

Return of Organization Exempt From Income Tax

2005

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning **AUG 1, 2005** and ending **JUL 31, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SOCIETY OF PROFESSIONAL JOURNALISTS		D Employer identification number 36-2037874
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3909 N. MERIDIAN STREET		E Telephone number 317-927-8000
		City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46208		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? (If "No," attach a list.) N/A Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ N/A

G Website: ▶ WWW.SPJ.ORG

J Organization type (check only one) ▶ 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,685,122.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	485,267.		
	b Indirect public support	1b	400.		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 485,667. noncash \$) ...	1d		485,667.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		538,097.	
	3 Membership dues and assessments	3		497,122.	
	4 Interest on savings and temporary cash investments	4		13,783.	
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities				
	114,817.	8a			
	b Less: cost or other basis and sales expenses	8b			
	115,292.	8b			
c Gain or (loss) (attach schedule)	<475.>8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1			8d	
				<475.>	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10 a Gross sales of inventory, less returns and allowances	10a	5,345.			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	STMT 2			10c
			5,345.		
11 Other revenue (from Part VII, line 103)	11		30,291.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,569,830.		
Expenses	13 Program services (from line 44, column (B))	13			
	14 Management and general (from line 44, column (C))	14			
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		1,562,195.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		7,635.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,324,026.	
	20 Other changes in net assets or fund balances (attach explanation)	20		0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,331,661.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> • If this amount includes foreign grants, check here <input type="checkbox"/> 22				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25 Compensation of officers, directors, etc. ... 25	95,118.			
26 Other salaries and wages 26	284,284.			
27 Pension plan contributions 27				
28 Other employee benefits 28	9,470.			
29 Payroll taxes 29	38,526.			
30 Professional fundraising fees 30				
31 Accounting fees 31	10,600.			
32 Legal fees 32	70,959.			
33 Supplies 33	30,856.			
34 Telephone 34				
35 Postage and shipping 35				
36 Occupancy 36				
37 Equipment rental and maintenance 37	32,597.			
38 Printing and publications 38	230,623.			
39 Travel 39				
40 Conferences, conventions, and meetings ... 40				
41 Interest 41	<14.>			
42 Depreciation, depletion, etc. (attach schedule) 42	38,434.			
43 Other expenses not covered above (itemize):				
a 43a				
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g SEE STATEMENT 3 43g	720,742.			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	1,562,195.			

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>THE SOCIETY'S PRIMARY SERVICES INCLUDE WORKSHOPS, SEMINARS, AN ANNUAL CONFERENCE, AND PUBLICATIONS TO MEMBERS.</u>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	365,635.	45	657,864.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	93,586.			
	b Less: allowance for doubtful accounts				
			132,920.	47c	93,586.
	48 a Pledges receivable	254,817.			
	b Less: allowance for doubtful accounts				
			335,594.	48c	254,817.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use		500.	52	500.
	53 Prepaid expenses and deferred charges		62,409.	53	40,251.
54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55 a Investments - land, buildings, and equipment: basis					
b Less: accumulated depreciation					
			55c		
56 Investments - other	SEE STATEMENT 5	50,833.	56	0.	
57 a Land, buildings, and equipment: basis		852,717.			
b Less: accumulated depreciation		403,233.			
		483,397.	57c	449,484.	
58 Other assets (describe)		58		
59 Total assets (must equal line 74). Add lines 45 through 58		1,431,288.	59	1,496,502.	
Liabilities	60 Accounts payable and accrued expenses	96,097.	60	109,398.	
	61 Grants payable		61		
	62 Deferred revenue	11,165.	62	55,443.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe)		65	
66 Total liabilities. Add lines 60 through 65)		107,262.	66	164,841.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	758,766.	67	726,506.	
	68 Temporarily restricted	565,260.	68	605,155.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,324,026.	73	1,331,661.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,431,288.	74	1,496,502.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,671,830.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	102,000.
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	102,000.
c	Subtract line b from line a	c	1,569,830.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	1,569,830.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,664,195.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	102,000.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	102,000.
c	Subtract line b from line a	c	1,562,195.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	1,562,195.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6		90,162.	4,956.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 23
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
b If "Yes," enter the name of the organization SIGMA DELTA CHI FOUNDATION and check whether it is [X] exempt or [] nonexempt
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0
b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 102,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		N/A
d	Section 162(e) lobbying and political expenditures		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed ▶ IN		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	13
91 a	The books are in care of ▶ TERRENCE G. HARPER Telephone no. ▶ 317-927-8000 Located at ▶ 3909 N. MERIDIAN STREET, INDIANAPOLIS, IN ZIP + 4 ▶ 46208		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ADVERTISING REVENUE	541800	159,971.			
b FEES					353,199.
c SUBSCRIPTION REVENUE					24,927.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					497,122.
95 Interest on savings and temporary cash investments			14	13,783.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<475.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					5,345.
103 Other revenue:					
a ROYALTIES			15	22,531.	
b MISCELLANEOUS					7,760.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		159,971.		35,839.	888,353.
105 Total (add line 104, columns (B), (D), and (E))					1,084,163.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here 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: Terrence G. Hagner Date: 12/13/06 Type or print name and title: Terrence G. Hagner, Asst. Sec. Tre.

Preparer's signature: [Signature] Date: 12/4/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: GREENWALT SPONSEL & CO., INC.
5342 W. VERMONT ST.
INDIANAPOLIS, IN 46224

EIN: 35-1689521

Phone no.: 317-241-2999

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

SOCIETY OF PROFESSIONAL JOURNALISTS

Employer identification number

36-2037874

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(6) (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

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization SOCIETY OF PROFESSIONAL JOURNALISTS	Employer identification number 36-2037874
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 261,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990		GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)		
INVESTMENTS	114,817.	115,292.	0.	<475.>		
TO FORM 990, PART I, LINE 8	114,817.	115,292.	0.	<475.>		

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS	5,345	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		5,345
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		5,345

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		

FORM 990	OTHER EXPENSES			STATEMENT 3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING AND MARKETING	74,558.			
PROFESSIONAL SERVICES	183,927.			
BANK FEES	16,439.			
BOARD RELATED EXPENDITURES	41,565.			
REPAIRS AND MAINTENANCE	42,248.			
INSURANCE	42,384.			
UNRELATED BUSINESS INCOME TAX REFUND	442.			
DUES AND SUBSCRIPTIONS	26,588.			
EMPLOYEE TRAVEL AND MEALS	47,663.			
UTILITIES	27,586.			
AWARDS EXPENSE	29,158.			
EVENTS EXPENSE	180,559.			
MISCELLANEOUS	7,625.			
TOTAL TO FM 990, LN 43.	720,742.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

THE SOCIETY IS A PROFESSIONAL ORGANIZATION FOR JOURNALISTS TO AID, ENCOURAGE AND PROMOTE A FREE PRESS, HIGH PROFESSIONAL STANDARDS AND ETHICAL BEHAVIOR.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRUCE CADWALLADER 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	SECRETARY - TREASURER 0.00	0.	0.	0.
DAVID E. CARLSON 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	PRESIDENT 0.00	0.	0.	0.
CHRISTINE TATUM 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	PRESIDENT - ELECT 0.00	0.	0.	0.
TERRENCE G. HARPER 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	ASST. SECR-TREAS/EXEC DIR 40.00	90,162.	4,956.	0.
IRWIN L. GRATZ 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	IMMEDIATE PAST PRESIDENT 0.00	0.	0.	0.
MEAD LOOP 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	VP, CAMPUS CHAPTER AFFAIRS 0.00	0.	0.	0.
MOLLY MCDONOUGH 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
SALLY J. LEHRMAN 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
ADRIAN G. URIBARRI 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
ASHLEE CLARK 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
SUE KOPEN KATCEF 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.

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NEIL RALSTON 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
CARL CORRY 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
ANN AUGHERTON 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
HOLLY FISHER 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
RICHARD ROTH 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
JOE WESSELS 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
RON SYLVESTER 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
TRAVIS POLING 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
DEB HURLEY 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
GORDON GOVIER 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
NATHAN ISSACS 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
CLINT BREWER 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.
PAUL MCAFEE 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

90,162.	4,956.	0.
90,162.	4,956.	0.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 7

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93B	REVENUE IS USED TO SUPPORT AND ENCOURAGE PROFESSIONAL STANDARDS IN JOURNALISM
93C	REVENUE IS USED TO AID AND PROMOTE ETHICS IN JOURNALISM. REVENUE IS USED TO HELP THE SOCIETY AID AND ENCOURAGE ETHICS IN JOURNALISM.
94	REVENUE IS USED TO HELP MAINTAIN THE SOCIETY'S ABILITY TO PROMOTE FREE PRESS AND ENCOURAGE ETHICS OF JOURNALISM.
102	ALLOWS THE SOCIETY TO REACH MORE OF THE COMMUNITY IN ORDER TO CONTIUNE
103C	TO PROMOTE HIGH PROFESSIONAL STANDARDS IN JOURNALISM. INCOME USED TO SUPPORT THE DAILY OPERATION OF THE SOCIETY.