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Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 2009, and ending 20

Header section containing organization name (THE NATION INSTITUTE), address (116 EAST 16TH ST 8TH FL, NEW YORK, NY 10003), principal officer (JEFFREY LEVY-HINTE), and other identifying information.

Part I Summary

Table with 22 rows detailing financial and operational data. Includes columns for Prior Year and Current Year. Key figures include Total Revenue (1,706,712) and Total Expenses (1,431,136).

Part II Signature-Block

Signature block containing the signature of Andrew Baeslau, President, dated 11/12/10, and preparer information for CONDON O'MEARA MCCINTY & DONNELLY L.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\*

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE NATION INSTITUTE'S MISSION IS TO UNDERTAKE AND SUPPORT ACTIVITIES WITH AN EMPHASIS ON INDEPENDENT MEDIA, CIVIL LIBERTIES, SOCIAL JUSTICE AND PEACE.

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 No

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 No

If "Yes," describe these changes on Schedule O.

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 \$ 612,309. including grants of \$ 449,083. ) (Revenue \$ 448,512. )

THE INSTITUTE RUNS AN INVESTIGATIVE JOURNALISM PROGRAM TO PROVIDE SUPPORT FOR INVESTIGATIVE RESEARCH AND REPORTING ON STORIES NEGLECTED BY THE MAINSTREAM MEDIA. THE PROGRAM ALSO SEEKS TO STRENGTHEN INDEPENDENT MEDIA OUTLETS, EITHER BY SUPPLYING WRITTEN INDEPENDENT PIECES TO THE INDEPENDENT PRESS, OR PROVIDE GRANTS FOR THE RESEARCH REQUIRED.

4b (Code ) (Expenses \$ 269,153. including grants of \$ 5,385. ) (Revenue \$ 0. )

THE INSTITUTE RUNS A BOOK PUBLISHING PROGRAM FOCUSING ON ISSUES OF PROGRESSIVE OPINION SUCH AS GLOBAL AFFAIRS, HUMAN RIGHTS, FEMINISM, RACE, CULTURE, ART, ENVIRONMENT, ETC.

4c (Code ) (Expenses \$ 275,012. including grants of \$ 254,571. ) (Revenue \$ 237,500. )

THE INSTITUTE RUNS AN ALGER HISS RESEARCH AND EDUCATION PROJECT WHICH RESEARCHES COLD WAR HISTORY, INCLUDING CATALOGING, DOCUMENTING, AND REVIEWING THE PROSECUTION OF ALGER HISS, ESTABLISHING A WEBSITE, ADDITIONAL FREEDOM OF INFORMATION ACT DOCUMENTS, ETC.

4d Other program services. (Describe in Schedule O.) ATTACHMENT 3 (Expenses \$ 971,113. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,127,587.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 contain various questions about organizational requirements and reporting. Some cells are redacted with black boxes.

**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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	X	
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		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?		
25 a	<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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		
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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		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

Form with questions 1a through 12b regarding IRS filings and tax compliance, including fields for 'Yes' and 'No' and numerical input boxes.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (17); 1b Enter the number of voting members that are independent (17); 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); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, NY,
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 [X] Another's website [X] 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: THE NATION INSTITUTE, 116 EAST 16TH STREET, 8TH FL., NEW YORK, NY 10003 212-822-0250

**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			
CATHARINE R. STIMPSON TRUSTEE	3.00	X					0.	0.	0.	
HOWARD DODSON TRUSTEE	3.00	X					0.	0.	0.	
ROSE STYRON TRUSTEE	3.00	X					0.	0.	0.	
KATRINA VANDEN HEUVEL TRUSTEE	3.00	X					0.	0.	0.	
ADRIAN DEWIND TRUSTEE	3.00	X					0.	0.	0.	
HOWARD SHAPIRO TRUSTEE	3.00	X					0.	0.	0.	
ELLEN CHESLER TRUSTEE	3.00	X					0.	0.	0.	
STEVE HAFT TRUSTEE	3.00	X					0.	0.	0.	
DANNY GOLDBERG TRUSTEE	3.00	X					0.	0.	0.	
PAULA GIDDINGS TRUSTEE	3.00	X					0.	0.	0.	
MARTIN SHERWIN TRUSTEE	3.00	X					0.	0.	0.	
VICTOR NAVASKY TRUSTEE	3.00	X					0.	0.	0.	
STEPHEN GILLERS TRUSTEE	3.00	X					0.	0.	0.	
DAVIS WEINSTOCK TRUSTEE	3.00	X					0.	0.	0.	
RON DANIELS TRUSTEE	3.00	X					0.	0.	0.	
TIM ROBBINS TRUSTEE	3.00	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			
DOUG KREEGER TRUSTEE	3.00	X					0.	0.	0.	
NANCY DUNLAP TRUSTEE	3.00	X					0.	0.	0.	
HAMILTON FISH PRESIDENT	40.00			X			267,868.	0.	0.	
JEFFREY LEVY-HINTE TREASURER	3.00			X			0.	0.	0.	
DOMNA STANTON SECRETARY	3.00			X			0.	0.	0.	
DAVID JONES CHAIRMAN	3.00			X			0.	0.	0.	
<b>1b Total</b>							267,868.	0.	0.	

**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 **1**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
TONY HISS - 22 EAST 8TH STREET, NEW YORK, NY 10003	RESEARCH CONSULTANT	132,000.

**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 **1**

**Part VIII Statement of Revenue** 13-6216903

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	239,025.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	2,028,159.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h</b> Total. Add lines 1a-1f . . . . .			2,267,184.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> PROGRAM SERVICE FEES			83,963.	83,963.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
<b>g</b> Total. Add lines 2a-2f . . . . .			83,963.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ATTACHMENT 4			114,817.			114,817.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b> Royalties . . . . .			1,382			1,382.
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .						
	<b>b</b> Less rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .				0.		
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory						
				1,704,710.			
	<b>b</b> Less cost or other basis and sales expenses . . . . .						
				2,385,901			
	<b>c</b> Gain or (loss) . . . . .						
				-681,191			
<b>d</b> Net gain or (loss) . . . . .				-681,191		-681,191.	
<b>8a</b> Gross income from fundraising events (not including \$ 239,025. of contributions reported on line 1c). See Part IV, line 18 . . . . .		ATCH 5					
			48,924.				
<b>b</b> Less: direct expenses . . . . .							
			132,170.				
<b>c</b> Net income or (loss) from fundraising events . . . . .		ATCH. 6.		-83,246	-83,246.		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>b</b> Less. direct expenses . . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
			4,660.				
<b>b</b> Less cost of goods sold . . . . .							
			857.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		ATCH. 9.		3,803.	3,803.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> Total. Add lines 11a-11d . . . . .				0.			
<b>12</b> Total Revenue. See instructions . . . . .				1,706,712	4,520	-564,992.	

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	99,847.	99,847.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	1,159,963.	1,159,963.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	32,716.	32,716.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	267,868.	90,221.	81,100.	96,547.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	583,529.	196,540.	176,671.	210,318.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	10,625.	4,766.	3,011.	2,848.
9 Other employee benefits . . . . .	131,759.	60,082.	36,761.	34,916.
10 Payroll taxes . . . . .	48,968.	22,329.	13,662.	12,977.
11 Fees for services (non-employees).	0.			
a Management . . . . .				
b Legal . . . . .	84,573.	24,991.	57,254.	2,328.
c Accounting . . . . .	70,426.	20,811.	47,677.	1,938.
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	20,449.	13,438.	7,011.	
g Other . . . . .	69,298.	51,615.	2,855.	14,828.
12 Advertising and promotion . . . . .	13,950.	13,950.		
13 Office expenses . . . . .	91,650.	41,120.	35,394.	15,136.
14 Information technology . . . . .	18,104.	18,104.		
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	164,564.	105,384.	47,446.	11,734.
17 Travel . . . . .	46,325.	31,562.	4,769.	9,994.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	30,216.	28,686.	568.	962.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	20,567.		20,567.	
23 Insurance . . . . .	32,741.	11,418.	21,323.	
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 INTERNSHIPS . . . . .	57,536.	57,536.		
b TAPE, CD PRODUCTION & BOOK PURCHASES . . . . .	28,943.	4,287.	2,018.	22,638.
c UNCOLLECTIBLE PLEDGES . . . . .	6,090.		6,090.	
e CONTRIBUTIONS . . . . .	500.		500.	
f All other expenses . . . . .	46,641.	38,221.	8,420.	
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>3,137,848.</b>	<b>2,127,587.</b>	<b>573,097.</b>	<b>437,164.</b>
26 <b>Joint Costs.</b> 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	
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .	162,202.	1	235,081.
	2	Savings and temporary cash investments . . . . .	1,601,787.	2	797,052.
	3	Pledges and grants receivable, net . . . . .	299,590.	3	509,339.
	4	Accounts receivable, net . . . . .	8,911.	4	1,167.
	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 . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .	107,569.	9	34,597.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 164,320.		
	b	Less: accumulated depreciation . . . . .	10b 85,420.		
	11	Investments - publicly traded securities . . . . .	ATCH 8 3,118,831.	11	3,451,211.
	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 . . . . .	46,860.	15	49,251.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,442,172.	16	5,156,598.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	201,354.	17	228,082.
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .		19	
	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	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25	Other liabilities Complete Part X of Schedule D . . . . .	70,454.	25	67,897.
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	271,808.	26	295,979.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	1,981,189.	27	1,614,874.
	28	Temporarily restricted net assets . . . . .	3,189,175.	28	3,245,745.
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	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>	5,170,364.	33	4,860,619.	
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	5,442,172.	34	5,156,598.	

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990  Cash  Accrual  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? . . . . .
- b Were the organization's financial statements audited by an independent accountant? . . . . .
- c 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? . . . . .  
 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.  
 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 Single Audit Act and OMB Circular A-133? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		
<b>3b</b>		

Form 990 (2009)

**Public Charity Status and Public Support**

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization <b>THE NATION INSTITUTE</b>	Employer identification number <b>13-6216903</b>
---	---

**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 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  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 investment 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, 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?

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	2,678,748.	1,807,739.	2,398,136.	1,890,439.	2,267,184.	11,042,246.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3. . . . .	2,678,748.	1,807,739.	2,398,136.	1,890,439.	2,267,184.	11,042,246.
<b>5</b> 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). . . . .						3,736,257.
<b>6 Public support.</b> Subtract line 5 from line 4.						7,305,989.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	2,678,748.	1,807,739.	2,398,136.	1,890,439.	2,267,184.	11,042,246.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	148,769.	243,331.	339,753.	172,368.	116,199.	1,020,420.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH 1. . . . .	24,318.	14,839.	120,534.	56,902.	1,382.	217,975.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						12,280,641.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	742,821.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	59.49%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	62.61%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, 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. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2008.</b> 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 "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 . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8</b> Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
ROYALTY INCOME	24,318.	14,839.	120,534.	56,902.	1,382.	217,975.
TOTALS	<u>24,318.</u>	<u>14,839.</u>	<u>120,534.</u>	<u>56,902.</u>	<u>1,382.</u>	<u>217,975.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

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, Description, (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 questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose(s) of easements, total number and acreage, monitoring policy, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

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 for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for 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 the 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 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 . . . . .	3,189,175.	4,895,739.			
b Contributions . . . . .	1,294,229.	1,309,835.			
c Net investment earnings, gains, and losses . . . . .	405,489.	-1,069,364.			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,643,148.	1,947,035.			
f Administrative expenses . . . . .					
g End of year balance . . . . .	3,245,745.	3,189,175.			

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ 100.0000 %

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

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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 . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		28,330.	8,951.	19,379.
d Equipment . . . . .		99,600.	57,987.	41,613.
e Other . . . . .		36,390.	18,482.	17,908.
<b>Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . .</b>				<b>78,900.</b>



**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	1,706,712.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,137,848.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,431,136.
4	Net unrealized gains (losses) on investments	4	1,121,391.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	1,121,391.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-309,745.

**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	2,961,130.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,121,391.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	133,027.
e	Add lines 2a through 2d	2e	1,254,418.
3	Subtract line 2e from line 1	3	1,706,712.
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	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,706,712.

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

1	Total expenses and losses per audited financial statements	1	3,270,875.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	133,027.
e	Add lines 2a through 2d	2e	133,027.
3	Subtract line 2e from line 1	3	3,137,848.
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	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,137,848.

**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.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

## ENDOWMENT FUNDS

PART V, LINE 4

GRANTS AND OTHER CONTRIBUTIONS OF CASH AND OTHER ASSETS ARE REPORTED AS TEMPORARILY RESTRICTED SUPPORT IF THEY ARE RECEIVED WITH DONOR STIPULATIONS THAT LIMIT THE USE OF THE DONATED ASSETS OR RELATE TO FUTURE PERIODS. WHEN A DONOR RESTRICTION EXPIRES, THAT IS, WHEN A STIPULATED TIME RESTRICTION ENDS OR PURPOSE RESTRICTION IS ACCOMPLISHED, TEMPORARILY RESTRICTED NET ASSETS ARE RECLASSIFIED TO UNRESTRICTED NET ASSETS AND REPORTED IN THE STATEMENT OF ACTIVITIES AS NET ASSETS RELEASED FROM RESTRICTIONS.

## RECONCILIATION

PART XII &amp; PART XIII, LINE 2D

COST OF GOODS SOLD - \$857 2009 DINNER EVENT - \$132,170







**Part IV**

**Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

SUPPLEMENTAL INFORMATION

SCHEDULE F, PART IV

THE NATION INSTITUTE PRIMARILY FUNDS PROJECTS IN THE UNITED STATES. ON A  
FEW OCCASIONS THE INSTITUTE FUNDS DOMESTICALLY BASED JOURNALISTS COVERING  
ISSUES ABROAD. THEIR EXPENSES ARE RECORDED AND MONITORED IN ACCORDANCE  
WITH STANDARDIZED ACCOUNTING PROCEDURES AND ARE AUDITED WITH THE REST OF  
THE INSTITUTES PROGRAMATIC EXPENSES.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col (c))	
		DINNER (event type)	(event type)	0 (total number)		
Revenue	1	Gross receipts . . . . .	287,949.			287,949.
	2	Less. Charitable contributions . . . . .	239,025.			239,025.
	3	Gross income (line 1 minus line 2) . . . . .	48,924.			48,924.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	132,170.			132,170.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 132,170.)
11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶				-83,246.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (add col. (a) through col (c))
		Yes	No	Yes	No	Yes	No	
Revenue	1	Gross revenue . . . . .						
Direct Expenses	2	Cash prizes . . . . .						
	3	Noncash prizes . . . . .						
	4	Rent/facility costs . . . . .						
	5	Other direct expenses . . . . .						
	6	Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No			
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶							( )
8	Net gaming income summary Combine line 1, column d, and line 7 . . . . . ▶							

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 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? . . . . .	12	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ▶ _____		
	Address ▶ _____		
<b>16</b>	Gaming manager information.		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions.		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b>	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 ▶ \$ _____		



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
FELLOWSHIPS	20	558,636.			
GRANTS	11	220,379.			
RESEARCH & EDUCATION	19	355,395.			
CONTRIBUTIONS \$5,000 & UNDER	4	25,553.			

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

GENERAL INFORMATION ON GRANTS AND ASSISTANCE

SCHEDULE I, PART IV

THE ORGANIZATIONS PROCEDURES FOR RECORDING AND MONITORING GRANT FUNDS IN

THE UNITED STATES ARE IN ACCORDANCE WITH STANDARDIZED ACCOUNTING

PROCEDURES AND ARE AUDITED WITH THE INSTITUTE'S PROGRAM EXPENSES.

**SCHEDULE J'  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use            |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2009



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

COMPENSATION INFORMATION

PART I, LINE 5A

A PORTION OF HAMILTON FISH'S COMPENSATION IS DERIVED FROM THE

ORGANIZATION'S REVENUES.

Supplemental Information to Form 990

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

ATTACHMENT 2

PROGRAM SERVICE ACCOMPLISHMENTS

PART III, LINE 4D

PUFFIN/NATION PRIZE FOR CREATIVE CITIZENSHIP - THE PUFFIN FOUNDATION AND  
THE NATION INSTITUTE AWARD AN ANNUAL PRIZE FOR CREATIVE CITIZENSHIP.

RON RIDENHOUR AWARD - THE INSTITUTE AWARDS AN ANNUAL PRIZE TO RECOGNIZE  
AND ENCOURAGE THOSE WHO PERSEVERE IN ACTS OF TRUTH-TELLING THAT PROTECT  
THE PUBLIC INTEREST AND PROMOTE SOCIAL JUSTICE.

INTERN PROGRAM - COMPREHENSIVE INTERNSHIP PROGRAM IN JOURNALISM AND  
MAGAZINE PUBLISHING. SEMINARS FOR STUDENTS INCLUDE VISITING AUTHORS,  
POLITICIANS AND JOURNALISTS. THE PROGRAM FOSTERS THE CRITICAL THINKING  
AND INDEPENDENT PERSPECTIVES VITAL TO A FREE PRESS.

PUFFIN FOUNDATION WRITING FELLOWS - THE NATION INSTITUTE PROVIDES WRITING  
GRANTS TO JOURNALISTS.

SENIOR FELLOWSHIP - PROVIDES SUPPORT FOR RENOWNED JOURNALISTS WRITING ON  
A VARIETY OF LABOR AND ECONOMIC ISSUES.

THE NATION INSTITUTE WITH A GRANT FROM BERNARD RAPOPORT PROVIDES A  
FELLOWSHIP FOR POLITICAL JOURNALIST LOU DUBOSE.

WILLENS PEACE FELLOWSHIP - SUPPORT FOR THE STUDY OF THE NUCLEAR QUESTION,

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

ATTACHMENT 2 (CONT'D)

AND IN PARTICULAR THE ISSUES OF NUCLEAR PROLIFERATION AND ARMS CONTROL.

TOMDISPATCH.COM - A WEBSITE SUPPORTED BY THE NATION INSTITUTE DEVOTED TO OPINION AND COMMENTARY ON THE EVENTS OF THE DAY. THE WEBSITE FOSTERS DEBATE AND DISCUSSION.

PUBLIC EVENTS - SUPPORTED BY INSTITUTE PROGRAMMING.

KNOBLER FELLOWSHIP - A JOURNALISM FELLOWSHIP AWARDED TO MINORITY JOURNALISTS.

INTERNATION - AN INTERNATIONAL JOURNALISTIC INVESTIGATIVE PROGRAM WHICH ADDRESSES ISSUES AND IDEAS THAT CROSS INTERNATIONAL BOUNDARIES.

WOMEN'S STUDIES - THE INSTITUTE SUPPORTS A WIDE RANGE OF INVESTIGATIVE REPORTING ON ISSUES OF PARTICULAR CONCERN TO WOMEN.

MEDIA STUDIES - LOOKS AT THE CONCENTRATION OF OWNERSHIP OF THE MEDIA AND ITS EFFECT ON FREE SPEECH ISSUES, ETC.

DOCUMENTARY PRESERVATION FUND - THIS PROJECT FUNDS THE PRESERVATION AND RESTORATION OF DOCUMENTARY FILMS.

JOHNSON HISS ORAL HISTORY - SUPPORTS RESEARCH RELATED TO THE COLD WAR.

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

ATTACHMENT 2 (CONT'D)

ROBERT MASUR CIVIL LIBERTIES FELLOWSHIP - THIS FELLOWSHIP, ESTABLISHED IN  
 MEMORY OF CIVIL RIGHTS ATTORNEY ROBERT MASUR, IS GRANTED TO A  
 DISTINGUISHED FIRST-YEAR LAW STUDENT UNDERTAKING RESEARCH OR AN  
 INTERNSHIP IN CIVIL RIGHTS OR CIVIL LIBERTIES.

GOVERNANCE, MANAGEMENT AND DISCLOSURE

PART VI, SECTION A - QUESTION 7A

THE INSTITUTE'S THREE MEMBERS ELECT AND APPROVE THE ELECTION OF THE BOARD  
 OF GOVERNORS.

GOVERNANCE, MANAGEMENT AND DISCLOSURE

PART VI, SECTION A - QUESTION 7B

THE ELECTED BOARD IS SUBJECT TO APPROVAL BY THE MEMBERS.

GOVERNANCE, MANAGEMENT AND DISCLOSURE

PART VI, SECTION A - QUESTION 10

THE TREASURER REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.

GOVERNANCE, MANAGEMENT AND DISCLOSURE

PART VI, SECTION B - QUESTION 12C

BOARD MEMBERS ARE ANNUALLY REQUIRED TO REVIEW AND SIGN THE CONFLICT OF  
 INTEREST POLICY. ANY CONFLICTS OF INTEREST ARE MONITORED AND ENFORCED AT  
 BOARD MEETINGS.

GOVERNANCE, MANAGEMENT AND DISCLOSURE

PART VI, SECTION B - QUESTIONS 15A & 15B

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ENGAGED IN THE PROCESS

Name of the organization THE NATION INSTITUTE	Employer identification number 13-6216903
--	--

ATTACHMENT 2 (CONT'D)

TO DETERMINE THE COMPENSATION FOR THE PRESIDENT AND CEO OF THE INSTITUTE;  
THE BOARD OF TRUSTEES WAS NOT INVOLVED IN DETERMINING THE COMPENSATION  
FOR ANY OTHER MEMBER OF THE STAFF. THIS PROCESS INCLUDED CONSULTING  
COMPENSATION SURVEYS AND COMPARATIVE STUDIES; THE COMPENSATION AMOUNT WAS  
INCORPORATED INTO A WRITTEN EMPLOYMENT AGREEMENT THAT WAS APPROVED BY THE  
BOARD OF TRUSTEES.

GOVERNANCE, MANAGEMENT AND DISCLOSURE

PART VI, SECTION C - QUESTION 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OR  
INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PUFFIN/NATION PRIZE FOR CREATIVE		140,618.	
RIDENHOUR PRIZE		134,258.	
INTERN PROGRAM		118,727.	
PUFFIN FOUNDATION WRITING FELLOWS		52,442.	
SENIOR FELLOWSHIP		55,320.	
BERNARD RAPOPORT - WASHINGTON SPE		55,422.	
WILLENS PEACE FELLOWSHIP		74,883.	
TOM DISPATCH		82,446.	
EVENTS		32,775.	
KNOBLER FELLOWSHIP		57,469.	
INTERNATION		38,714.	

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

ATTACHMENT 3 (CONT'D)FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
WOMEN'S STUDIES		40,000.	
HORTON FELLOWSHIP		22,500.	
DOCUMENTARY		5,383.	
JOHNSON HISS ORAL HISTORY		15,376.	
ROBERT MASUR CIVIL LIBERTIES FELLOWSHIP		2,314.	
MONDOWEISS		16,585.	
WIRE TAP		25,881.	
	TOTALS	<u>971,113.</u>	

ATTACHMENT 4FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST & DIVIDEND INCOME	114,817.			114,817.
TOTALS	<u>114,817.</u>			<u>114,817.</u>

ATTACHMENT 5FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
2008 DINNER EVENT (LA AND NY)	239,025.
TOTAL	<u>239,025.</u>

Name of the organization THE NATION INSTITUTE	Employer identification number 13-6216903
--	--

ATTACHMENT 6FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
2008 DINNER EVENT (LA AND NY)	48,924.	132,170.	-83,246.
TOTALS	<u>48,924.</u>	<u>132,170.</u>	<u>-83,246.</u>

ATTACHMENT 7FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	34,597.
TOTALS	<u>34,597.</u>

ATTACHMENT 8FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MUTUAL FUNDS	1,266,803.	FMV
EQUITIES	1,282,998.	FMV
FIXED INCOME	901,410.	FMV
TOTALS	<u>3,451,211.</u>	

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

ATTACHMENT 9

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
TAPE AND BOOK SALES	4,660.				857.		857.
TOTALS	<u>4,660.</u>				<u>857.</u>		<u>857.</u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print	Name of Exempt Organization THE NATION INSTITUTE	Employer identification number 13-6216903
	Number, street, and room or suite no. If a P O box, see instructions. 116 EAST 16TH ST 8TH FL.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10003	

**Check type of return to be filed (File a separate application for each return).**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  THE NATION INSTITUTE,  
Telephone No.  212 822-0250 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.

- I request an additional 3-month extension of time until 11/15/2010
- For calendar year 2009, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTFULLY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

<b>8a</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>8a</b>	\$
<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 and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

**ACCOUNTANTS AUTHORIZED TO SIGN RETURNS**

**AUG 09 2010**

Signature  Title  Date

CONDON O'MEARA MCGINTY & DONNELLY L  
ONE BATTERY PARK PLAZA  
NEW YORK, NY 10004-1405

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

▶ **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  **X**
- 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**

## 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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 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*.

Type or print	Name of Exempt Organization	Employer identification number
	THE NATION INSTITUTE	13-6216903
	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for filing your return See instructions	116 EAST 16TH ST 8TH FL.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	NEW YORK, NY 10003	

### Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ THE NATION INSTITUTE,

Telephone No. ▶ 212 822-0250 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶  calendar year 2009 or

▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

**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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.