



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

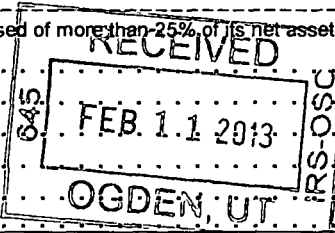
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE NATION INSTITUTE			D Employer identification number 13-6216903		
	Doing Business As			E Telephone number (212) 822-0250		
	Number and street (or P O box if mail is not delivered to street address)		Room/suite			
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10003			G Gross receipts \$ 3,429,330.		
F Name and address of principal officer JEFFREY KUSAMA-HINTE SAME AS ADDRESS ABOVE			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶			
J Website: ▶ WWW.NATIONINSTITUTE.ORG						
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation 1966		
M State of legal domicile NY						

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NATION INSTITUTE'S MISSION IS TO UNDERTAKE AND SUPPORT ACTIVITIES WITH AN EMPHASIS ON INDEPENDANT MEDIA, CIVIL LIBERTIES, SOCIAL JUSTICE AND PEACE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19.
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	10.
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,821,858.	Current Year 2,079,492.
	9 Program service revenue (Part VIII, line 2g)	31,633.	48,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	221,106.	149,364.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-36,032.	25,860.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,038,565.	2,302,716.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,413,309.	1,150,609.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	701,669.	888,072.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 272,108.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,078,021.	928,630.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,192,999.	2,967,311.
19 Revenue less expenses Subtract line 18 from line 12	-154,434.	-664,595.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,127,733.	End of Year 4,244,431.
	21 Total liabilities (Part X, line 26)	328,902.	198,095.
	22 Net assets or fund balances Subtract line 21 from line 20	4,798,831.	4,046,336.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>[Signature]</i>	Date 1/30/13
	Type or print name and title ANDREW BRESLAN PRESIDENT	
Preparer	Print/Type preparer's name JAMES J. REILLY	Preparer's signature <i>[Signature]</i>
	Firm's name ▶ CONDON O'MEARA MCGINTY & CONNELLY L	Date JAN 29 2013
	Firm's address ▶ ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1905	Check <input type="checkbox"/> if self-employed PTIN P00183769
Use Only	Firm's EIN ▶ 13-3628255	Phone no 212-661-7777

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

34

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission.

SEE SCHEDULE O

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 617,000. including grants of \$ 320,000.) (Revenue \$ 0)

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 \$ 318,000. including grants of \$ 0) (Revenue \$ 48,000.)

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 \$ 1,320,000. including grants of \$ 830,609.) (Revenue \$ 0)

THE INSTITUTE RUNS A 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)

(Expenses \$ 69,949. including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 2,324,949.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I.		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		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.		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a column for line numbers (1a, 1b, 2-9). Contains questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with 4 columns: Question, Yes, No, and a column for line numbers (10a-16b). Contains questions 10a through 16b regarding organizational policies on chapters, conflicts of interest, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed - CALIFORNIA & NEW YORK
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 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.
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 TEL: (212) 822-0250

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DAVID JONES CHAIR	3.00	X		X			0	0	0	
(2) CATHARINE STIMPSON VICE CHAIR	3.00	X		X			0	0	0	
(3) DOMNA STANTON SECRETARY	3.00	X		X			0	0	0	
(4) JEFFREY KUSAMA-HINTE TREASURER	3.00	X		X			0	0	0	
(5) RICHARD FOOS TRUSTEE	3.00	X					0	0	0	
(6) RON DANIELS TRUSTEE	3.00	X					0	0	0	
(7) NANCY DUNLAP TRUSTEE	3.00	X					0	0	0	
(8) PAULA GIDDINGS TRUSTEE	3.00	X					0	0	0	
(9) DANNY GOLDBERG TRUSTEE	3.00	X					0	0	0	
(10) VICTOR NAVASKY TRUSTEE	3.00	X					0	0	0	
(11) LISETTE NIEVES TRUSTEE	3.00	X					0	0	0	
(12) CYNTHIA RYAN TRUSTEE	3.00	X					0	0	0	
(13) HOWARD SHAPIRO TRUSTEE	3.00	X					0	0	0	
(14) ROSE STYRON 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
15) KATRINA VANDEN HEUVEL TRUSTEE	3.00	X					0	0	0	
16) DAVIS WEINSTOCK TRUSTEE	3.00	X					0	0	0	
17) MICHAEL RATNER TRUSTEE	3.00	X					0	0	0	
18) LORRAINE SHEINBERG TRUSTEE	3.00	X					0	0	0	
19) CURTIS R. SIMMONS TRUSTEE	3.00	X					0	0	0	
20) ANDREW C. BRESLAU PRESIDENT	40.00			X			189,318.	0	19,374.	
21) TAYA KITMAN EXECUTIVE DIRECTOR	40.00				X		107,457.	0	25,589.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							296,775.	0	44,963.	
d Total (add lines 1b and 1c)							296,775.	0	44,963.	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	269,651.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,809,841.			
	g	Noncash contributions included in lines 1a-1f \$					
h	Total. Add lines 1a-1f ▶		2,079,492.				
Program Service Revenue	2a	PROGRAM SERVICE FEES	Business Code				
	b		900099	48,000.	48,000.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		48,000.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		96,580.		96,580.	
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		86,707.		86,707.	
	6a	Gross rents	(i) Real				
			(ii) Personal				
				28,600.			
	b	Less rental expenses					
	c	Rental income or (loss)		28,600.			
	d	Net rental income or (loss) ▶		28,600.		28,600.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				1,014,105.			
b	Less: cost or other basis and sales expenses			961,321.			
c	Gain or (loss)		52,784.				
d	Net gain or (loss) ▶		52,784.		52,784.		
8a	Gross income from fundraising events (not including \$ 269,651. of contributions reported on line 1c) See Part IV, line 18 a		62,125.				
b	Less: direct expenses b		165,293.				
c	Net income or (loss) from fundraising events ▶		-103,168.			-103,168.	
9a	Gross income from gaming activities. See Part IV, line 19 a						
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities ▶		0				
10a	Gross sales of inventory, less returns and allowances a		13,721.				
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶		13,721.	13,721.			
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions ▶		2,302,716.	61,721.		161,503.	

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 response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	100,474.	100,474.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,025,435.	1,025,435.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	24,700.	24,700.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	208,692.	117,031.	44,515.	47,146.
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	496,807.	278,602.	105,969.	112,236.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,077.	8,455.	3,216.	3,406.
9 Other employee benefits	116,846.	65,526.	24,923.	26,397.
10 Payroll taxes	50,650.	28,404.	10,803.	11,443.
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	80,610.	59,292.	15,035.	6,283.
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	24,447.		24,447.	
g Other	116,893.	98,424.	11,776.	6,693.
12 Advertising and promotion	43,336.	39,101.	4,235.	
13 Office expenses	124,013.	66,172.	28,503.	29,338.
14 Information technology	19,636.	17,820.	1,816.	
15 Royalties	0			
16 Occupancy	211,591.	165,358.	30,447.	15,786.
17 Travel	38,440.	31,611.	2,125.	4,704.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	46,560.	42,942.	1,468.	2,150.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	25,557.		25,557.	
23 Insurance	41,713.	29,313.	9,294.	3,106.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>INTERNSHIPS</u>	66,730.	66,730.		
b <u>TAPE, CD PRODUCTION &</u>	18,894.	14,349.	1,125.	3,420.
c <u>BOOK PURCHASES</u>				
d <u>UNCOLLECTIBLE PLEDGES</u>	25,000.		25,000.	
e All other expenses	45,210.	45,210.		
25 Total functional expenses. Add lines 1 through 24e	2,967,311.	2,324,949.	370,254.	272,108.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	209,540.	1	353,128.
	2 Savings and temporary cash investments	944,624.	2	113,668.
	3 Pledges and grants receivable, net	772,750.	3	443,973.
	4 Accounts receivable, net	1,137.	4	15,886.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	22,295.	9	24,437.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 196,270.		
	b Less accumulated depreciation	10b 130,927.	10c 80,250.	65,343.
	11 Investments - publicly traded securities	3,049,477.	11	3,194,246.
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	47,660.	15	33,750.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,127,733.	16	4,244,431.	
Liabilities	17 Accounts payable and accrued expenses	213,562.	17	131,312.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	115,340.	25	66,783.
	26 Total liabilities. Add lines 17 through 25	328,902.	26	198,095.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,736,800.	27	1,372,084.
	28 Temporarily restricted net assets	3,062,031.	28	2,674,252.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,798,831.	33	4,046,336.	
34 Total liabilities and net assets/fund balances	5,127,733.	34	4,244,431.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,302,716.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,967,311.
3	Revenue less expenses. Subtract line 2 from line 1	3	-664,595.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,798,831.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-87,900.
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	4,046,336.

Part XII Financial Statements and Reporting

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

- 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 separate basis, consolidated 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
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

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 THE NATION INSTITUTE	Employer identification number 13-6216903
---	---

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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (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 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 U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (67.92%); 15 Public support percentage from 2010 Schedule A, Part II, line 14 (63.34%); 16a 33 1/3% support test - 2011 (checked); 16b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; 17b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a 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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar 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						
c 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 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.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
OTHER INCOME				18.		18.
TOTALS				<u>18.</u>		<u>18.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

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. Includes rows for total number, 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, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 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?

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?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with 6 columns: Description, (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AWARDS PAYABLE	50,000.
(3) DEFERRED RENT CONCESSION	12,783.
(4) SECURITY DEPOSIT	4,000.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	66,783.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (2,302,716). Line 2: Total expenses (2,967,311). Line 3: Excess or (deficit) for the year (-664,595). Line 4: Net unrealized gains (losses) on investments (-87,900). Line 9: Total adjustments (net) (-87,900). Line 10: Excess or (deficit) for the year per audited financial statements (-752,495).

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

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue, gains, and other support per audited financial statements (2,355,662). Line 2e: Add lines 2a through 2d (165,293). Line 3: Subtract line 2e from line 1 (2,190,369). Line 4c: Add lines 4a and 4b (112,347). Line 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) (2,302,716).

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

Table with 5 main rows for expense reconciliation. Line 1: Total expenses and losses per audited financial statements (3,108,157). Line 2e: Add lines 2a through 2d (165,293). Line 3: Subtract line 2e from line 1 (2,942,864). Line 4c: Add lines 4a and 4b (24,447). Line 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) (2,967,311).

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.

OTHER LIABILITIES

PART X - LINE 2

AS OF DECEMBER 31, 2011, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN INCOME TAX POSITIONS. THE INSTITUTE'S TAX RETURNS FOR 2008 AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE AUTHORITIES.

RECONCILIATION OF REVENUE

PART XII - LINES 2D & 4B

2D. DIRECT SPECIAL EVENT EXPENSES: 165,293.

4B. INVESTMENT MANAGEMENT FEES: 24,447.

4B. UNREALIZED LOSS ON INVESTMENTS: 87,900.

Part XIV Supplemental Information (continued)

RECONCILIATION OF EXPENSES

PART XIII - LINES 2D & 4B

2D. DIRECT SPECIAL EVENT EXPENSES: 165,293.

4B. INVESTMENT MANAGEMENT FEES: 24,447.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) RUSSIA/INDEPENDENT STATES			GRANTMAKING	FELLOWSHIPS & GRANTS	16,400.
(2) NORTH AMERICA			GRANTMAKING	FELLOWSHIPS & GRANTS	6,100.
(3) EUROPE			GRANTMAKING	FELLOWSHIPS & GRANTS	2,200.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					24,700.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					24,700.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIPS, GRANTS & STIPENDS	RUSSIA	1.	16,400.	WIRE			
(2) FELLOWSHIPS, GRANTS & STIPENDS	EUROPE/ICELAND/GREENLAND	1.	2,200.	CHECK			
(3) FELLOWSHIPS, GRANTS & STIPENDS	NORTH AMERICA	2.	6,100.	CHECK			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

SUPPLEMENTAL INFORMATION

PART I - LINE 2

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		DINNER (event type)	(event type)	(total number)	(add col (a) through col. (c))
Revenue	1	Gross receipts	331,776.		331,776.
	2	Less Charitable contributions	269,651.		269,651.
	3	Gross income (line 1 minus line 2).	62,125.		62,125.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	165,293.		165,293.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(165,293.)
11	Net income summary. Combine line 3, column (d), and line 10			-103,168.	

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))
		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				

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? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain. _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entry formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b 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 Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- 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
- 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 IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY SERVICE SOCIETY OF NEW YORK 105 E 22ND STREET NEW YORK, NY 10010	13-5562202	501(C)(3)	7,500.				RESEARCH & EDUCATION
(2)	JOHN JAY COLLEGE FOUNDATION, INC. 555 W 57 STREET NEW YORK, NY 10019	13-3683676	501(C)(3)	50,000.				FELLOWSHIPS & GRANT
(3)	JUST VISION, INC. 1616 P STREET NW WASHINGTON, DC 20036	20-4898729	501(C)(3)	10,000.				FELLOWSHIPS & GRANT
(4)	EVE ROSE ASSOCIATES, LTD 151 E 58TH ST NEW YORK, NY 10022			26,930.				FELLOWSHIPS & GRANT
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3

3 Enter total number of other organizations listed in the line 1 table 4

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2011)

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RESEARCH & EDUCATION GRANTS	64.	397,555.			
2 FELLOWSHIPS, GRANTS & STIPENDS	40.	627,880.			
3					
4					
5					
6					
7					

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

PART I - LINE 2

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

2011

**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 type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|---|
| <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 Regulations 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANDREW C. BRESLAU	(i) 189,318. (ii) 0	0 0	0 0	8,750. 0	10,624. 0	208,692. 0	0 0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 1

THE NATION INSTITUTE HAS A FUNDAMENTAL COMMITMENT TO THE VALUES OF FREE
SPEECH AND OPEN DISCLOSURE. THE INSTITUTE PLACES PARTICULAR IMPORTANCE ON
STRENGTHENING THE INDEPENDENT PRESS IN THE FACE OF AMERICA'S INCREASINGLY
CORPORATE-CONTROLLED FLOW OF INFORMATION, AND THROUGH ITS PROGRAMS THE
INSTITUTE PROMOTES PROGRESSIVE VALUES ON A VARIETY OF MEDIA PLATFORMS.
THE INSTITUTE SPONSORS A NUMBER OF PROJECTS INCLUDING CONFERENCES,
INVESTIGATIVE JOURNALISM, SEMINARS, TELEVISED TOWN HALL-STYLE MEETINGS,
E-MAIL AND WEB COMMUNICATIONS, BOOK PUBLISHING, FILM PRODUCTION,
FELLOWSHIPS AND INTERNSHIPS.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4D

OTHER PROGRAMS:

NATION BOOKS

NATION BOOKS IS ONE OF THE LEADING INDEPENDENT PUBLISHERS OF SERIOUS
NONFICTION IN AMERICA. DEDICATED TO CONTINUING THIS COUNTRY'S LONG
TRADITION OF PROGRESSIVE THOUGHT, OUR TITLES FOCUS ON CURRENT EVENTS AND
POLITICS, INTERNATIONAL RELATIONS, THE ENVIRONMENT, CORPORATE CRIME,
RELIGION, CULTURE, AND ECONOMICS. FOUNDED IN 2000, NATION BOOKS HAS
BECOME ONE OF THE MOST CRITICALLY ACCLAIMED IMPRINTS IN INDEPENDENT
PUBLISHING.

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

THE GOAL OF THE IMPRINT IS TO PRODUCE AUTHORITATIVE BOOKS BY LEADING WRITERS AND THINKERS THAT BREAK NEW GROUND AND SHED LIGHT ON CURRENT SOCIAL AND POLITICAL ISSUES. WE PUBLISH ESTABLISHED AUTHORS WHO ARE LEADERS IN THEIR AREA OF EXPERTISE, BUT ALSO ENDEAVOR TO CULTIVATE A NEW GENERATION OF EMERGING AND TALENTED JOURNALISTS. WITH EACH OF OUR BOOKS WE AIM TO IMPACT CULTURAL AND POLITICAL DISCOURSE, EDUCATE THE PUBLIC AND TO HELP AFFECT POSITIVE SOCIAL CHANGE.

THE INVESTIGATIVE FUND

THE INVESTIGATIVE FUND AT THE NATION INSTITUTE IS DEDICATED TO IMPROVING THE SCOPE AND OVERALL QUALITY OF INVESTIGATIVE REPORTING IN THE INDEPENDENT PRESS AND BEYOND. THE INVESTIGATIVE FUND INCUBATES AND SUPPORTS IMPORTANT INVESTIGATIVE STORIES THAT OTHERWISE MIGHT NOT BE DEVELOPED IN THE COMMERCIAL MEDIA. THERE IS AN EMPHASIS ON STORIES WITH THE POTENTIAL FOR SOCIAL IMPACT. THE INVESTIGATIVE FUND DOES THIS BY PROVIDING REPORTERS WITH EDITORIAL GUIDANCE, INSTITUTIONAL SUPPORT, AND GRANTS TO COVER THE RESEARCH COSTS ASSOCIATED WITH INVESTIGATIVE JOURNALISM.

THE JOURNALISM FELLOWSHIP PROGRAM

THE FELLOWSHIP PROGRAM WAS ESTABLISHED IN 1995 TO ENABLE AND SUPPORT PROMINENT JOURNALISTS TO WRITE ON COMPLEX SOCIAL AND POLITICAL ISSUES FACING AMERICA AND THE WORLD. OUR FELLOWS FORM A UNIQUE COMMUNITY OF

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

THINKERS AND WRITERS, AND ARE AMONG THE MOST ENERGETIC CONTRIBUTORS TO THE INTELLECTUAL LIFE OF THE COUNTRY. THEY WRITE ON TOPICS RANGING FROM LABOR AND SOCIAL JUSTICE TO INTERNATIONAL AFFAIRS AND NUCLEAR ISSUES, AND ARE PUBLISHED WIDELY IN MAGAZINES, NEWSPAPERS AND ONLINE. WE ALSO ENCOURAGE OUR FELLOWS TO PURSUE BOOK PROJECTS, WRITE OP-EDS AND APPEAR AS COMMENTATORS, CRITICS OR ANALYSTS ON RADIO AND TELEVISION.

TOMDISPATCH

TOM ENGELHARDT LAUNCHED TOMDISPATCH.COM IN NOVEMBER 2001 AS AN E-MAIL PUBLICATION OFFERING COMMENTARY AND COLLECTED ARTICLES FROM THE WORLD PRESS. IN DECEMBER 2002, IT GAINED ITS NAME, BECAME A PROJECT OF THE NATION INSTITUTE, AND WENT ONLINE AS "A REGULAR ANTIDOTE TO THE MAINSTREAM MEDIA."

THE RIDENHOUR PRIZES

THE ANNUAL RIDENHOUR PRIZES RECOGNIZE ACTS OF TRUTH-TELLING THAT PROTECT THE PUBLIC INTEREST, PROMOTE SOCIAL JUSTICE OR ILLUMINATE A MORE JUST VISION OF SOCIETY. THESE PRIZES MEMORIALIZE THE SPIRIT OF FEARLESS TRUTH-TELLING THAT WHISTLEBLOWER AND INVESTIGATIVE JOURNALIST RON RIDENHOUR REFLECTED THROUGHOUT HIS EXTRAORDINARY LIFE AND CAREER.

THE PUFFIN/NATION PRIZE FOR CREATIVE CITIZENSHIP

Name of the organization

THE NATION INSTITUTE

Employer identification number

13-6216903

FOUNDED IN 2001 BY THE PUFFIN FOUNDATION LTD. AND THE NATION INSTITUTE, THE PUFFIN/NATION PRIZE FOR CREATIVE CITIZENSHIP IS AN ANNUAL AWARD GIVEN TO AN INDIVIDUAL WHO HAS CHALLENGED THE STATUS QUO THROUGH DISTINCTIVE, COURAGEOUS, IMAGINATIVE AND SOCIALLY RESPONSIBLE WORK OF SIGNIFICANCE.

ROBERT MASUR FELLOWSHIP IN CIVIL LIBERTIES

THE ROBERT MASUR FELLOWSHIP COMPETITION IS OPEN TO FIRST-YEAR LAW STUDENTS WHO INTEND TO CARRY OUT SIGNIFICANT ACTIVITIES DURING THE SUMMER (IN BETWEEN THEIR FIRST AND SECOND YEAR) IN THE AREAS OF CIVIL RIGHTS AND/OR CIVIL LIBERTIES. PROPOSED ACTIVITIES MAY INCLUDE A WRITING OR RESEARCH PROJECT, WORK WITH A PUBLIC INTEREST ORGANIZATION IN THE AREAS OF CIVIL RIGHTS OR CIVIL LIBERTIES, WORK ON A CIVIL RIGHTS OR CIVIL LIBERTIES LAW CASE UNDER THE SUPERVISION OF A FACULTY MEMBER OR LAWYER, OR ANY OTHER WORK IN THE AREAS OF CIVIL RIGHTS OR CIVIL LIBERTIES.

INTERN PROGRAM

FOR MORE THAN THREE DECADES THE NATION INSTITUTE, HAS PROVIDED AN INTERNSHIP PROGRAM FOR COLLEGE STUDENTS AND RECENT GRADUATES INTERESTED IN MAGAZINE JOURNALISM AND PUBLISHING. INTERNS' PRIMARY RESPONSIBILITIES ARE FACT CHECKING AND RESEARCH. WE HAVE THREE INTERNSHIP SESSIONS PER YEAR IN WHICH WE OFFER SEVEN EDITORIAL INTERNSHIPS AND TWO WEB INTERNSHIPS IN NEW YORK, AS WELL AS ONE EDITORIAL INTERNSHIP IN WASHINGTON, DC.

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

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 6

THE NATION INSTITUTE WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.

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 B. - QUESTION 11B

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

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

RECONCILIATION OF NET ASSETS

PART XI - LINE 5

5. UNREALIZED LOSS ON INVESTMENTS: -87,900.

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

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

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

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

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

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

Type or print <small>File by the due date for filing your return See instructions</small>	Name of exempt organization or other filer, see instructions	<small>Employer identification number (EIN) or</small>
	THE NATION INSTITUTE	<input checked="" type="checkbox"/> 13-6216903
	Number, street, and room or suite no. If a P.O. box, see instructions	<small>Social security number (SSN)</small>
	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	

Enter filer's identifying number, see instructions

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2011 or

▶ tax year beginning _____, 20____, and ending _____, 20____

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

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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, 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.

- 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 <small>File by the due date for filing your return See instructions</small>	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions	
	THE NATION INSTITUTE	<input checked="" type="checkbox"/>	Employer identification number (EIN) or 13-6216903
	Number, street, and room or suite no. If a P O box, see instructions	<input type="checkbox"/>	Social security number (SSN)
	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		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an 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.

4 I request an additional 3-month extension of time until 11/15, 2012.

5 For calendar year 2011, or other tax year beginning _____, 20____, and ending _____, 20____

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

7 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 IN ORDER TO COMPLETE THE RETURN.**

8a 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	8a \$
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.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification must be completed for Part II only.

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

Signature _____ Title _____ Date **AUG 11 2012**

ACCOUNTANTS AUTHORIZED TO SIGN RETURNS