Form 990
Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

AF	or the	e 2011 calendar year, or tax year beginning	and ending	_	
B (Check if pplicabl	e: C Name of organization NATIONAL LESBIAN & GAY JOURNALISTS		D Employer identifie	cation number
	Addre chang	S ASSOCIATION			
	Name chang			94-3	177380
	 return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	·
] Terminated	2120 L STREET NW	850	202.	588.9888
	Amen return		•	G Gross receipts \$	387,438.
	Applic tion			H(a) Is this a group re	
	pendi	F Name and address of principal officer: MICHAEL TONE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status: $X 501(c)(3) 501(c)() < (insert no.) 4947(a)$)(1) or 🛄 527	-	list. (see instructions)
		te: NLGJA.ORG		H(c) Group exemption	
-			XEMP L Year	of formation: 1990	State of legal domicile: DC
Pa	art I	Summary	0000000		
e	1	Briefly describe the organization's mission or most significant activities: PR	JFESSION	ALS AND STU	DENTS
Activities & Governance	1	FOSTERING FAIR AND ACCURATE COVERAGE O			
verr	1	Check this box	-		sets. 16
Go					10
Š		Number of independent voting members of the governing body (Part VI, line -			3
itie		Total number of individuals employed in calendar year 2011 (Part V, line 2a)			180
Stiv	70	Total number of volunteers (estimate if necessary)			0.
Ă	1	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		189,874.	173,312.
Revenue		Program service revenue (Part VIII, line 2g)		207,645.	197,317.
eve	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-342.
Ĕ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,437.	3,062.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		388,082.	373,349.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	114,815.	123,209.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
xpe					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		252,131.	216,951.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		366,946.	340,160.
	19	Revenue less expenses. Subtract line 18 from line 12		21,136.	33,189.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset 3alaı	20	Total assets (Part X, line 16)		53,025.	85,382.
et A: nd E	21	Total liabilities (Part X, line 26)		47,271.	46,556.
N ^D	22	Net assets or fund balances. Subtract line 21 from line 20		5,754.	38,826.
Pa	art 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 MICHAEL TUNE, DIRECTOR Type or print name and title		Date							
	Print/Type preparer's name	Preparer's signature Date								
Paid	MARGARET CRUZ		self-employed P01325715							
Preparer	Firm's name SPIEGEL ACCOUNTA		Firm's EIN 26-4802175							
Use Only	Firm's address 2033 NORTH MAIN	STREET, SUITE 365								
	WALNUT CREEK, CA 94596 Phone no. 925-977-4000									
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Open to Public

. Inspection

	NATIONAL LESBIAN & GAY JOURNALISTS		
	1990 (2011) ASSOCIATION	94-3177380	Page 2
Pa	rt III Statement of Program Service Accomplishments		37
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission: OPPOSING ALL FORMS OF WORKPLACE BIAS AND PROVIDING PROF	ESSTONAL.	
	DEVELOPMENT TO ITS MEMBERS WHO ARE JOURNALISTS, MEDIA P		
	EDUCATORS, AND STUDENTS WORKING FROM WITHIN THE NEWS IN		/
	FOSTER FAIR AND ACCURATE COVERAGE OF LGBT ISSUES.		
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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	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	0
4a	others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 126,087. including grants of \$) (Revenue)	197.	317.)
та		THE NATIONAL	<u>, , , , , , , , , , , , , , , , , , , </u>
	CONVENTION & LGBT MEDIA SUMMIT ATTRACTS ATTENDEES FROM	ACROSS THE	
	UNITED STATES AND CANADA FOR THREE DAYS OF SKILLS TRAIN	ING,	
	PROFESSIONAL DEVELOPMENT, AND NETWORKING. THE CONVENTI		
	INCLUDES A CAREER & COMMUNITY EXPO, A TRAINING PROGRAM		SM
	STUDENTS, AND THE OFFICIAL ANNOUNCEMENT OF NEW INDUCTEE		
	LGBT JOURNALISM HALL OF FAME AND EXCELLENCE IN JOURNALI	SM AWARDS.	
4b	(Code:) (Expenses \$ 42,849. including grants of \$) (Rever	nue \$)
	STUDENT PROGRAM: NLGJA PROVIDES EDUCATIONAL TOOLS AND R		
	JOURNALISM STUDENTS AND EDUCATORS TO PROVIDE THEM WITH		AND
	RESOURCES THEY NEED TO COPE WITH THE COMPLEX SOCIAL ISS		
		PROGRAM	
	INCLUDES OUTREACH ACTIVITIES INCLUDING SCHOLARSHIPS (ON STUDENT PLANNING A CAREER IN JOURNALISM AND THE OTHER F	E FOR AN LGB	Т
	STUDENT PLANNING A CAREER IN JOURNALISM AND THE OTHER F STUDENT OF COLOR PLANNING A CAREER IN JOURNALISM), VARI		<u> </u>
	AND SPEAKER OPPORTUNITIES DESIGNED TO BRING TOGETHER PR		<u> </u>
	JOURNALISTS AND THEIR STUDENT COUNTERPARTS. ONE OF NLG		
	SUCCESSFUL PROGRAMS IS THE ANNUAL STUDENT PROJECT HELD		NAL
	CONVENTION AND LGBT MEDIA SUMMIT, A SIX-DAY INTENSIVE T		
	FOR STUDENT JOURNALISTS.		
4c	(Code:) (Expenses \$ 34 , 341 . including grants of \$) (Rever)
	CHAPTER PROGRAMS: NLJGA WORKS ON A LOCAL LEVEL, HELPING		
	NETWORK AND GROW PROFESSIONALLY IN THEIR INDIVIDUAL COM		LJGA
	OFFERS A MENTOR PROGRAM, RESUME-REVIEW SERVICE, AND RES	ALSO HELPS	m o
	INDIVIDUAL REQUESTS FOR ASSISTANCE FROM MEMBERS. NLJGA COORDINATE LOCAL EVENTS AND SPEAKING ENGAGEMENTS AMONG		
	SOME OF THE NEWEST CHAPTERS ARE BASED AROUND THE NEEDS		5.
	MEMBERS, ADJOINED WITH A UNIVERSITY, TO CONNECT STUDENT		GER
	NETWORK OF PROFESSIONALS AND SERVICES AS THEY ENTER THE		THE
	GOAL IS TO TRAIN JOURNALISTS AND COMMUNICATION PROFESSI		
	LEVEL ABOUT THE IMPORTANCE OF FAIR & ACCURATE COVERAGE	OF THE LGBT	
	COMMUNITY, AS WELL AS PROVIDE EACH CHAPTER PROFESSIONAL	DEVELOPMENT	AND
	LEADERSHIP OPPORTUNITIES.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 48,164 · including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 251,441.		0 (6 - 1 - 1
13200: 02-09-	2	Form 99	90 (2011)
02-09-	2		
440	522 310492 5731.001 2011.03060 NATIONAL LESBIAN & C	JAY JOUR 5731	002

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ASSOCIATION

Form 990 (2011)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? I X 1 Is the organization required to complete Schedule A. 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4	No X X X X X X
If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4	X X X
 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i>? 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</i> "Yes," <i>complete Schedule C, Part I</i> 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> 	X X X
 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	X X X
public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4	X X X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 4	X X X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 4	X X
	X X
	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	X
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,	_X
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	
Schedule D, Part III 8	<u>X</u>
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? If "Yes," complete Schedule D, Part IV 9	<u>X</u>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<u> </u>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	
as applicable.	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	
Part VI 11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	37
Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>X</u>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 11e	Х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
Schedule D, Parts XI, XII, and XIII	
b Was the organization included in consolidated, independent audited financial statements for the tax year?	v
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <u>12b</u>	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain on officer employees or exactly which of the United States? 14a	X
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues of exponence of more than \$10,000 from grantmaking, fundraising, business 14a	-27
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	
or more? If "Yes," complete Schedule F, Parts I and IV	х
14 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	
or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV15	х
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	
located outside the United States? If "Yes," complete Schedule F, Parts III and IV	х
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	
1c and 8a? If "Yes," complete Schedule G, Part II 18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	
complete Schedule G, Part III	х
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a	Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	

Form **990** (2011)

132003 01-23-12

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NATIONAL	TESRIAN	òc.	GAI	JOORNALISTS	
ASSOCIATI	ION				

Ра	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		- <u>-</u>
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	250		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 23
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III			- 23
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):	28a		x
a k		20a		X
b		200		- 23
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00.		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.1	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.1		x
~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			x
~~	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	05		v
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		⊢orm	33U (2011)

Form 990 (2011)

NATIONAL LESBIAN & GAY JOURNALISTS ASSOCIATION

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Part U Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule Contains a response to any question in this Part V		<u>990 (2011)</u> ASSOCIATION 94-3177	<u>380</u>	P	age 5
a Enter the number optored in Box 3 of Form 1096. Enter 0- if not applicable 1a 1b 1b be Enter the number of forms W30 included in line 1a. Enter 0- if not applicable 1b 1c X 2a Enter the number of forms W30 included in line 1a. Enter 0- if not applicable payments to vendors and reportable gaming (gambing) wrinings to prize wriners? 2a 3a 1c X 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2a] 3 3b X bit at least one is reported on line 2a, did the organization file all required to 6-file gene instruction) 3a X 3b Dit the organization have unrolated basiness gross income of \$1,000 or more during the year? 3a X 11 "Yes," has tifted a form 800 Torn Hys or 10" No, "crowde an explanation if S-checkle O 3b X 4a At any time during the organization have an interest in, or a signature or other authority over, a financial account? 5a X 5a was the organization a party to a prohibited tax sheler transaction at any time during the tax year? 5a X 5a Was the organization in the organization file form 888517 5a X 5a X 6a Dit was on a bit of the organization in the vasor is a party the parts that are ontrabulation and party to a conthibution and party to prohibited tax sheler transaction? 5a <	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
a Enter the number exported in Box 3 of Form 1086. Enter -0: in not applicable 1 1 1 b Enter the number of forms W3 of hindde in line in a Enter 0: in not applicable 1 1 1 c B Enter the number of monyoses reported on Form W3, Transmittal of Wage and Tax Statements. 2a 3 c Enter the number of monyoses reported on Eorm W3, Transmittal of Wage and Tax Statements. 2a 3 b If at least one is reported on Ine 2. dot the organization fie all required tedrael employment tax returns? 2b X Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-Me (see instructions) 3a X a At any time the name of the foreign country. >> 3b 4a b If Yes, 'nast if Bed a Eorm 900. Tor this year? (If Yoo, 'provide an explanation in Schedule O 3b 4a a At any time the name of the organization hava an interest it, or a signiture or other authorty over, a financial account is a foreign country. >> 5c a Was the organization hava emplates at an a comally greater than \$100,000, and did the organization hava in the wor ot a party to a prohibited tax sheller tarsection? 5c 4a b If Yes, 'to lie S an 5b, did the organization the two or the party to archibit tax steller tarsection? 5c 5c 5c		Check if Schedule O contains a response to any question in this Part V	<u></u>	<u></u>	
b Ener the number of Porms W20 included in line 1a. Enter 0- if not applicable Inter 1 Inter 0 c DV the organization comply with backby withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? Inter 0 Inter 0 2a Enter the number of endpoyses reported on form W3. Transmittal of Wage and Tax Statements. Inter 0 Inter 0 3a Diff at least one is reported on line 22n, diff the organization file all required federal employment tax eturns? Inter 0 Inter 0 3b Diff the sum of lines 1 and 2a is greater than 250, your may be required to 4 ⁻¹⁶ (see instructions) Inter 0 Inter 0 Inter 0 3a Diff the sum of lines 1 and 2a is greater than 250, your may be acquiration in 50 control or 0 Inter 0 Inter 0 Inter 0 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is for 16 min query 10 to prohibited tax shelt or transaction? Inter 0 Inter 0 </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
b Enter the number of Porms W2G included in line 1a. Enter 0. If not applicable 10	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming ignability winnings to price winners? 1 C X 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 3 X 3b If at least one is reported on line 2a, did the organization file all required ledoral employment tax returns? 2b X When, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If Yes, 'that if field a Form 900. Too this yar? If Yes,' provide an explanation in Schedule O 3b 4a b If Yes, 'that if field a Form 900. Too this yar? If Yes,' provide an explanation in Schedule O 3b 4a b If Yes, 'that if field a Form 900. Too this yar? If Yes,' provide an explanation in the tax year? 5a X See instructions for filing requirements for Form 1D F 90.22.1, Report of Foreign Bank and Francial Accounts. 5a X b If Yes, 'to line 5a or 5b, did the organization hard that are normally greater than \$100,000, and did the organization solit any contributions that are normally greater than \$100,000, and did the organization solit any contributions that are normally greater than \$100,000, and did the organization area in the value of the value of the pods or services provided? 5a X 5a X <th></th> <td></td> <td></td> <td></td> <td></td>					
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 3 bit of the scandar year anding with or within the year covered by this ratum 2b X Note, if the sum of ines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X bit of "yes," has it field a form 990-T for this year? 3a X 3b 4a bit "Yes," has it field a form 990-T for this year? 3a X 3b 4a bit "Yes," has it field a form 990-T for this year? 3a X 3b 4a bit "Yes," has it field a form 990-T for this year? 3a X 3b 4a bit "Yes," has it field a form 990-T for this year? 5a X 5a X bit "Yes," has it field a form 900-T for this year? 5a X 5a X bit "Yes," has it field a form 900-T for this year? 5a X 5a X bit of any taxable party notify the organization have not hard party the prohibit data with an intervet in or a sign match in the tax sort 5a X bit Tyes," to line Sa of Sb, dit the organization field mat Base for mass 8b 5a X 5a X bit Tyes, "to line Sa of Sb	с				
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NATIONAL	LESBIAN	&	GAY	JOURNALISTS

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Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►	0		i (Seci		avallar	ле	
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State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►	9		Unflict	or interest policy, a	una tinai	icial	
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Form 990 (2011)

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

Check if Schedule O contains a response to any question in this Part VII ...

ASSOCIATION

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(D)

• 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.

 (\mathbf{C})

Т

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	person is both an			compensation	compensation	amount of
	week	<u> </u>	officer and a director/trustee)		from	from related	other			
	(describe	ector					the	organizations	compensation	
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			pensi		(W-2/1099-MISC)		organization
	organizations	ial tru	onal 1		oloye	com se				and related
	in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL TUNE	0)	=	=	đ	Ϋ́ε	포등	오			
EXECUTIVE DIRECTOR	50.00	x						66,857.	0.	0.
(2) DAVID STEINBERG										
PRESIDENT	20.00			x				0.	0.	0.
(3) JEN CHRISTENSEN										
VICE PRESIDENT	5.00			х				0.	0.	0.
(4) MICHAEL TRIPLETT										
VICE PRESIDENT	5.00			Х				0.	0.	0.
(5) TREY GRAHAM										
TREASURER	10.00			Х				0.	0.	0.
(6) KEN MIGUEL										
SECRETARY	10.00			Х				0.	0.	0.
							<u> </u>			
						-	├──			
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Form **990** (2011)

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	<u>ASSOCIAT</u>	ION								94-31	177	380	P	age 8
Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours per week	(C) (D) (E) Position Reportable Reportable (do not check more than one box, unless person is both an officer and a director/trustee) compensation compensation officer and a director/trustee) from from related					n						
		(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org ane	pensa rom the anizat d relat anizati	e ion ed
1h	Sub-total								66,857.		0.			0.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	·····	·····	· · · · · · · ·				0. 66,857.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	SOVe	e) wł	no r	eceived more than \$100),000 of reportabl	le		Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	ə J f	for such individual			4		X
	rendered to the organization? <i>If "Yes," com</i>	-				-			-			5		Х
1	Complete this table for your five highest co the organization. Report compensation for										Ipens	ation f	rom	
	(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	С	(C ompe	C) nsatio	n
								_						
2	Total number of independent contractors (i		iot li	mite	d to		<u> </u>	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organized	zation 🕨				()							

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art V	III Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fror tax under sections 512 513, or 514
	a Federated campaigns 1a				
	bMembership dues1b30,162.cFundraising events1c58,832.				
	J				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
1	f All other contributions, gifts, grants, and similar amounts not included above 1f 84,318.				
	g Noncash contributions included in lines 1a-1f: \$ 20,930.				
	h Total. Add lines 1a-1f	173,312.			
· · ·	Business Code	- / -			
2		197,317.	197,317.		
1	b				
	c				
	d				
	e				
1	f All other program service revenue	100 210			
<u> </u>	g Total. Add lines 2a-2f	197,317.			
3	Investment income (including dividends, interest, and				
	other similar amounts)				
4	Income from investment of tax-exempt bond proceeds Royalties				
5	(i) Real (ii) Personal				
6	a Gross rents				
	b Less: rental expenses				
1	c Rental income or (loss)				
	d Net rental income or (loss)				
	a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
1	b Less: cost or other basis				
	and sales expenses 342.				
	c Gain or (loss) -342.	240			2.4.1
	d Net gain or (loss)	-342.			-342
8 8	a Gross income from fundraising events (not including \$ 58,832. of				
	contributions reported on line 1c). See				
	Part IV, line 18 a 15,034.				
,	b Less: direct expenses b 13,747.				
	c Net income or (loss) from fundraising events	1,287.			1,28
	a Gross income from gaming activities. See				
	Part IV, line 19 a 1,775.				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	1,775.			1,77
10 :	a Gross sales of inventory, less returns				
	and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
44	Miscellaneous Revenue Business Code				
11 ;					
	b				
	d All other revenue				
	e Total. Add lines 11a-11d				
12	Total revenue. See instructions.	373,349.	197,317.	0.	2,72
09		- ,	, , = . •		Form 990 (20

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Form 990 (2011) ASSOCIATION 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).

	Check if Schedule O contains a respons	e to any question in this	Part IX		
	· · · · · · · · · · · · · · · · · · ·	(Å)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	66,857.	40,114.	14,040.	12,703.
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	40,781.	24,469.	8,564.	7,748.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	7,549.	4,831.	1,661.	1,057.
10	Payroll taxes	8,022.	4,813.	1,685.	1,524.
11	Fees for services (non-employees):				
a	Management				
	Legal				
	Accounting	10,350.		10,350.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	382.		382.	
12	Advertising and promotion				
13	Office expenses	987.	506.	94.	387.
14	Information technology	5,109.	5,109.		
15	Royalties				
16	Occupancy	42,131.	27,385.	8,848.	5,898.
17	Travel	10,958.	7,843.	2,370.	745.
18	Payments of travel or entertainment expenses		,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	124,344.	123,531.		813.
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	630.		630.	
23	Insurance	4,495.		4,495.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
	All other expenses	17,565.	12,840.	2,859.	1,866.
25	Total functional expenses. Add lines 1 through 24e	340,160.	251,441.	55,978.	32,741.
26	Joint costs. Complete this line only if the organization				<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	,, , , , , , , , , , , , , , , ,				Course 000 (0011)

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Form **990** (2011)

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Form 990 (2011)	
Part X	Balance	Sh

	1 990 (i rt X	Balance Sheet		94-	31//380 Page 11
Га		Dalance Oncer	(A)		(B)
			(A) Beginning of year		End of year
	1	Cash - non-interest-bearing	45,802.	1	52,070.
	2	Cash - non-interest-bearing Savings and temporary cash investments	10,0020	2	52,0100
	3	Pledges and grants receivable, net	5,024.	3	26,925.
	4	Accounts receivable, net	570210	4	2079231
	5	Receivables from current and former officers, directors, trustees, key			
	ľ	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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges		9	3,199.
	10a	Land, buildings, and equipment: cost or other			
		basis, Complete Part VI of Schedule D 10a 1 , 969.			
	b	Less: accumulated depreciation 10b 781.	2,199.	10c	1,188.
	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	0.	15	2,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	53,025.	16	85,382.
	17	Accounts payable and accrued expenses	4,167.	17	3,139.
	18	Grants payable		18	
	19	Deferred revenue	43,104.	19	43,417.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iliti	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	17 271	25	16 556
	26	Total liabilities. Add lines 17 through 25	47,271.	26	46,556.
		Organizations that follow SFAS 117, check here X and complete			
ces	07	lines 27 through 29, and lines 33 and 34.	-18,943.	27	8,957.
llan	27	Unrestricted net assets	24,697.	27	29,869.
Ba	28	Temporarily restricted net assets	24,007.	20 29	25,005.
nnc	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here and		29	
Ĕ		complete lines 30 through 34.			
tso	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	5,754.	33	38,826.
	34	Total liabilities and net assets/fund balances	53,025.	34	85,382.

Form 990 (2011)

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Form	1990 (2011) ASSOCIATION	94-	3177380	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			49.
2	Total expenses (must equal Part IX, column (A), line 25)	2			60.
3	Revenue less expenses. Subtract line 2 from line 1	3			89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			54.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			17.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3	8,8	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			x	X
b	b Were the organization's financial statements audited by an independent accountant?				
С	, S				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis 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 Si	ngle Aud	lit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form 990 (2011)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open to Public Inspection Name of the organization NATIONAL LESBIAN & GAY JOURNALISTS ASSOCIATION Employer identification numbe 94-3177380 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. Employer identification numbe 94-3177380 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 3 A hospital or a cooperative hospital service organization with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
Name of the organization NATIONAL LESBIAN & GAY JOURNALISTS ASSOCIATION Employer identification numbe 94-3177380 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. Employer identification numbe 94-3177380 The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
ASSOCIATION 94-3177380 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in
section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investmen income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that
describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than
foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III
supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No
the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).
(i) Name of supported (ii) FIN (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of
(i) value of supported (ii) Ein organization in col. (vii) Amount of organization in col.
organization (described on lines 1-9 above or IRC section governing document? (i) of your support? (i) organized in the U.S.?
(see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Total

Schedule A (Form 990 or 990-EZ) 2011 ASSOCIATION

94-3177380 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support									
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	295,824.	733,422.	425,172.	397,519.	370,629.	2,222,566.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge \dots									
4	Total. Add lines 1 through 3	295,824.	733,422.	425,172.	397,519.	370,629.	2,222,566.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						2,222,566.			
	ction B. Total Support				r					
	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Amounts from line 4	295,824.	733,422.	425,172.	397,519.	370,629.	2,222,566.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources \dots									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)									
	Total support. Add lines 7 through 10						2,222,566.			
	Gross receipts from related activities,		,			12				
13	First five years. If the Form 990 is fo	-	s first, second, thin	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
50	organization, check this box and stor ction C. Computation of Publ	here	rcontago							
				(f)			100.00 %			
	Public support percentage for 2011 (1 0 0 0 0			
	Public support percentage from 2010 a 33 1/3% support test - 2011. If the o									
108		-								
	stop here. The organization qualifies 33 1/3% support test - 2010. If the									
17	and stop here. The organization qual a 10% -facts-and-circumstances tes									
1/6										
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
	b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the									
	organization meets the "facts-and-cire									
18										
						edule A (Form 990				

132022 01-24-12 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,
							<u></u>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2011 (15	
	Public support percentage from 2010					16	(
	ction D. Computation of Inve		v			1 1	
	Investment income percentage for 20			ine 13, column (f))		17	
	Investment income percentage from					18	(
19a	33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2010. If the	0					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t			
13202	23 01-24-12			15	Sc	hedule A (Form 9	90 or 990-EZ) 20

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Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number

94-3177380

Name of the organization	e organizatio
--------------------------	---------------

NATIONAL LESBIAN & GAY JOURNALISTS ASSOCIATION

Organization	type (check	one):
		0

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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 total 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

94-3177380

ASSOC	IATION		94-3177380
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
1	ALPHAWOOD FOUNDATION PO BOX 146340 CHICAGO, IL 60614	\$25,00	0. Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution
2	RICHARD ROUILARD FOUNDATION 1401 N DOHENY DRIVE LOS ANGELES, CA 90069	\$9,00	0. Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TURNER BROADCASTING SYSTEMS, INC. ONE CNN CENTER ATLANTA, GA 30303	\$5,00	0. Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution
4	NBC UNIVERSAL MEDIA, LLC 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	\$10,00	0. Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SARA LEE CORPORATION 3500 LACEY ROAD DOWNERS GROVE, IL 60515	\$5,00	0. Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BLOOMBERG LP 731 LEXINGTON AVENUE NEW YORK, NY 10022	\$10,00	0. (Complete Part II if there is a noncash contribution.)
123452 01-2	3-12	Schedule B	(Form 990, 990-EZ, or 990-PF) (2011)

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Employer	identification	number

Name of organizat	ion			
NATIONAL	LESBIAN	&	GAY	JOURNALISTS
ASSOCIAT:	ION			

94-3177380

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DISNEY WORLDWIDE SERVICES, INC. 77 WEST 66TH STREET NEW YORK, NY 10023	\$5,000.	PersonXPayrollNoncash(Complete Part II if thereis a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-2		\$ \$ Schodulo P (Form	Person Payroll Payroll (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	Page 3
Name of organization	Employer identification number
NATIONAL LESBIAN & GAY JOURNALISTS	
ASSOCIATION	94-3177380

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No.	(6)	(c)	(d)
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
3453 01-23-12	1	Schedule B (Form S	

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Name of org	B (Form 990, 990-EZ, or 990-PF) (2011) ganization NAL LESBIAN & GAY JOURN		Page 4 Employer identification number
	IATION	vidual contributions to section 501(c) he following line entry. For organization c., contributions of \$1,000 or less for	94-3177380 (7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
123454 01-23	3-12	20	Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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							15 00 17
	HEDULE D	Supplemental Financial Statement				OMB No. 15	45-0047
(Forn	n 990)	Complete if the organization answered "Yes," to Form 99				ZU	
	ment of the Treasury I Revenue Service	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ▲ Attach to Form 990. ▲ See separate instructions.	120.			Open to Inspection	
	e of the organization		Emp		dentification -31773		
Par	t I Organiza	ASSOCIATION Itions Maintaining Donor Advised Funds or Other Similar Fund	ds or A	ссог			
		n answered "Yes" to Form 990, Part IV, line 6.					
	0	(a) Donor advised funds	(b) Fun	ds and	other accou	nts
1	Total number at er	nd of year					
2	Aggregate contribution	utions to (during year)					
3		rom (during year)					
4		t end of year					
5	-	n inform all donors and donor advisors in writing that the assets held in donor ad			Г	N	
6		n's property, subject to the organization's exclusive legal control?			L	Yes	└── No
0		oses and not for the benefit of the donor or donor advisor, or for any other purpos					
	impermissible priva			0	Γ	Yes	No No
Par		ation Easements. Complete if the organization answered "Yes" to Form 990					
1	Purpose(s) of cons	ervation easements held by the organization (check all that apply).					
	Preservation	of land for public use (e.g., recreation or education)	historicall	y impo	ortant la	nd area	
	Protection o	f natural habitat	ertified his	storic	structur	е	
	Preservation	of open space					
2	•	through 2d if the organization held a qualified conservation contribution in the for	m of a co	nserva	ation ea	sement on t	he last
	day of the tax year					the Fod of th	. T V
	Total number of a	propriation occomente		20	Held at	the End of th	e lax year
a b		nservation easements		2a 2b			
		vation easements on a certified historic structure included in (a)		20 20			
		vation easements included in (c) acquired after 8/17/06, and not on a historic stru					
		al Register		2d			
3		vation easements modified, transferred, released, extinguished, or terminated by		izatior	n during	the tax	
	year 🕨						
4		where property subject to conservation easement is located	_				
5	-	tion have a written policy regarding the periodic monitoring, inspection, handling of	of		Г		—
•		orcement of the conservation easements it holds?			L	Yes	└── No
6		r hours devoted to monitoring, inspecting, and enforcing conservation easements	•	-	· · ·		
7 8		es incurred in monitoring, inspecting, and enforcing conservation easements duri vation easement reported on line 2(d) above satisfy the requirements of section 1			Ф		
0		(4)(B)(ii)?			Γ	Yes	No No
9	In Part XIV. describ	be how the organization reports conservation easements in its revenue and exper	nse stater	nent. a	and bala		
		le, the text of the footnote to the organization's financial statements that describe					
	conservation ease						
Par		tions Maintaining Collections of Art, Historical Treasures, or	Other \$	Simil	ar Ass	sets.	
		the organization answered "Yes" to Form 990, Part IV, line 8.					
1a	-	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stat					
		s, or other similar assets held for public exhibition, education, or research in furthe note to its financial statements that describes these items.	erance of	public	service	, provide, in	Part XIV,
h		elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme	ent and h	alance	sheet	works of art	historical
		similar assets held for public exhibition, education, or research in furtherance of J					
	relating to these ite			,			,
	-	uded in Form 990, Part VIII, line 1			\$		
		d in Form 990, Part X			\$		
2	If the organization	received or held works of art, historical treasures, or other similar assets for finance	cial gain,	provid	le		
		ints required to be reported under SFAS 116 (ASC 958) relating to these items:					
a		d in Form 990, Part VIII, line 1			\$		
b	Assets included in	Form 990, Part X			\$		
ιμл	For Paperwork P	eduction Act Notice, see the Instructions for Form 990.			Schody	le D (Form	990) 2011
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NATIONAL	LESBIAN	&	GAY	JOURNALISTS

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	dule D (Form 990) 2011 ASSOCIA'I		t Liet	orical Tr	and the second	Othor					
	Using the organization's acquisition, accessio										
3	(check all that apply):	n, and other record	IS, CHECK	any or the	Tollowing that a	are a sign	incant u	se or its	conection	i iteri	15
а	Public exhibition	d		oop or ovo	hange program	•					
a b	Scholarly research	e			nange program						
c	Preservation for future generations	e									
4	Provide a description of the organization's col	lections and explain	a how th	ov furthor t	be organization	's avomr	t nurno	so in Par	+ XIV		
5	During the year, did the organization solicit or							sennai			
5	to be sold to raise funds rather than to be mai								Yes		No
Pa	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part	-		organizatio			iiii 550,	r arc iv,	in ic 0, 0i		
	Is the organization an agent, trustee, custodia		liary for o	contribution	ns or other asse	ts not inc	cluded				
i a	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV a							······ <u> </u>			
									Amount		
с	Beginning balance						1c		,		
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Pa	t V Endowment Funds. Complete if	the organization an	swered '	'Yes" to Fo	orm 990, Part IV	, line 10.					
		(a) Current year	(b) Pr	ior year	(c) Two years b	back (d)	Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment 🕨 _		%								
b	Permanent endowment	_%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held a	and administere	d for the	organiza	ation	_		
	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 o	n Sched	ule R?					3b		
4	Describe in Part XIV the intended uses of the										
Pa	t VI Land, Buildings, and Equipme	ent. See Form 990), Part X,	line 10.							
	Description of property	(a) Cost or of basis (investm			t or other (other)	(c) Accu depre	umulated ciation	k	(d) Book	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				1,969.		78	1.			88.
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colum	n (B), line 1	10(c).)						88.
							c	chodulo	D (Form	000)	2011

Schedule D (Form 990) 2011

	NATIONAL	LESBIAN	&	GAY	JOURNALISTS
Schedule D (Form 990) 2011	ASSOCIAT	ION			

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Part VII Investments - Other Securities. See	e Form 990, Part X, line	e 12.		
(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuation: or end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) (I)				
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	e Form 990 Part X lir	0e 13		
			c) Method of valuation:	
(a) Description of investment type	(b) Book value		or end-of-year market value	
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.	·		
(a)	Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	45)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	the organization's financial st	atements that reports the organiza	tion's liability for uncertain tax positions under	
2. FIN 48 (ASC 740). 132053 01-23-12		-		04.4
01-23-12			Schedule D (Form 990) 20	U11

NATIONAL LESBIAN & GAY JOURNALISTS ASSOCIATION

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Sche	dule D (Form 990) 2011 ASSOCIATION					94-2	3177380	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audit	ed Finan	cial S	tate	ment	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			373	,349.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				,160.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				,189.
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				
8	Other (Describe in Part XIV.)			8			-	-117.
9	Total adjustments (net). Add lines 4 through 8			9			-	-117.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar			10			33	,072.
	t XII Reconciliation of Revenue per Audited Financial Statem				er R	eturr		-
1	Total revenue, gains, and other support per audited financial statements					1		,691.
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							
ט ה	Recoveries of prior year grants							
d	Other (Describe in Part XIV.)					0.0		0.
-	Add lines 2a through 2d					2e	373	,691.
3	Subtract line 2e from line 1					3	575	,091.
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			-34	12			
b	Other (Describe in Part XIV.)	4 b		- 54	±2•			212
	Add lines 4a and 4b					4c		-342.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5		,349.
	t XIII Reconciliation of Expenses per Audited Financial Statem							620
1	Total expenses and losses per audited financial statements					1	540	,620.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities							
b	Prior year adjustments							
С	Other losses			1 00				
d	Other (Describe in Part XIV.)	2d		1,09	10.		1	000
е	Add lines 2a through 2d					2e		,090.
3	Subtract line 2e from line 1					3	339	,530.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a						
b	Other (Describe in Part XIV.)	. 4b		63	30.			
С	Add lines 4a and 4b					4c		630.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	340	,160.
Par	t XIV Supplemental Information							
Com	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1	a and 4; Pa	ırt IV, lin	nes 11	b and 2	2b; Part V, line	4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this	s part to pro	vide an	y ado	ditional	information.	
PAF	T X, LINE 2: THE ORGANIZATION HAS EVALUAT	'ED I	TS CUR	RENI	г т	AX		
POS	ITIONS AND HAS CONCLUDED THAT AS OF DECEM	IBER	31, 20	11,	TH	E O	RGANIZA	TION
DOE	S NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX	POSI	TIONS	FOR	WH	ICH	A RESE	RVE
WOU	ILD BE NECESSARY.							
PAF	T XI, LINE 8 - OTHER ADJUSTMENTS:							
BOC	K / TAX DEPRECIATION ADJUSTMENT							-39.
D								
BOC	DK / TAX ASSET DISPOSAL ADJUSTMENT					<u> </u>		-78.
132054						Sched	lule D (Form 9	90) 2011
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	23							

NATIONAL LESBIAN & GAY JOURNALISTS Schedule D (Form 990) 2011 ASSOCIATION Part XIV Supplemental Information (continued)	94-3177380 Page 5
TOTAL TO SCHEDULE D, PART XI, LINE 8	-117.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
TAX LOSS ON ASSET DISPOSAL	-342.
DIRECT FUNDRASING EXPENSES	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
BOOK DEPRECIATION	670.
BOOK LOSS ON ASSET DISPOSAL	420.
DIRECT FUNDRASING EXPENSES	
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	1,090.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
TAX DEPRECIATION	630.
PART XI, LINE 8: BOOK TAX DEPRECIATION ADJUSTMENT	
PART XI, LINE 8: BOOK TAX ASSET DISPOSAL ADJUSTMENT	
132055	Schedule D (Form 990) 2011

SCHEDULE G (Form 990 or 990-EZ)		Supplemental Inforn Fundraising or Ga	mir	ng A	Activities		-	OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.										
Name of the organization NATIONAL LESBIAN & GAY JOURNALISTS Employer identification number ASSOCIATION 94-3177380											
Part I Fundraising A required to complete		Complete if the organization answe t.	red "Y	'es" to	o Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not			
 a Mail solicitations b Internet and emails c Phone solicitations d In-person solicitation 2 a Did the organization have key employees listed in F 	solicitations ons a written c orm 990, P st paid indi	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	ion of ion of fundra (incluo rofess	non-g gover iising o ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees	Ye				
(i) Name and address of inc or entity (fundraiser)	lividual	(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No							
								ļ			
Total	·····		<u></u>								
3 List all states in which the or licensing.	organizatio	n is registered or licensed to solicit c	ontrib	utions	s or has been notified	d it is	exempt from	registration			
LHA Paperwork Reduction A	ct Notice,	see the Instructions for Form 990 o	or 990	-EZ.			Schedule G (Fo	rm 990 or 990-EZ) 2011			

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NATIONAL LESBIAN & GAY JOURNALISTS Schedule G (Form 990 or 990-EZ) 2011 ASSOCIATION

Pa	irt	e i	°			
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	events with gross receip (c) Other events	1
					NONE	(d) Total events
			NY BENEFIT		0	(add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue						
Sev	1	Gross receipts	73,866.			73,866.
_			E0 022			E0 022
	2	Less: Charitable contributions	58,832.			58,832.
	3	Gross income (line 1 minus line 2)	15,034.			15,034.
	4	Cash prizes				
ses	5	Noncash prizes				
pen	6	Rent/facility costs				
t Ex						
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				13,747. (13,747,
	10	Direct expense summary. Add lines 4 through				1,287.
Pa	irt	Net income summary. Combine line 3, colum III Gaming. Complete if the organization				1,207.
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
leve						
ш	1	Gross revenue				
ses	2	Cash prizes				
pen	3	Noncash prizes				
Jirect Expenses						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	└── Yes %	
	6	Volunteer labor	No No	No No	└── No	
	7	Direct expense summary. Add lines 2 throug	a 5 in column (d)		•	
	ľ	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Combine line	l, column d, and line 7	<u></u>	►	
						·
9		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ac				Yes No
b	lf "	No," explain:				
10-2	Ma	ere any of the organization's gaming licenses re	wokod suspandad ar ta	rminated during the tax	ucar?	Yes No
		Yes," explain:			you:	
		·				
	_					
13200	82 0	1-23-12			Schedule G (Eo	rm 990 or 990-EZ) 2011
13200	JE U	1 20 12				

<u>S</u> ch	nedule G (Form 990 or 990-EZ) 2011 ASSOCIATION 94-3	177	380	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity operated in:			
é	a The organization's facility	13a		%
k	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
k	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	No No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	•		
		1 (000		

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

NATIONAL LESBIAN & GAY JOURNALISTS

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



Employer identification number 94 - 3177380

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

ASSOCIATION

EXEMPT ORGANIZATION

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

NLGJA HAS A VARIETY OF PROGRAMS AND SERVICES FOR MEMBERS, ALL OF WHICH

SERVE TO ENSURE FAIR & ACCURATE COVERAGE OF THE LGBT COMMUNITY AND HELP

TO DEVELOP STRONG, DIVERSE NEWSROOMS. INCLUDED IN OUR PROGRAMS IS AN

EFFORT TO PROVIDE ASSISTANCE SPECIFICALLY TO THOSE WORKING IN LGBT

MEDIA. NLJGA PROVIDES EDUCATIONAL OPPORTUNITIES AND SERVICES, NAMELY

AT THE LGBT SUMMIT HELD EACH SUMMER.

EXPENSES \$ 48,164. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE DRAFTED 990 IS FIRST EXAMINED BY THE EXECUTIVE DIRECTOR, THEN GIVEN TO THE TREASURER, PRESIDENT OF THE BOARD OF DIRECTORS, AND ALL OTHER MEMBERS OF THE FINANCE & DEVELOPMENT COMMITTEE OF THE BOARD. AFTER THEIR REVIEW THEY SUBMIT PRESIDENT, QUESTIONS, COMMENTS, AND CONCERNS TO THE TREASURER, AND EXECUTIVE DIRECTOR TO BE DISCUSSED WITH THE ACCOUNTANTS. ONCE ALL QUESTIONS AND COMMENTS HAVE BEEN ADDRESSED AND A FINAL 990 IS APPROVED, THEDOCUMENT IS FILED AND A COPY IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: ALL REQUIRED TAX DOCUMENTS,

FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS ARE MADE AVAILABLE ON

GUIDESTAR'S WEBSITE. PUBLIC INSPECTION OR COPIES ARE ALSO AVAILABLE BY

PERSONAL OR WRITTEN REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)
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01-23-12

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Schedule O (Form 990 or 990-EZ) (2011) Name of the organization NATIONAL LESBIAN & GAY JOURNALISTS ASSOCIATION	Pa Employer identification num 94-3177380
ABSOCIATION	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
BOOK / TAX DEPRECIATION ADJUSTMENT	-3
BOOK / TAX ASSET DISPOSAL ADJUSTMENT	-7
TOTAL TO FORM 990, PART XI, LINE 5	-11
132212 01-23-12 30	Schedule O (Form 990 or 990-EZ) (20