

**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

**2009**

Open to Public Inspection

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

**A For the 2009 calendar year, or tax year beginning** AUG 1, 2009 **and ending** JUL 31, 2010

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> <b>SOCIETY OF PROFESSIONAL JOURNALISTS</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3909 N. MERIDIAN STREET</b> City or town, state or country, and ZIP + 4 <b>INDIANAPOLIS, IN 46208</b>	<b>D Employer identification number</b> <b>36-2037874</b>	
	<b>F Name and address of principal officer:</b> <b>JOSEPH D. SKEEL</b> <b>SAME AS C ABOVE</b>		<b>E Telephone number</b> <b>317-927-8000</b>	
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <u>6</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G Gross receipts \$</b> <u>1,580,046.</u>	
	<b>J Website:</b> ▶ <u>WWW.SPJ.ORG</u>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c) Group exemption number</b> ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> <u>1958</u>	<b>M State of legal domicile:</b> <u>IN</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE SOCIETY IS A PROFESSIONAL ORGANIZATION FOR JOURNALISTS TO AID, ENCOURAGE AND PROMOTE A FREE</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>19</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>23</b>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>268,109.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	898,054.	912,167.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	533,090.	636,295.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,876.	1,443.
	<b>12</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,516.	30,141.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,465,536.	1,580,046.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,000.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	572,527.	528,351.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,082,118.	1,020,618.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,654,645.	1,556,969.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-189,109.	23,077.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	1,115,503.	1,112,609.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	367,298.	306,827.
			748,205.	805,782.

**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.

**Sign Here** ▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 ▶ **JOSEPH D. SKEEL, EXECUTIVE DIRECTOR**  
 Type or print name and title

<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
<b>GREENWALT CPAS, INC.</b> <b>5342 W. VERMONT STREET</b> <b>INDIANAPOLIS, IN 46224</b>		Phone no. ▶ <b>317-241-2999</b>		

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: THE SOCIETY IS A PROFESSIONAL ORGANIZATION FOR JOURNALISTS TO AID, ENCOURAGE AND PROMOTE A FREE PRESS, HIGH PROFESSIONAL STANDARDS AND ETHICAL BEHAVIOR IN THE PRACTICE OF JOURNALISM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ including grants of \$ ) (Revenue \$ ) THE SOCIETY'S PRIMARY SERVICES INCLUDE WORKSHOPS, SEMINARS, AN ANNUAL CONFERENCE, AND PUBLICATIONS TO MEMBERS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$

**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)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	N/A	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
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? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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	X	
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		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	N/A	
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	N/A	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	N/A	
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
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		
	<b>2a</b> 19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	<b>2b</b>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	<b>3a</b>		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	<b>3b</b>		
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)?		X
	<b>4a</b>		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
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?	X	
	<b>6a</b>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
	<b>6b</b>		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b> N/A		
a	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?		
	<b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	<b>7c</b>		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	<b>7e</b>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	<b>7f</b>		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	<b>8</b>		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? N/A		
	<b>9a</b>		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	<b>9b</b>		
10	<b>Section 501(c)(7) organizations. Enter:</b>		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
	<b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
11	<b>Section 501(c)(12) organizations. Enter:</b>		
a	Gross income from members or shareholders N/A		
	<b>11a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	<b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	<b>12b</b>		

**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.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			23
b	Enter the number of voting members that are independent		
1b			23
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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		X
9			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	X	
10a		
b		
10b	X	
10b		
11	X	
11		
11A		
11A		
12a	X	
12a		
b		
12b	X	
12b		
c		
12c	X	
12c		
13		X
13		
14	X	
14		
15		
15		
a	X	
15a		
b		X
15b		
16a		X
16a		
b		
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **IN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JOSEPH D. SKEEL - 317-927-8000**  
**3909 N. MERIDIAN STREET, INDIANAPOLIS, IN 46208**

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

**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. Use Schedule J-2 if additional space is needed.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVE AEIKENS IMMEDIATE PAST PRESIDENT	0.00	X					0.	0.	0.	
KEVIN SMITH PRESIDENT	0.00	X					0.	0.	0.	
NEIL RALSTON VP, CAMPUS CHAPTER AFFAIRS	0.00	X					0.	0.	0.	
BILL MCCLOSKEY DIRECTOR	0.00	X					0.	0.	0.	
SUE KOPEN KATCEF DIRECTOR	0.00	X					0.	0.	0.	
DARCIE LUNSFORD SECRETARY/TREASURER	0.00	X					0.	0.	0.	
JEREMY STEELE DIRECTOR	0.00	X					0.	0.	0.	
LIZ HANSEN DIRECTOR	0.00	X					0.	0.	0.	
HAGIT LIMOR PRESIDENT ELECT	0.00	X					0.	0.	0.	
MICHAEL KORETZKY DIRECTOR	0.00	X					0.	0.	0.	
TARA PUCKEY DIRECTOR	0.00	X					0.	0.	0.	
ANDREW SEAMAN DIRECTOR	0.00	X					0.	0.	0.	
GEORGE DANIELS DIRECTOR	0.00	X					0.	0.	0.	
LUTHER TURMELLE DIRECTOR	0.00	X					0.	0.	0.	
BRIAN ECKERT DIRECTOR	0.00	X					0.	0.	0.	
JEAN ROWELL DIRECTOR	0.00	X					0.	0.	0.	
AMANDA THEISEN DIRECTOR	0.00	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HOLLY EDGELL DIRECTOR	0.00	X						0.	0.	0.
SCOTT COOPER DIRECTOR	0.00	X						0.	0.	0.
JOHN ENSSLIN DIRECTOR	0.00	X						0.	0.	0.
DANA NEUTS DIRECTOR	0.00	X						0.	0.	0.
JODI CLEESATTLE DIRECTOR	0.00	X						0.	0.	0.
JOSEPH D. SKEEL ASST. SECR-TREAS/EXEC DIR	40.00			X				67,097.	0.	10,524.
CHRISTINE VACHON ASSOCIATE EXECUTIVE DIRECTOR	40.00			X				65,036.	0.	708.
JAMES L. KOENIG CONTROLLER	40.00			X				43,246.	0.	0.
<b>1b Total</b>								175,379.	0.	11,232.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	470,750.				
	c Fundraising events	1c					
	d Related organizations	1d	308,725.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	132,692.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			912,167.			
Program Service Revenue	2 a FEES	Business Code 611430		349,226.	349,226.		
	b REIMBURSEMENT OF SHARE	561000		222,172.		222,172.	
	c ADVERTISING REVENUE	541800		45,937.		45,937.	
	d SUBSCRIPTION REVENUE	511120		18,960.	18,960.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			636,295.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,443.			1,443.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			27,696.			27,696.
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a	928.					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory			928.	928.		
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS REVENUE	900099		1,517.			1,517.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,517.				
12 Total revenue. See instructions.			1580046.	369,114.	268,109.	30,656.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,000.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,000.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	194,928.			
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	242,399.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,936.			
9 Other employee benefits	37,376.			
10 Payroll taxes	36,712.			
11 Fees for services (non-employees):				
a Management				
b Legal	64,024.			
c Accounting	15,565.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	109,231.			
12 Advertising and promotion	22,028.			
13 Office expenses	125,689.			
14 Information technology	27,977.			
15 Royalties				
16 Occupancy	40,911.			
17 Travel	80,220.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	975.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,175.			
23 Insurance	13,900.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a REIMBURSED EXPENSES	222,172.			
b EVENTS EXPENSE	120,630.			
c BOARD RELATED EXPENSES	39,534.			
d AWARDS	26,098.			
e RETURNS TO SIGMA DELTA	24,890.			
f All other expenses	41,599.			
25 Total functional expenses. Add lines 1 through 24f	1,556,969.			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing .....	372,506.	1	223,445.	
	2	Savings and temporary cash investments .....		2		
	3	Pledges and grants receivable, net .....	202,533.	3	311,517.	
	4	Accounts receivable, net .....	23,270.	4	12,067.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....	500.	8	500.	
	9	Prepaid expenses and deferred charges .....	36,180.	9	47,896.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 960,777.			
	b	Less: accumulated depreciation .....	10b 529,742.	10c 436,260.	431,035.	
	11	Investments - publicly traded securities .....		11		
	12	Investments - other securities. See Part IV, line 11 .....		12		
	13	Investments - program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....		14		
	15	Other assets. See Part IV, line 11 .....	44,254.	15	86,149.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,115,503.	16	1,112,609.		
Liabilities	17	Accounts payable and accrued expenses .....	91,815.	17	42,262.	
	18	Grants payable .....		18		
	19	Deferred revenue .....	262,855.	19	235,904.	
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	23	Secured mortgages and notes payable to unrelated third parties .....		23	17,797.	
	24	Unsecured notes and loans payable to unrelated third parties .....		24		
	25	Other liabilities. Complete Part X of Schedule D .....	12,628.	25	10,864.	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	367,298.	26	306,827.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets .....	242,044.	27	254,737.	
	28	Temporarily restricted net assets .....	506,161.	28	551,045.	
	29	Permanently restricted net assets .....		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds .....		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	32	Retained earnings, endowment, accumulated income, or other funds .....		32		
33	<b>Total net assets or fund balances</b> .....	748,205.	33	805,782.		
34	<b>Total liabilities and net assets/fund balances</b> .....	1,115,503.	34	1,112,609.		

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
2b	Were the organization's financial statements audited by an independent accountant? .....	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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 Act and OMB Circular A-133? .....		X
3b	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 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

Name of the 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 an organization 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 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, aggregate 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.

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, 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.** 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 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization <b>SOCIETY OF PROFESSIONAL JOURNALISTS</b>	Employer identification number <b>36-2037874</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<b>SIGMA DELTA CHI FOUNDATION</b>  <b>3909 NORTH MERIDIAN STREET</b>  <b>INDIANAPOLIS, IN 46208</b>	\$ 308,725.	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.)
	_____ _____ _____	\$ _____	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.)

Name of organization <b>SOCIETY OF PROFESSIONAL JOURNALISTS</b>	Employer identification number <b>36-2037874</b>
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>SOCIETY OF PROFESSIONAL JOURNALISTS</b>	Employer identification number <b>36-2037874</b>
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SOCIETY OF PROFESSIONAL JOURNALISTS

Employer identification number

36-2037874

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2a-2d). 3. Number of easements modified. 4. Number of states. 5. Written policy on monitoring. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Section 170(h)(4)(B)(i) and (ii) compliance. 9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with 2 main questions: 1. Reporting requirements for art/historical assets. 2. Amounts required to be reported under SFAS 116 (revenues and assets).

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,915.		10,915.
b Buildings		495,416.	129,810.	365,606.
c Leasehold improvements				
d Equipment		454,446.	399,932.	54,514.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				431,035.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,580,046.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,556,969.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	23,077.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	34,500.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	34,500.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	57,577.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,531,485.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	173,611.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	173,611.
3	Subtract line 2e from line 1	3	1,357,874.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	222,172.
c	Add lines 4a and 4b	4c	222,172.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,580,046.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,508,408.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	173,611.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	173,611.
3	Subtract line 2e from line 1	3	1,334,797.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	222,172.
c	Add lines 4a and 4b	4c	222,172.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,556,969.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: ACCOUNTING STANDARDS FOR INCOME TAXES PROVIDE DETAILED**

**GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND**

**DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S**

**FINANCIAL STATEMENTS. THE SOCIETY HAS ADOPTED THE PROVISIONS OF THIS**

**STANDARD ON AUGUST 1, 2009. THE IMPLEMENTATION OF THIS STANDARD DID NOT**

**HAVE ANY IMPACT ON THE FINANCIAL POSITION OR NET ASSETS OF THE SOCIETY.**

**THE SOCIETY INDIVIDUALLY EVALUATES ITS ACTIVITIES TO DETERMINE THAT THEY**

**ARE IN COMPLIANCE WITH ITS EXEMPT PURPOSE. FOR THOSE ACTIVITIES THAT THE**

**Part XIV** Supplemental Information (continued)

SOCIETY DETERMINES TO BE UNRELATED BUSINESS INCOME, THE SOCIETY RECORDS THE RESULTING UNRELATED BUSINESS INCOME TAX LIABILITY, IF ANY. ALL TAX PERIODS PRIOR TO 2007 FOR THE SOCIETY ARE NO LONGER SUBJECT TO EXAMINATION.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REIMBURSEMENT OF SHARED EXPENSES: 222172.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

REIMBURSEMENT OF SHARED EXPENSES: 222172.

**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" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **SOCIETY OF PROFESSIONAL JOURNALISTS** Employer identification number **36-2037874**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

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

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

**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. Use Part IV and Schedule I-1 (Form 990) 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
THE SOCIETY'S LEGAL DEFENSE FUND COLLECTS AND DISTRIBUTES CONTRIBUTIONS FOR AIDING JOURNALISTS IN DEFENDING THE FREEDOM OF SPEECH AND PRESS GUARANTEED BY THE FIRST AMENDMENT OF THE UNITED STATES CONSTITUTION.	1	6,000.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: THE SOCIETY'S LEGAL DEFENSE FUND COLLECTS AND DISTRIBUTES CONTRIBUTIONS FOR AIDING JOURNALISTS IN DEFENDING THE FREEDOM OF SPEECH AND PRESS GUARANTEED BY THE FIRST AMENDMENT OF THE UNITED STATES CONSTITUTION.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**  
Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SOCIETY OF PROFESSIONAL JOURNALISTS

Employer identification number

36-2037874

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

PRESS, HIGH PROFESSIONAL STANDARDS AND ETHICAL BEHAVIOR IN THE PRACTICE  
OF JOURNALISM.

FORM 990, PART VI, SECTION B, LINE 11: CONTROLLER REVIEWS 990 FOR  
COMPARISON TO AUDITED FINANCIALS. CONTROLLER ALSO REVIEWED ANSWERS FOR  
ACCURACY. THE EXECUTIVE DIRECTOR THEN REVIEWS THE 990 BEFORE PASSING IT  
ALONG TO THE BOARD FOR THEIR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE STANDARD OF BEHAVIOR AT THE  
SOCIETY OF PROFESSIONAL JOURNALISTS IS THAT ALL STAFF, VOLUNTEERS, AND  
BOARD MEMBERS SCRUPULOUSLY AVOID CONFLICTS OF INTEREST BETWEEN THE  
INTERESTS OF THE SOCIETY OF PROFESSIONAL JOURNALISTS ON ONE HAND, AND  
PERSONAL, PROFESSIONAL, AND BUSINESS INTERESTS ON THE OTHER. THIS INCLUDES  
AVOIDING POTENTIAL AND ACTUAL CONFLICTS OF INTEREST, AS WELL AS PERCEPTIONS  
OF CONFLICTS OF INTEREST. THE PURPOSES OF THIS POLICY ARE TO PROTECT THE  
INTEGRITY OF THE SOCIETY OF PROFESSIONAL JOURNALISTS'S DECISION-MAKING  
PROCESS, TO ENABLE OUR CONSTITUENCIES TO HAVE CONFIDENCE IN OUR INTEGRITY,  
AND TO PROTECT THE INTEGRITY AND REPUTATIONS OF VOLUNTEERS, STAFF AND BOARD  
MEMBERS. UPON OR BEFORE ELECTION, HIRING OR APPOINTMENT, AN INDIVIDUAL WILL  
MAKE A FULL, WRITTEN DISCLOSURE OF INTERESTS, RELATIONSHIPS, AND HOLDINGS  
THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST. THIS WRITTEN  
DISCLOSURE WILL BE KEPT ON FILE AND AN INDIVIDUAL SHALL UPDATE IT AS  
APPROPRIATE. IN THE COURSE OF MEETINGS OR ACTIVITIES, AN INDIVIDUAL SHALL  
DISCLOSE ANY INTERESTS IN A TRANSACTION OR DECISION WHERE SUCH INDIVIDUAL  
(INCLUDING ANY BUSINESS OR OTHER NONPROFIT AFFILIATIONS), HIS OR HER FAMILY

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SOCIETY OF PROFESSIONAL JOURNALISTS

Employer identification number

36-2037874

AND/OR SIGNIFICANT OTHER, EMPLOYER, CLOSE ASSOCIATES WILL RECEIVE A BENEFIT  
OR GAIN. AFTER DISCLOSURE, AN INDIVIDUAL MAY PARTICIPATE IN DISCUSSION TO  
RESPOND TO QUESTIONS, BUT THEN SHALL LEAVE THE MEETING BEFORE THE FINAL  
DISCUSSION AND VOTE AND SHALL NOT VOTE ON THE QUESTION.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE IS CHARGED  
WITH AND PERFORMS ANNUAL COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR.  
ANY COMPENSATION IS THEN ADOPTED BY THE FULL BOARD. THE EXECUTIVE DIRECTOR  
DETERMINES COMPENSATION FOR ALL OTHER STAFF MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE  
ORGANIZATION'S WEBSITE AND UPON REQUEST.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009  
Open to Public  
Inspection

Name of the organization **SOCIETY OF PROFESSIONAL JOURNALISTS** Employer identification number **36-2037874**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SIGMA DELTA CHI FOUNDATION - 36-6106287 3909 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	TO AID, ENCOURAGE AND PROMOTE THE EDUCATION AND TRAINING OF JOURNALISTS	ILLINOIS	501(C)(3)	LINE 11A, I	N/A

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

Schedule R (Form 990) 2009



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)	X	
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees	X	
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses	X	
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) SIGMA DELTA CHI FOUNDATION	C	308,725.
(2) SIGMA DELTA CHI FOUNDATION	N	165,196.
(3) SIGMA DELTA CHI FOUNDATION	P	56,976.
(4)		
(5)		
(6)		



# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JULY 31, 2010

<b>Prepared for</b>	SOCIETY OF PROFESSIONAL JOURNALISTS 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208
<b>Prepared by</b>	GREENWALT CPAS, INC. 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MARCH 15, 2011
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2009**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning **AUG 1, 2009**, and ending **JUL 31, 2010**

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(6)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>1,112,609.</b></p>	<p><b>Print or Type</b></p> <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>SOCIETY OF PROFESSIONAL JOURNALISTS</b></p> <p>Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. <b>3909 N. MERIDIAN STREET</b></p> <p>City or town, state, and ZIP code <b>INDIANAPOLIS, IN 46208</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see Instructions for Block D on page 9.) <b>36-2037874</b></p> <p><b>E</b> Unrelated business activity codes (See Instructions for Block E on page 9.) <b>541800</b></p>	<p><b>F</b> Group exemption number (See instructions for Block F.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--	--	--

**H** Describe the organization's primary unrelated business activity. ▶ **ADVERTISING AND SALES OF LOGO ITEMS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **JOSEPH D. SKEEL** Telephone number ▶ **317-927-8000**

<b>Part I Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	<b>1c</b>		
2 Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3 Gross profit. Subtract line 2 from line 1c	<b>3</b>		
4 a Capital gain net income (attach Schedule D)	<b>4a</b>		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c Capital loss deduction for trusts	<b>4c</b>		
5 Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
6 Rent income (Schedule C)	<b>6</b>		
7 Unrelated debt-financed income (Schedule E)	<b>7</b>		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10 Exploited exempt activity income (Schedule I)	<b>10</b>		
11 Advertising income (Schedule J)	<b>11</b> 45,937.	27,994.	17,943.
12 Other income (See instructions; attach schedule.) <b>STATEMENT 1</b>	<b>12</b> 222,172.		222,172.
13 <b>Total.</b> Combine lines 3 through 12	<b>13</b> 268,109.	27,994.	240,115.

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
15 Salaries and wages		<b>15</b>	
16 Repairs and maintenance		<b>16</b>	
17 Bad debts		<b>17</b>	
18 Interest (attach schedule)		<b>18</b>	
19 Taxes and licenses		<b>19</b>	
20 Charitable contributions (See instructions for limitation rules.)		<b>20</b>	
21 Depreciation (attach Form 4562)	<b>21</b>		
22 Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>	
23 Depletion		<b>23</b>	
24 Contributions to deferred compensation plans		<b>24</b>	
25 Employee benefit programs		<b>25</b>	
26 Excess exempt expenses (Schedule I)		<b>26</b>	
27 Excess readership costs (Schedule J)		<b>27</b>	17,943.
28 Other deductions (attach schedule) <b>SEE STATEMENT 2</b>		<b>28</b>	222,172.
29 <b>Total deductions.</b> Add lines 14 through 28		<b>29</b>	240,115.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	0.
31 Net operating loss deduction (limited to the amount on line 30)		<b>31</b>	0.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)		<b>33</b>	1,000.
34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See Instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See Instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40b Other credits (see instructions) 40c General business credit. Attach Form 3800 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43 Total tax. Add lines 41 and 42 44a Payments: A 2008 overpayment credited to 2009 44b 2009 estimated tax payments 44c Tax deposited with Form 8868 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44e Backup withholding (see instructions) 44f Other credits and payments: Form 2439 Form 4136 Other Total 45 Total payments. Add lines 44a through 44f 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2010 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Date EXECUTIVE DIRECTOR Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN P01395184 Firm's name (or yours if self-employed), address, and ZIP code GREENWALT CPAS, INC. 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224 EIN 35-1489521 Phone no. 317-241-2999

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 18)

1. Description of property

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Includes a Total row and a (c) Total income row.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Includes a Nonexempt Controlled Organizations section and a Totals row.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net Income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) THE QUILL	37,937.	20,404.		88,673.	281,338.	
(2) ELECTRONIC	8,000.	7,590.		0.	0.	
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> .....	45,937.	27,994.	17,943.	88,673.	281,338.	17,943.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	45,937.	27,994.				17,943.
<b>Totals, Part II (lines 1-5)</b> .....	45,937.	27,994.				17,943.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> .....			0.

FORM 990-T	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
REIMBURSEMENT OF SHARED EXPENSES		222,172.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		222,172.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
COST OF REIMBURSED EXPENSES		222,172.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		222,172.	

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

OMB No. 1545-0172

**2009**

Attachment  
 Sequence No. 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **SOCIETY OF PROFESSIONAL JOURNALISTS**  
 Business or activity to which this form relates: **FORM 990 PAGE 10**  
 Identifying number: **36-2037874**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	33,296.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		39,950.	3 YRS	S/L	S/L	11,879.
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	45,175.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) through (f) Vehicle. Rows 30-36 covering miles driven and availability for personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table with rows 37-41 regarding written policy statements and information provided to employees.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>SOCIETY OF PROFESSIONAL JOURNALISTS</b>	Employer identification number <b>36-2037874</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3909 N. MERIDIAN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>INDIANAPOLIS, IN 46208</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	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

**JOSEPH D. SKEEL**

• The books are in the care of ▶ **3909 N. MERIDIAN STREET - INDIANAPOLIS, IN 46208**  
 Telephone No. ▶ **317-927-8000** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JUNE 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **AUG 1, 2009**, and ending **JUL 31, 2010**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  
 LHA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning AUG 1, 2009, and ending JUL 31, 2010

**2009**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**SOCIETY OF PROFESSIONAL JOURNALISTS**

**36-2037874**

Name and title of officer

**JOSEPH D SKEEL  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1580046</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GREENWALT CPAS, INC. to enter my PIN 11111  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 35000922222  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

# TAX RETURN FILING INSTRUCTIONS

INDIANA FORM NP-20

FOR THE YEAR ENDING

JULY 31, 2010

<b>Prepared for</b>	SOCIETY OF PROFESSIONAL JOURNALISTS 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208
<b>Prepared by</b>	GREENWALT CPAS, INC. 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224
<b>Amount due or refund</b>	NO PAYMENT REQUIRED
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	INDIANA DEPARTMENT OF REVENUE TAX ADMINISTRATION P.O. BOX 7147 INDIANAPOLIS, INDIANA 46207-7147
<b>Return must be mailed on or before</b>	MARCH 15, 2011
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report**

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate Date Closed \_\_\_\_\_

**NP-20**

State Form 51062  
(R3 / 3-10)

For the Calendar Year or Fiscal Year  
Beginning 08/01/2009 and Ending 07/31/2010  
MM/ DD/ YYYY MM/ DD/ YYYY

Due on the 15th day of the 5th month following the end of the tax year.  
**NO FEE REQUIRED.**

Name of Organization <b>SOCIETY OF PROFESSIONAL JOURNALISTS</b>		Telephone Number <b>317-927-8000</b>
Address <b>3909 N. MERIDIAN STREET</b>	County <b>MARION</b>	Indiana Taxpayer Identification Number
City <b>INDIANAPOLIS, IN 46208</b>	State <b>IN</b> ZIP Code <b>46208</b>	Federal Identification Number <b>36-2037874</b>
Printed Name of Person to Contact <b>JOSEPH D. SKEEL</b>		Contact's Telephone Number <b>317-927-8000</b>

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 52
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

**TO AID, ENCOURAGE AND PROMOTE A FREE PRESS, HIGH PROFESSIONAL STANDARDS AND ETHICAL BEHAVIOR IN THE PRACTICE OF JOURNALISM.**

**JSKEEL@HQ.SPJ.ORG**

Email Address:

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

**EXECUTIVE DIRECTOR**

Signature of Officer or Trustee \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Name of Person(s) to Contact \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

**Important:** Please submit this completed form and/or extension to:  
Indiana Department of Revenue, Tax Administration  
P.O. Box 7147  
Indianapolis, IN 46207-7147  
Telephone: (317) 233-4015

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 233-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 1

NAME AND ADDRESS	TITLE
DAVE AEIKENS 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	IMMEDIATE PAST PRESIDENT
KEVIN SMITH 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	PRESIDENT
NEIL RALSTON 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	VP, CAMPUS CHAPTER AFFAIRS
BILL MCCLOSKEY 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
SUE KOPEN KATCEF 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
DARCIE LUNSFORD 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	SECRETARY/TREASURER
JEREMY STEELE 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
LIZ HANSEN 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
HAGIT LIMOR 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	PRESIDENT ELECT
MICHAEL KORETZKY 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
TARA PUCKEY 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
ANDREW SEAMAN 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR

GEORGE DANIELS 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
LUTHER TURMELLE 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
BRIAN ECKERT 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
JEAN ROWELL 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
AMANDA THEISEN 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
HOLLY EDGELL 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
SCOTT COOPER 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
JOHN ENSSLIN 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
DANA NEUTS 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
JODI CLEESATTLE 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	DIRECTOR
JOSEPH D. SKEEL 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	ASST. SECR--TREAS/EXEC DIR
CHRISTINE VACHON 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	ASSOCIATE EXECUTIVE DIRECTOR
JAMES L. KOENIG 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	CONTROLLER

# TAX RETURN FILING INSTRUCTIONS

INDIANA FORM IT-20NP

FOR THE YEAR ENDING

..... JULY 31, 2010 .....

<b>Prepared for</b>	SOCIETY OF PROFESSIONAL JOURNALISTS 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208
<b>Prepared by</b>	GREENWALT CPAS, INC. 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224
<b>Amount due or refund</b>	NO PAYMENT REQUIRED
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	INDIANA DEPARTMENT OF REVENUE 100 N SENATE AVENUE INDIANAPOLIS, IN 46204-2253
<b>Return must be mailed on or before</b>	MARCH 15, 2011
<b>Special instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

Indiana Department of Revenue  
**Indiana Nonprofit Organization Unrelated  
Business Income Tax Return**

Calendar Year Ending December 31, 2009 or

Fiscal Year Beginning 08/01/2009 and Ending 07/31/2010

Check box if amended.

Check box if name changed.

Name of Organization <b>SOCIETY OF PROFESSIONAL JOURNALISTS</b>			Federal Identification Number (FID) <b>36-2037874</b>
Number and Street <b>3909 N. MERIDIAN STREET</b>		Indiana County or O.O.S. <b>MARION</b>	Principal Business Activity Code <b>541800</b>
City <b>INDIANAPOLIS</b>	State <b>IN</b>	ZIP Code <b>46208</b>	Telephone Number <b>317-927-8000</b>
<b>K</b> Check all boxes that apply: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/> Schedule M <b>L</b> Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Due Date: 15th day of the fifth month following close of the tax year.			

**Adjusted Gross Income Tax Calculation on Unrelated Business Income**

Round all entries

1. Unrelated business taxable income (before net operating loss deduction and specific deduction) from federal return Form 990T (attach Form 990T) .....	1	.00
2. Specific deduction (generally \$1,000; see instructions) .....	2	1,000.00
3. Interest on U.S. government obligations on the federal return less related expenses .....	3	.00
4. Deduction for qualified patents income .....	4	.00
5. Enter total from lines 2 through 4 .....	5	1,000.00
6. Subtotal for unrelated business income (subtract line 5 from line 1) .....	6	-1,000.00
7. Indiana modifications. See instructions. (Enter negative adjustments in <brackets>.) .....	7	.00
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.) .....	8	-1,000.00
9. Enter Indiana apportionment percentage, if applicable, from line 4(c) of IT-20 Schedule E apportionment (attach schedule) .....	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount) .....	10	-1,000.00
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions) .....	11	18,487.00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10) .....	12	-19,487.00
13. Indiana tax on unrelated business income (multiply line 12 by 8.5% (.085)) See instructions for line 13 .....	13	0.00
14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet .....	14	.00
15. Total tax due (add lines 13 and 14) .....	15	0.00
<b>Credit for Estimated Tax and Other Payments</b>		
16. Quarterly estimated tax paid: Qrt. 1 _____ Qrt. 2 _____ Qrt. 3 _____ Qrt. 4 _____ Enter total .....	16	.00
17. Amount paid with extension .....	17	.00
18. Amount of overpayment credit (from tax year ending _____) .....	18	.00
19. Enter name of other credit _____ Code No. 19a _____	19b	.00
20. Total credits (add lines 16, 17, 18, and 19b) .....	20	.00
21. Balance of tax due (line 15 minus 20; if line 20 is greater than line 15, proceed to lines 22, 24, and 26) .....	21	0.00
22. Penalty for the underpayment of income tax. Attach Schedule IT-2220 .....	22	.00
<input type="checkbox"/> Check box if using annualization method		
23. Interest: If payment is made after the original due date, compute interest .....	23	.00
24. Penalty: If paid late, enter 10% of line 21; see instructions. If line 15 is zero, enter \$10 per day filed past due date .....	24	.00
25. Total payment due (add lines 21 through 24). (Payment must be made in U.S. funds) <b>PAY THIS AMOUNT</b> .....	25	.00
26. Total overpayment (line 20 minus lines 15, 22, and 24) .....	26	.00
27. Amount of line 26 to be refunded .....	27	.00
28. Amount of line 26 to be applied to the following year's estimated tax account .....	28	.00

You must go to the certification and authorization section on page 2 to complete this return.



**SOCIETY OF PROFESSIONAL JOURNALISTS**  
**Indiana Department of Revenue**  
**Indiana Nonprofit Organization Unrelated Business Income**

36-2037874

IT-20NP 2009

Additional Explanation or Adjustment		
Line (a)	Explanation (b)	Amount (c)

**Certification of Signatures and Authorization Section**

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the Department to discuss my return with my personal representative (see page 9)  Yes  No

Organization's E-mail address JSKEEL@HQ.SPJ.ORG

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
**JOSEPH D. SKEEL** **EXECUTIVE**  
 Print or Type Name of Officer Title  
**AMANDA J. MEKO, CPA**  
 Personal Representative's Name (Print or Type)  
 Telephone Number 317-241-2999  
 Address 5342 W. VERMONT STREET  
 City INDIANAPOLIS  
 State IN ZIP Code +4 46224

Paid Preparer: Firm's Name (or yours if self-employed)  
**GREENWALT CPAS, INC.**  
 Check One:  Federal I.D. Number  PTIN OR  Social Security Number  
35-1489521  
 Telephone Number 317-241-2999  
 Address 5342 W. VERMONT STREET  
 City INDIANAPOLIS  
 State IN ZIP Code +4 46224  
 Paid Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sales/Use Tax Worksheet		
List all purchases made during 2009 from out-of-state companies.		
Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		
Mail order purchases:		
Internet purchases:		
Other purchases:		
1. Total purchase price of property subject to the sales/use tax .....		1C
2. Sales/use tax: Multiply line 1 by .07 (7%) .....		2C
3. Sales tax previously paid on the above items (up to 7% per item) .....		3C
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 14. If the amount is negative, enter zero and put no entry on line 14 of the IT-20NP .....		4C

Please mail forms to: **Indiana Department of Revenue, 100 N. Senate Ave., Indianapolis, IN 46204-2253**





# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

..... JULY 31, 2010 .....

<b>Prepared for</b>	SOCIETY OF PROFESSIONAL JOURNALISTS 3909 N. MERIDIAN STREET INDIANAPOLIS, IN 46208
<b>Prepared by</b>	GREENWALT CPAS, INC. 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.