 1	b and 2b	; Part V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				
PAI	RT X, LINE 2: NAHJ IS A NOT-FOR-PROFIT ORGA	ANIZAT	ION, EXEMP	T FR	OM
FEI	DERAL INCOME TAXES UNDER SECTION 501(C)(3)	OF TH	E U.S. INT	ERNA	L REVENUE
COI	DE, AND IS NOT CONSIDERED TO BE A PRIVATE	FOUNDA	TION AS DE	FINE	D BY
SEC	CTION 509(A) OF THE INTERNAL REVENUE CODE.				

ACCOUNTING STANDARDS FOR INCOME TAXES PROVIDE DETAILED GUIDANCE FOR

FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN

TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. NAHJ

Schedule D (Form 990) 2012

232054

Part XIII Supplemental Information (continued)
REGULARLY EVALUATES ITS ACTIVITIES TO DETERMINE THAT THEY ARE IN
COMPLIANCE WITH ITS TAX-EXEMPT PURPOSE. CURRENTLY, NAHJ'S MANAGEMENT DOES
NOT BELIEVE IT IS ENGAGED IN ANY ACTIVITIES THAT CREATE AN UNCERTAIN TAX
POSITION. ALL TAX PERIODS PRIOR TO 2009 ARE NO LONGER SUBJECT TO
EXAMINATION.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

lame of the organization NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.							Employer identification number $95-3927141$
Part I General Information on Grants a	and Assistance						
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr	stance? ocedures for moni	toring the use of grant	t funds in the Unite	ed States.			Yes X No
Part II Grants and Other Assistance to		•			anization answered "	Yes" to Form 990, Part	: IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) a Enter total number of other organization 							_

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
EDUCATIONAL SCHOLARSHIPS	18	54,375.	0.			
Part IV Supplemental Information. Complete this part to provi	de the informatio	n required in Part I,	line 2, Part III, colum	n (b), and any other additional ir	formation.	
PART I, LINE 2						
PROCEDURE FOR MONITORING GRANTS IN	THE U.S	•				
A LETTER SPECIFYING USE OF SCHOLARSHIP FUNDS IS SENT WITH AN AWARD						
CHECK TO SCHOOLS. THE SCHOLARSHIE	CHECK P.	AYS ONLY F	OR TUITION	,		
HOWEVER, SOME STUDENTS WITH MULTIE	LE SCHOL	ARSHIPS MA	Y HAVE SOM	E FUNDS		
LEFT OVER. IN THESE CASES, THE SC	CHOOL CON	TACTS NAHJ	TO ASK IF	THE		
REMAINING FUNDS CAN BE GIVEN TO THE STUDENT TO ASSIST IN PURCHASING						
BOOKS. NAHJ NORMALLY GIVES CONSENT IN THESE CASES.						

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2012

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.

Employer identification number 95-3927141

Pai	rt I Types of Property								
		(a)	(b)	(c)			(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported			of determin	_	
		applicable		Form 990, Part VIII,		noncash con	iribution a	mount	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts			100 0			~~~~	,	
25	Other (AIRLINE TICKE)	X	1	100,0	00.	FMV OF TI	CKETS	i	
26	Other ()								
27	Other ()								
28	Other ()		<u> </u>						
29	Number of Forms 8283 received by the organization appropriate of Forms 8283		-						
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement	29			V	Na
200	During the year, did the organization receive by	, contributio	on any proporty ro	antad in Dart L lines	1 20 tha	at it must hold for		Yes	No
Sua	at least three years from the date of the initial of								
	-			•			30a		Х
h	the entire holding period?						30a		
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard	contribu	ıtions?	31		Х
	Does the organization have a grit acceptance plant by Does the organization hire or use third parties of							\vdash	
o <u>_a</u>	contributions?		-	· ·			32a		х
h	If "Yes," describe in Part II.						OZA		
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column	(a) is ch	ecked.			
	describe in Part II.	23.4.1.11 (0) 1	2. 4., pc oi propo	,	رم, ال	,			

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

Schedule M (Form 990) (2012)

NATIONAL ASSOCIATION OF HISPANIC

Schedule M	(Form 990) (2012) JOURNALISTS,	INC.	95-3927141 F	Page 2
Part II	Supplemental Information. Comple	te this part to provide the information required by n (b), the number of contributions, the number of interestion	Part I. lines 30b. 32b. and 33. and wh	nether
	the organization is reporting in Part I, column	n (b), the number of contributions, the number of i	tems received, or a combination of be	oth.
	Also complete this part for any additional inf	formation.	,	
				_
-				
-				

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.

Employer identification number 95-3927141

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ORGANIZE AND PROVIDE MUTUAL SUPPORT FOR HISPANICS INVOLVED IN THE

GATHERING OR DISSEMINATION OF NEWS, 2)TO ENCOURANGE AND SUPPORT THE

STUDY AND PRACTICE OF JOURNALISM AND COMMUNICATIONS BY HISPANICS, 3) TO

FOSTER AND PROMOTE A FAIR TREATMENT OF HISPANICS BY THE MEDIA, 4) TO

FURTHER THE EMPLOYMENT AND CAREER DEVELOPMENT OF HISPANICS IN THE

MEDIA, 5) TO FOSTER A GREATER UNDERSTANDING OF HISPANIC MEDIA

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROFESSIONAL DEVELOPMENT, PROVIDE PROGRAMS FOR MID-CAREER AND

PROFESSIONALS' SPECIAL CULTURAL IDENTITY, INTERESTS, AND CONCERNS.

PROFESSIONAL DEVELOPMENT

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 30,563.

CHAPTER ACTIVITIES

EXPENSES \$ 10,670. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE ENTITY HAS SEVEN (7) CLASSES OF MEMBERSHIP, REGULAR MEMBERS, WHOSE PRINCIPAL MEANS OF SUPPORT IS EARNED IN THE GATHERING, EDITING OR PRESENTATION OF NEWS, AND WHO MAY NOT BE

EMPLOYEES OF GOVERNMENT-SUPPORTED NEWS ORGANIZATIONS, ACADEMIC MEMBERS WHO ARE EDUCATORS OF JOURNALISM EDUCATIONAL INSTITUTIONS OF HIGHER LEARNING,

ASSOCIATE MEMBERS, WHO ARE PERSONS ENGAGED IN SUCH MEDIA-RELATED JOBS AS

PUBLIC RELATIONS, PUBLIC OR CORPORATE INFORMATION, DIRECTORS OF MEDIA

ORGANIZATIONS, FOUNDING MEMBERS, WHO SIGNED THE ARTICLES OF INCORPORATION

AND PAID THE ESTABLISHED DUES BY APRIL 15, 1984, STUDENT MEMBERS WHO ARE

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232211 01-04-13

ENGAGED IN A PROGRAM OF FULL-TIME STUDY IN A RECOGNIZED EDUCATIONAL INSTITUTION OF HIGHER LEARNING, HONORARY MEMBERS ARE MEMBERS WHO ARE ACTIVE OR RETIRED FROM A JOURNALISM OR MEDIA ACTIVITY AND WHO HAVE ACHIEVED RECOGNITION IN THE PROFESSION BY THEIR EXEMPLARY CONTRIBUTION TO THE PROFESSION, SUPPORTING MEMBERS, WHO ARE INDIVIDUALS OR CORPORATE REPRESENTATIVES NOT ENGAGED IN THE MEDIA INDUSTRY BUT WHO SUPPORT THE GOALS AND PURPOSES OF THE ENTITY.

FORM 990, PART VI, SECTION A, LINE 7A: THE FOLLOWING MEMBERS HAVE ALL RIGHTS GRANTED TO THEM UNDER THE BY LAWS WHICH INCLUDE THE RIGHT TO VOTE: REGULAR MEMBERS, ACADEMIC MEMBERS, AND FOUNDING MEMBERS, IF THEY REMAIN ACADEMIC MEMBERS. EVERY MEMBER ENTITLED TO VOTE IS ENTITLED TO CAST ONE VOTE ON ALL MATTERS SUBMITTED. ASSOCIATE MEMBERS, STUDENT MEMBERS, HONORARY MEMBERS AND SUPPORTING INDIVIDUAL AND CORPORATE MEMBERS ARE ENTITLED TO ALL RIGHTS EXCEPT FOR THE RIGHT TO VOTE AND HOLD OFFICE.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY, INCLUDING ELECTION OF DIRECTORS, FILLING IN VACANCIES, AMENDING CORPORATE DOCUMENTS, APPROVING CERTAIN CONRACTS OR PLANS ARE SUBJECT TO APPROVAL BY MEMBERS OF THE ENTITY.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE PROVIDED TO THE BOARD AFTER FILING.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST. THE BOARD OF DIRECTORS RECEIVE THEM AS A MATTER OF COURSE AND FOR DISCUSSION.

232212 01-04-13

Name of the organization NATIONAL ASSOCIATION OF HISPANIC JOURNALISTS, INC.	Employer identification number 95-3927141
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	6,366.
MANAGEMENT AND GENERAL EXPENSES	
	30,098.
FUNDRAISING EXPENSES	32,020.
TOTAL EXPENSES	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	68,484.