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# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Α	For the	2009 cal	endar year, or tax year beginning and ending		
В	Check if	DI	C Name of organization	D Employer identific	cation number
	applicabl	e Please use IRS	RADIO & TELEVISION NEWS DIRECTORS		
Г	Addre:		FOUNDATION		
$\vdash$	Name change	type	Doing Business As RADIO TELEVISION DIGITAL NEWS	38-1	860090
$\vdash$	Initial	See	Number and street (or P.O. box if mail is not delivered to street address) Room/su	<del></del>	
$\vdash$	Termir	Specific Instruc-	529 14TH STREET NW 425		)659-6510
$\vdash$	Ameno		City or town, state or country, and ZIP + 4	G Gross receipts \$	1,183,896.
$\vdash$	Applic	a-	WASHINGTON, DC 20045	H(a) Is this a group re	
	pendir		ne and address of principal officer ED ESPOSITO	for affiliates?	Yes X No
			E AS C ABOVE	H(b) Are all affiliates inc	
ī .	Tax exe		us X 501(c) ( 3	<del></del>   ' '	list (see instructions)
			W.RTDNF.ORG	H(c) Group exemptio	
					A State of legal domicile: DE
	art I	Summ		, a. o, lo	Totale of logar definions. 22
4	1	Briefly des	scribe the organization's mission or most significant activities SEE PART	III. LINE 1.	
S.Activitàs Elico Vernance		,	<u> </u>		<del></del>
	2	Check thi	s box large if the organization discontinued its operations or disposed of m	ore than 25% of its net as	ssets
ريج	3		f voting members of the governing body (Part VI, line 1a)	3	18
ğ	4		f independent voting members of the governing body (Part VI, line 1b)	4	18
S)	5		ber of employees (Part V, line 2a)	5	0
ŧ	6		ber of volunteers (estimate if necessary)	6	18
3	7a		s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
W.	ь	_	ated business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
d)	8	Contributi	ons and grants (Part VIII, line 1h)	1,399,202.	876,731.
Ž	9		service revenue (Part VIII, line 2g)	7	
Revenue	10	•	nt income (Part VIII, column (A), lines 3, 4, and 7d)	<69,323.	> <21,068.>
Œ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<109,530.	
	1		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,220,349.	783,911.
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)	52,380.	51,600.
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)		<u> </u>
ģ	15	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)	464,323.	420,644.
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)		
ĝ	b	Total fund	raising expenses (Part IX, column (D), line 25)		
ш	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11 24f) RECEIVED	994,099.	835,051.
	18	Total expe	enses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,510,802.	1,307,295.
	19	Revenue	oce expenses. Subtract line 19 from line 19	<290,453.	> <523,384.>
200	3		NOV 1 9 2010	Beginning of Current Year	End of Year
sets	20	Total asse	ets (Part X, line 16)	2,385,333.	1,926,624.
Net Assets or Fund Balances	21	Total liabi	ities (Part X, line 26) OGDEN, UT	276,658.	211,347.
		Net asset	s or fund balances Subtract line 21 from line 29	2,108,675.	1,715,277.
P	art II	Signa	ture Block		
		Under pena	Ities of perjury. I dectare that I have examined this return, including accompanying schedules and statemen te. Declaration of preparer (4ther than officer) is based on all information of which preparer has any knowled	its, and to the best of my knowled	ge and belief, it is true, correct,
			Vahille Dlis	. 1/11	/10
Sig	n	_	YWINCH SOC	'(''	/ 10
He	re	Sign	lature of officer	Date	
			THLEEN GRAHAM, EXECUTIVE DIRECTOR		
		Тур	e or print name and title		
Pai	d	Preparer's		Check if Self- Prepare	er's identifying number structions)
_	parer's	signature	VW 1 1 (644/1 11/11/10)	employed ▶	
	Only	Firm's name yours if	GELMAN, KOSENBERG & FREEDMAN	EIN ►	
USC	. Only	self-employ address, an	d 1990 HONIGOMERI AVE., BOITE 050 NOR.	гн	
_		ZIP + 4	BETHESDA, MARYLAND 20814-2930	Phone no 🕨 (	301) 951-9090
Ma	y the If	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No
932	001 02-0	4-10 LH	A For Privacy Act and Paperwork Reduction Act Notice, see the separate i	nstructions.	Form <b>990</b> (2009)

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
	TO PROMOTE THE DEVELOPMENT, DIFFUSION AND APPLICATION OF KNOWLEDGE TO
	THE ADVANCEMENT OF ALL FORMS OF ELECTRONIC JOURNALISM; TO PROMOTE,
	FOSTER AND STIMULATE THE STUDY OF ELECTRONIC JOURNALISM AND RESEARCH;
	TO FURNISH ENCOURAGEMENT, AID, GUIDANCE, SUPPORT AND FINANCIAL
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
	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 \$ 380,582. including grants of \$ 15,100.) (Revenue \$ )
	HIGH SCHOOL JOURNALISM: TO EDUCATE YOUNG PEOPLE ABOUT FIRST AMENDMENT
	PRINCIPLES AND VALUES, SUPPORT STUDENTS' EFFORTS TO PRACTICE GOOD
r	JOURNALISM AND ENHANCE OR START BROADCAST JOURNALISM AND ONLINE
	MULTIMEDIA PROGRAMS.
4b	(Code ) (Expenses \$ 191,034. including grants of \$ ) (Revenue \$ )
	GERMAN/AMERICAN JOURNALISM EXCHANGE: ENHANCE THE BACKGROUND AND
	UNDERSTANDING THAT JOURNALISTS FROM GERMANY AND THE U.S. HAVE FOR EACH
	OTHER'S CULTURE, POLITICS, ECONOMY, SOCIETY AND JOURNALISM PRACTICES.
4c	(Code ) (Expenses \$ 166,964. including grants of \$ ) (Revenue \$ )
	ETHICS AND EXCELLENCE IN JOURNALISM FOUNDATION (EEJF): TO PRESERVE
	ETHICAL JOURNALISM STANDARDS IN THE DIGITAL AGE. FAST CHANGING
	TECHNOLOGY BRINGS NEW WAYS OF TELLING STORIES AND CONNECTING WITH THE
	AUDIENCE, AND THUS BRINGS NEW CHALLENGES AND OPPORTUNITIES FOR
	ETHICAL JOURNALISM.
	Other average convece (Decembe in Schedule O.)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 393,632. including grants of \$ 36,500.) (Revenue \$ )  Total program service expenses ▶ \$ 1,132,212.
4e	LOTAL DEDUTATION SAFVICE AND DESCRIPTION 1 1 1 1 / / / 1 / /

Form 990 (2009) FOUNDATION 38-1860090 Page 3 Part IV | Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х 2 is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 N/A reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D. Part III Х 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV Х 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 X 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X Х as applicable 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total

Schedule D, Parts XI, XII, and XIII 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." completing Schedule D. Parts XI, XII, and XIII is optional 12A

Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X

Yes Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in

14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes." complete Schedule F. Part I

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18

1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

Part X, line 16? If "Yes," complete Schedule D, Part IX

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14a

14b

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No

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u>X</u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u>X</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	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	25a		<u>X</u>
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	25b		<u>X</u>
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	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		<u>X</u>
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		7,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	1	٦,	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			,,,
	If "Yes," complete Schedule R, Part V, line 2	35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		v	
o <del>-</del>	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		<sub>v</sub>	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	QQO /	<u>(</u> 2009)
		rorm	<b>ココ</b> U (	ZUU9)

Form	990 (2009) FOUNDATION 38-1860	090	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 21			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
_	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
c-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		_
oa	any contributions that were not tax deductible?	6-		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
-	provided to the payor?	7a	X_	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year? N/A	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?  N/A	9a_		
b	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	!		
10-	amounts due or received from them)  [11b]  Section 4947(a)(1) page exempt charitable trusts is the organization filing Form 990 in liquid Form 19413			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		<del> </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	Form	990	(2009)
		1 01111	555	(2003)

Form 990 (2009)

FOUNDATION

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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

Sec	tion A. Governing Body and Management							
		1 1 1	اء ء		Yes	No		
	Enter the number of voting members of the governing body	1a	18					
	Enter the number of voting members that are independent	1b	18					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any o	ther					
	officer, director, trustee, or key employee?			_2_		_X_		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct sup	ervision					
	of officers, directors or trustees, or key employees to a management company or other person?			3_	_X			
4	Did the organization make any significant changes to its organizational documents since the prior Fo		filed?	4		<u>X</u>		
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?	!	5		X		
6	Does the organization have members or stockholders?			6		<u>X</u>		
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the	e	_		37		
	governing body?			7a		X		
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7b  Did the assessment of the governing body subject the meetings held as written gettings up detailed during the uses.								
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the y	ear					
	by the following			_	7.7			
	The governing body?			8a 8b	X			
	b Each committee with authority to act on behalf of the governing body?							
9	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			9		Х		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Cod	<u>e)</u>					
٠	Deep the average stop have lead shorters bronches as officiated?		ı	40	Yes	No		
	Does the organization have local chapters, branches, or affiliates?		¥1	10a		Х		
D	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapters, at	rillates,	401				
	and branches to ensure their operations are consistent with those of the organization?	lina tha farm	-0	10b	7			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	lling the form	1'	11_	X			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Does the organization have a written conflict of interest policy? If "No," go to line 13			40	v			
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ماط مستم تنمم	1	12a	X			
D	to conflicts?	Jia give rise	,	10h	Х			
_	to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
·	in Schedule O how this is done	res, descr	De	12c	х			
13	Does the organization have a written whistleblower policy?			13	X			
14	Does the organization have a written document retention and destruction policy?			<del></del> 14	X			
15	Did the process for determining compensation of the following persons include a review and approva	al hy indene	ndent		25			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		don					
а	The organization's CEO, Executive Director, or top management official			15a		Х		
	Other officers or key employees of the organization			15b		X		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			100				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a						
_	taxable entity during the year?		,	16a		Х		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	lluate its par	ticipation					
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	•						
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T	Г (501(c)(3)s	only) available	for				
	public inspection. Indicate how you make 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 makes its governing documents, c	onflict of int	erest policy, ar	nd fina	incial			
	statements available to the public		•					
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records o	of the organizat	ion 🕨	<b>-</b>			
	<u>KATHLEEN GRAHAM - (202) 659-6510</u>							
	529 14TH STREET NW, WASHINGTON, DC 20045							
				Form	990	2009		

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# 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

X Check this box if the organization did not	compensate ar	у си	ırren	t off	icer	, dire	cto	r, or trustee		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per	草						from	from related	other
	week	dre				e l		the	organizations	compensation
		stee 0	ustee			ensal		organization (W-2/1099-MISC)	(W 2/1099-MISC)	from the organization
		al tru:	naf tı		loyee	Comp		(** 27 1033 141100)		and related
		ndividual trustee or director	nstitutional trustee	Officer	кеу етріоуве	Highest compensated employee	Former			organizations
		=	=	5	5	主 5	2			
ED ESPOSITO CHAIRMAN	2 00	x		<b>.</b>					0	_
	2.00	Α.	<u> </u>	Х		-		0.	0.	0.
MIKE CAVENDER TREASURER	2.00	v	l	X				0.	0.	0
BOB PRIDDY	2.00	^		Δ	├	+		U •	<u></u>	0.
DIRECTOR	2.00	v						0.	0.	0.
KATHY WALKER	2.00	^		<del>                                     </del>	<del> </del>		_		0.	<u></u>
DIRECTOR	2.00	x						0.	0.	0.
PEGGY PHILLIP	2.00		ļ			_		0.		<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
KEVIN BENZ	2,00									
DIRECTOR	2.00	X			1			0.	0.	1,000.
VINCENT DUFFY					<u> </u>					
DIRECTOR	2.00	X						0.	0.	0.
RANDY BELL										
DIRECTOR	2.00	X	<u> </u>	<u> </u>				0.	0.	0.
ANDREW VREES										
DIRECTOR	2.00	X		ļ .				0.	0.	0.
LANE BEAUCHAMP			ļ	ļ	ļ					
DIRECTOR	2.00	X	<u> </u>	<u> </u>	L.,	<u> </u>		0.	0.	0.
CHRIS CARL					j					
DIRECTOR	2.00	X	<u> </u>		<u> </u>	ļ		0.	0.	0.
STEVE SCHWAID			Ì	ļ						
DIRECTOR	2.00	X		<u> </u>		_		0.	0.	0.
TERRY SCOTT		l								
DIRECTOR	2.00	X	<u> </u>		<u> </u>	$\vdash$	-	0.	0.	0.
JANICE S. GIN	0.00			}						
DIRECTOR	2.00	X	ļ		-		_	0.	0.	0.
ED TOBIAS	2 00	١,,								_
DIRECTOR	2.00	IX.	-	-	-			0.	0.	0.
DAVID LOUIE	2 00	7		1				_	_	_
DIRECTOR DAN SHELLEY	2.00	A	$\vdash$	┼	$\vdash$	$\vdash$	_	0.	0.	0.
	2 00	<b>.</b>								
DIRECTOR	2.00	<u> </u>			Ц.,			0.	0.	0.

932007 02-04-10

Form 990 (2009)

(A)	(B)			(0	•			(D)	(E)	T		(F)	
Name and title	Average	/.		Posi			L A	Reportable	Reportable			timate	
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated abloyee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS6		comp fro orga and	ount other oensa om th anizat I relat nizati	tion e ion ed
CISSY BAKER DIRECTOR	2.00	х						0.		0.			0.
BARBARA COCHRAN PRESIDENT	2.00			x				0.	173,26	a l	1 (	0,1	62
KATHLEEN GRAHAM EXECUTIVE DIRECTOR	40.00			х				0.	134,16			4,9	
JANE NASSIRI VP OF FINANCE & ADMIN.	40.00			х				0.	137,76			<del></del> 5,6	
	,									-			
		-											
1b Total		·				▶		0.	445,19		5	1,7	48.
<ul> <li>Total number of individuals (including but necessarian from the organization</li> </ul>	not limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	),000 in reportable	9			(
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y em	olqr	yee,	or I	highest compensated er	nployee on		3		Х
4 For any individual listed on line 1a, is the su	um of reportab	le c							the organization			٠	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>									ices rendered to	}	4	X	
the organization? If "Yes," complete Sched											5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	mneneated in	den	onde	ent c	ont	racto	ore i	that received more than	\$100,000 of com	none	ation f	rom	
the organization	mperioacea in	чер	Citac	<i></i>	,0110	14011	515	That received more than	Ψ100,000 OI COIII	pens	ation	10111	
Name and business		~~	~~:					(B) Description of s		С	(C ompe		n
RADIO TELEVISION DIGITAL NEWS ASSOCIATION, ADMINISTRATIVE 529 14TH STREET NW # 425, WASHINGTON, DC SERVICE									794,312				
									I				
		·									_		

RADIO & TELEVISION NEWS DIRECTORS

			OATION_				38-1860	090 Page <b>9</b>
Ра	rt VII	I Statement of Reve	nue	·				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts str	1 a	Federated campaigns	1a					
ga	b	Membership dues-	1b					
ts,		Fundraising events	1c	212,990.				
ig j		Related organizations	1d					
Suns	_	Government grants (contribu	· —					
E E	f	All other contributions, gifts, gran similar amounts not included abo	1 1	663,741.				
Contributions, gifts, grants and other similar amounts		Noncash contributions included in lines		003,741.				
SE	_	Total. Add lines 1a-1f	3 1a-11		876,731.			
			1	Business Code				
8	2 a							
er v	b							
n S	С			1				
Re	d							
Program Service Revenue	e	All other program converses						
_		All other program service reverse Total. Add lines 2a 2f	enue		<del></del>			
-	3	Investment income (including	dividends, inter	est, and				
1	•	other similar amounts)	,	<b>▶</b>	45,898.			45,898.
	4	Income from investment of ta	ax exempt bond	proceeds <b>&gt;</b>				
	5	Royalties						
			(ı) Real	(ıı) Personal				
		Gross Rents						
		Less rental expenses		<del></del>				
		Rental income or (loss)  Net rental income or (loss)		<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other			<del></del>	
	, a	assets other than inventory	207057					
	b	Less cost or other basis						
		and sales expenses	274023	•				
	С	Gain or (loss)	<66966	.>				
	d	Net gain or (loss)		<b>_</b>	<66,966.	>		<66,966.>
<u>و</u> ا	8 a	Gross income from fundraisin						
Other Revenue		including \$ 212,5						
Be		contributions reported on line Part IV, line 18	,	54,210.				
her	h	Less direct expenses	a k					
ō		Net income or (loss) from fun	_	<u> </u>	<71,752.	<b>&gt;</b>		<71,752.>
		Gross income from gaming a	-		<u> </u>			(/2//320)
		Part IV, line 19	a	ı [				
	b	Less direct expenses	t	, [				
-		Net income or (loss) from gan	<del>-</del>	<b>&gt;</b>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	ā					
i		Less cost of goods sold  Net income or (loss) from sale	t as of inventors	,				
l	C	Miscellaneous Revenu		Business Code	······································			
Ļ	11 a			Dusiness Code				
	b							
	С							
	d	• 11 • 11						
	е	Total. Add lines 11a-11d		<b>&gt;</b> \				
93300	12	Total revenue See instructions		<b>&gt;</b>	783,911.	0.	0.	<del></del>
93200 02-04	- 10							Form <b>990</b> (2009)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15,100.	15,100.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	36,500.	36,500.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,000.	1,000.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	419,644.	339,008.	80,636.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	162 265	406 405	06.000	
а	Management	163,365.	136,487.	26,878.	
b	· ·	1,271.		1,271.	
C	Ŭ .	6,309.		6,309.	
C	, ,				
f					
ç	Other	347,417.	315,446.	31,971.	
12	Advertising and promotion	2,925.	2,925.	- 15 000	
13	Office expenses	80,662.	63,629.	17,033.	
14	Information technology				
15	Royalties	1,000.	1,000.		
16	Occupancy	5,412.	5,412.		
17	Travel	166,816.	159,897.	6,919.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<del></del>
20	Interest				
21	Payments to affiliates	1 222		1 222	
22	Depreciation, depletion, and amortization	1,333.		1,333.	
23 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 )				
á	FOOD/BEVERAGE	54,018.	52,629.	1,389.	
Ł	STAFF DEVELOPMENT	3,287.	2,888.	399.	
(	BUSINESS TAXES	945.		945.	
	ADMINISTRATIVE SERVICES	278.	278.		
6	MISCELLANEOUS	13.	13.		
1	All other expenses				
25	Total functional expenses Add lines 1 through 24f	1,307,295.	1,132,212.	175,083.	0
26	Joint costs Check here   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				

FOUNDATION

Part X Balance Sheet (A) (B) Beginning of year End of year 70,990. Cash - non-interest bearing 1 607,516. 2 Savings and temporary cash investments 2 399,919. 696,017. 261,752. 3 3 Pledges and grants receivable, net 52,540. 49,358. 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule I Receivables from other disqualified persons (as defined under section 6 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 26,229. 19,816. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 4,000. basis Complete Part VI of Schedule D 10a 1,667. 3,667. 2,333. b Less accumulated depreciation 10b 10c 974,010. Investments - publicly traded securities 11 1,051,735. 11 19,012. 22,846. 12 Investments other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 6,342. 47,875. 15 Other assets See Part IV, line 11 15 2,385,333 1,926,624. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 70,736. 69,601. Accounts payable and accrued expenses 17 17 18 18 Grants payable 78,850. 33,625. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 127,072. 108,121. 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 276,658. 26 211,347. Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 284,382. 482,469. Unrestricted net assets 27 729,841. <u>949,087.</u> 28 Temporarily restricted net assets 28 875,206. 502,967. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,715,277. Total net assets or fund balances 2,108,675. 33 385, 333. 1,926,624. 34 Total liabilities and net assets/fund balances

Form 990 (2009)

### RADIO & TELEVISION NEWS DIRECTORS

FOUNDATION

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Part XI | Financial Statements and Reporting Yes No X Accrual Other Accounting method used to prepare the Form 990 Cash 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? 2a b Were the organization's financial statements audited by an independent accountant? 2b Х c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X 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 Consolidated basis X Both consolidated and separate basis 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 X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

38-1860090 Page **12** 

3b

Form **990** (2009)

Form 990 (2009)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of	the organizati	on RADIO &	TELEVISION	NEWS	DIREC	TORS		E	mployer ic	dentification	on nui	mber
		FOUNDAT							38	-1860	<u>090</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	) See inst	ructions				
he orga	inization is not a	private foundation	because it is (For lines 1	I through 1	11, check (	only one b	ox)					
1	A church, cor	nvention of churches	s, or association of chur	ches desci	ribed in <mark>se</mark>	ction 170	(b)(1)(A)(ı)	•				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described i	ın section	170(b)(1)(	A)(iii).					
4	A medical res	earch organization of	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(i	ii). Enter th	e hospital'	s nam	e,
	city, and stat	e					<u></u> .				_	
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental un	it described	d in		
	section 170	(b)(1)(A)(ıv). (Comple	ete Part II)									
6	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	)(A)(v).					
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(	b)(1)(A)(vi). (Comple	te Part II)									
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9	An organizati	on that normally rec	eives (1) more than 33 <sup>-</sup>	1/3% of its	support fi	rom contri	butions, m	embersh	ip fees, and	d gross rec	eipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	s support fr	rom gross i	invest	ment
	income and ι	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	anization af	ter June 30	0, 197	5
	See section	<b>509(a)(2).</b> (Complete	Part III)									
10 🖳	An organizati	on organized and or	perated exclusively to te	st for publi	c safety S	See <mark>sect</mark> io	n 509(a)(4	<b>i).</b>				
11 📖	An organizati	on organized and or	perated exclusively for the	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	ry out the p	ourposes of	f one (	or
	more publicly	supported organiza	itions described in secti	on 509(a)(1	1) or section	on 509(a)(2	) See sec	tion 509(	(a)(3). Chec	k the box	that	
		· ·	organization and compl		_							
	ູ a ∐l Type ເ	b	_ Type ۱۱	тур.	e III Func	tıon <u>a</u> lly ınt	egrated		d	Type III - C	ther	
е 🖳	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	more dis	qualified p	ersons oth	er tha	n
		=	han one or more publicly		-				9(a)(1) or se	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
		rganization, check th										L
g	_		organization accepted ar			•				ſ		
		•	irectly controls, either al	one or tog	ether with	persons o	lescribed i	n (II) and	(III) below,		Yes	No
	=	* -	upported organization?							11g(ı)		
	• • • •	·	n described in (i) above?		•					11g(II)		
		•	person described in (i)							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
			(iii) Type of	k la tha a		(v) Ord vo		(vi) l	c the			
	ne of supported	(II) EIN	organization	in col (1) lis	organization sted in your	ornanizat	ing in col	jorganizati	ion in col.	(vii) Am		f
Oi	ganization		(described on lines 1-9	governing	document?	(i) of your	support?	(i) organi U S	zed in the   S ?	supp	)011	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				1								
			· · · · · · · · · · · · · · · · · · ·	-								
										•		
				<u> </u>		<u></u>						
Total												

932021 02-08-10

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION

38-1860090 Page 2

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 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 876,731, 1,399,202. 7 738 235. 1.551.884 1 503 208 2.407.210. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 876,731. 4 Total. Add lines 1 through 3 1,551,884 1,503,208 2,407,210, 1,399,202 7,738,235. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 1,611,007. 6 Public support. Subtract line 5 from line 4 6 127 228. Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (e) 2009 (b) 2006 (c) 2007 876,731. 7 Amounts from line 4 1,551,884. 1,503,208, 2,407,210 1,399,202 7,738,235. Gross income from interest. dividends, payments received on securities loans, rents, royalties 133,685. 70,375. 64,375. 67,767. 45,898. 382,100. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 8,120,335. 102,210. 12 Gross receipts from related activities, etc. (see instructions) 12 13 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 75.46 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 65.22 15 Public support percentage from 2008 Schedule A. Part II. line 14 15 16a 33 1/3% support test - 2009. 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  $\triangleright [X]$ b 33 1/3% support test - 2008. 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 17a 10% -facts-and-circumstances test - 2009. 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 b 10% -facts-and-circumstances test - 2008. 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

Schedule A (Form 990 or 990-EZ) 2009

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Par	t III   Support Schedule for C	Organizations	Described in	Section 509(a	)(2) (Complete only	of you checked the h	ov on line Q of Part I \
Sec	tion A. Public Support				71-7 (Complete only	ii you checkeu the b	OX OIT HITE 5 OF F BIT I.)
Caler	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not					-	
ı	nclude any "unusual grants ")						
1 1	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						
ä	Gross receipts from activities that are not an unrelated trade or bus- ness under section 513						
ı	Tax revenues levied for the organ- zation's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
1	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						
	Public support (Subtract line 7c from line 6) tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar sources						
;	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
;	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>			<u></u>
	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	ra, tourth, or fifth t	ax year as a section	on 501(c)(3) organı	zation,
	check this box and stop here	L'a Carraga Da			<del></del>		
	tion C. Computation of Publ						
	Public support percentage for 2009 (		•	column (f))		15	<u>%</u>
	Public support percentage from 2008	·	<del></del>			16	%
	tion D. Computation of Inve		<del></del>				
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2009. If the	-				·	17 is not
	more than 33 1/3%, check this box a	•	•				▶□
	<b>33 1/3% support tests - 2008.</b> If the line 18 is not more than 33 1/3%, che	-				•	
	Private foundation. If the organization					_	
			,				90 or 990-EZ) 2009

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

RADIO & TELEVISION NEWS DIRECTORS

Employer identification number

	FOUNDATION	38-1860090				
Pai		ed Funds or Other Similar Fund				
_	organization answered "Yes" to Form 990, Part IV, lin	ne 6				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds			
	are the organization's property, subject to the organization's		Yes No			
6	Did the organization inform all grantees, donors, and donor a		e used only			
	for charitable purposes and not for the benefit of the donor		•			
	impermissible private benefit?	_	Yes No			
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,				
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or		storically important land area			
	Protection of natural habitat		rtified historic structure			
	Preservation of open space	<del></del>				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last			
_	day of the tax year					
	,		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	·	2d			
3	Number of conservation easements modified, transferred, re		ne organization during the tax			
	year <b>&gt;</b>	,				
4	Number of states where property subject to conservation ea	asement is located >				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements	it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year ▶			
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(ı)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	se statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for			
	conservation easements	· · · · · · · · · · · · · · · · · · ·				
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or (	Other Similar Assets.			
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide, in Part XIV, the text of			
	the footnote to its financial statements that describes these	items				
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,			
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	ce, provide the following amounts relating to			
	these items					
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$			
	(ii) Assets included in Form 990, Part X		► \$ ► \$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ				
	the following amounts required to be reported under SFAS	116 relating to these items				
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$			
b	Assets included in Form 990, Part X		► \$ ► \$			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  $^{932051}_{02\cdot01\text{-}10}$ 

Schedule D (Form 990) 2009

## RADIO & TELEVISION NEWS DIRECTORS

	dule D (Form 990) 2009 FOUNDAT					860090 Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Art, Hi	istorical Tre	asures, or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, accession	on, and other records, che	eck any of the fo	ollowing that are a	ı sıgnıfıcant use of ıt	s collection items
	(check all that apply)					
а	Public exhibition	d 🗀	Loan or exch	ange programs		
b	Scholarly research	е 🗀	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	illections and explain how	they further the	e organization's e	xempt purpose in Pa	art XIV
5	During the year, did the organization solicit or	receive donations of art,	historical treasi	ures, or other simi	lar assets	
	to be sold to raise funds rather than to be ma	untained as part of the org	ganization's coll	lection?		Yes No
Par	t IV Escrow and Custodial Arrang	<b>gements.</b> Complete if o	organization ans	swered "Yes" to F	orm 990, Part IV, lin	e 9, or
	reported an amount on Form 990, Par	t X, line 21				
1a	is the organization an agent, trustee, custodi	an or other intermediary f	or contributions	or other assets n	ot included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the followin	ng table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				_1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?				Yes No
b_	If "Yes," explain the arrangement in Part XIV					
Par	t V Endowment Funds. Complete it	the organization answere	ed "Yes" to Forr	n 990, Part IV, line	e 10	
			<del></del>	(c) Two years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance		018075.			
b	Contributions	2,102.	600.			
С	Net investment earnings, gains, and losses	89,279. <1	.98,281.	<u> </u>		
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs	139,477.	31,183.			
f	Administrative expenses					
g	End of year balance		89,211.			
2	Provide the estimated percentage of the year					
а	Board designated or quasi-endowment	<u>&lt;5.00&gt;</u> %				
b	Permanent endowment ► 67.00	%				
С		%				
За	Are there endowment funds not in the posse	ssion of the organization	that are held an	d administered fo	r the organization	
	by					Yes No
	(i) unrelated organizations					3a(i) X
	(II) related organizations					3а(п) Х
þ	If "Yes" to 3a(II), are the related organizations	•				3b
4	Describe in Part XIV the intended uses of the					
Par	t VI Investments - Land, Building		·			<del></del>
	Description of investment	(a) Cost or other	(b) Cost of	1	Accumulated	(d) Book value
		basis (investment)	basis (d	otner) c	depreciation	
	Land					
	Buildings					
_	Leasehold improvements					
d	Equipment			4,000.	1,667.	2,333.
	Other					0.
Tota	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, co	olumn (B), line 10	D(c) )	<b>&gt;</b>	<u>2,333.</u>
					Cahadu	la D (Form 990) 2009

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	ノエマレ	T T	_ `	-

38-1860090 Page 3

Part VII Investments - Other Securities.		<del></del>	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method ( Cost or end-of-ye	
Financial derivatives			
Closely-held equity interests			
Other			
Total (Col (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
(a) bescription of investment type	(b) Book value	Cost or end-of-ye	ear market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)	>		
Part IX Other Assets. See Form 990, Part X,	line 15		
	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B)			<b>&gt;</b>
Part X Other Liabilities. See Form 990, Par			
1 (a) Description of liability	(b	) Amount	
Federal income taxes			
DUE TO RTDNA		108,121.	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25 ) ▶	108,121.	
2. FIN 48 Footnote In Part XIV, provide the text of the			the organization's liability for
uncertain tax positions under FIN 48			
932053 02-01-10			Schedule D (Form 990) 2009
	~ ~		

Sche	dule D (Form 990) 2009 FOUNDATION	ECT	UKS		38-3	1860090	Page 4
_	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Financial S	State	ment	:S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			783,	911.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			1,307,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			<523,	384.
4	Net unrealized gains (losses) on investments		4			129,	986.
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				986.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10_			<393,	<u> 398.</u> :
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue p	er R	eturn		
1	Total revenue, gains, and other support per audited financial statements				1	1,106,	<u>576.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1				
а	Net unrealized gains on investments	2a	129,9				
b	Donated services and use of facilities	2b	66,7	<u> 17.</u>			
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d	125,9	<u>62.</u>			
е	Add lines 2a through 2d				2e	322,	665.
3	Subtract line 2e from line 1				3	783,	911.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		ı				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			]		
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				4c		0.
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	783	911.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	Nith Expenses	per	Retu		<del></del>
1	Total expenses and losses per audited financial statements				1	1,499	974.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-	_			
а	Donated services and use of facilities	2a	66,7	<u> 17.</u>	]		
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV)	2d	125,9	62.			
е	Add lines 2a through 2d				2e		<u>.679.</u>
3	Subtract line 2e from line 1				3	1,307	<u> 295.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b			]		
С	Add lines 4a and 4b				4c		0.
_ 5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<del></del>			5_	1,307	<u>,295.</u>
Pa	rt XIV Supplemental Information						<del> </del>
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	, lınes	1a and 4, Part IV, I	ınes 1	b and	2b, Part V, line	4, Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	lete th	is part to provide a	ny ad	ditiona	Information	
PA	RT V, LINE 4: THE ORGANIZATION HAS A POLICY	OF	' APPROPRI	ATI	NG	FOR	
DI	STRIBUTION EACH YEAR AMOUNTS TO SUPPORT THE	<u>s</u> sc	CHOLARSHIP	/FE	:LLO	WSHIP	
EN.	DOWMENTS AND THE GENERAL OPERATING ENDOWMEN	IT.	INTEREST	ANI	DI.	VIDEND	
RE	VENUE FROM THE SCHOLARSHIP/FELLOWSHIP FUNDS	SIS	USED EXC	LUS	IVE	LY TO	
SU.	PPORT THE ANNUAL SCHOLARSHIPS AND FELLOWSH	[PS	AND RELAT	'ED	TRA	VEL COS	rs.
$\overline{1N}$	TEREST AND DIVIDEND REVENUE FROM THE GENERA	AL C	PERATING	ENI	MWOO	ENT IS I	JSED_
TO	SUPPORT ANNUAL GENERAL FUND AND PROGRAM EX	KPEN	ISES.				

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)
PART X: THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC
740-10, INCOME TAXES, PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN
INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2009, RTDNF HAS DOCUMENTED
ITS CONSIDERATION OF (FASB) ASC 740-10 AND DETERMINED THAT NO MATERIAL
UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN
THE FINANCIAL STATEMENTS.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES SHOWN AS EXPENSE ON THE FINANCIAL
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII,
LINE 8B
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES SHOWN AS EXPENSE ON THE FINANCIAL
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII,
LINE 8B

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

**Supplemental Information Regarding Fundraising or Gaming Activities** 

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

RADIO & TELEVISION NEWS DIRECTORS FOUNDATION

Employer identification number

38-<u>1</u>860090 Fundraising Activities, Complete if the organization answered "Yes" to Form 990. Part IV, line 17 Form 990-EZ filers are not

required to complete this part	John protest the organization and					
1 Indicate whether the organization raise	d funds through any of the follo	wing acti	vities	Check all that apply		
a Mail solicitations	e Solici	tation of	non g	overnment grants		
b Internet and email solicitations	f Solici	tation of	gover	nment grants		
c Phone solicitations		ial fundra				
d In-person solicitations			J			
2 a Did the organization have a written or	oral agreement with any individu	ual (includ	ding o	fficers, directors, trus	stees or	
key employees listed in Form 990, Par			_			☐ No
b If "Yes," list the ten highest paid indivi						be
compensated at least \$5,000 by the o						
		1				
(ı) Name of ındıvıdual		(III) fundr have c	Did	(IV) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(II) Activity	have con	ustody trol of	from activity	fundraiser	to (or retained by)
, ,		contrib	utions?		listed in col (i)	organization
		Yes	No			
		-	ļ			
					•	
					L	
Гоtal		<b>&gt;</b>				
3 List all states in which the organization	is registered or licensed to solid	cit funds	or has	been notified it is ex	empt from registrati	on or licensing
	······································					

932081 02-03-10

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

Schedule G (Form 990 or 990-EZ) 2009

FOUNDATION 38-1860090 Page 2 Schedule G (Form 990 or 990-EZ) 2009 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 (b) Event #2 (c) Other events (a) Event #1 (d) Total events 1ST AMEND. NONE (add col (a) through DINNER col (c)) (event type) (event type) (total number) 267,200 267,200. Gross receipts 212,990. 212,990. 2 Less Charitable contributions 54,210 54,210. Gross income (line 1 minus line 2) Cash prizes Noncash prizes 5 Direct Expenses Rent/facility costs 6 65,581 65,581. 7 Food and beverages Entertainment 8 60,381 60,381. Other direct expenses 125,962; 10 Direct expense summary Add lines 4 through 9 in column (d) <71,752 11 Net income summary Combine line 3, column (d), and line 10 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 (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor 6 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 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 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

932082 02-03-10

administer charitable gaming?

### RADIO & TELEVISION NEWS DIRECTORS

Schedule G (Form 990 or 990-EZ) 2009 FOUNDATION	38-18	<u>60090</u>	<u>) Pa</u>	ige 3
			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	3a 9	6		
b An outside facility	3b 9	6		
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	d records			
		1 1		
Name				
Address ▶		.		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ne,	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and t	he amount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party				
Name ▶				
Address		.		
46. Coming manager information				
16 Gaming manager information				
Name		_		
Gaming manager compensation > \$				
Description of services provided				
		.		
		.		
Director/officer Employee Independent contractor				ļ
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?		17a		<del> </del>
b Enter the amount of distributions required under state law to be distributed to other exempt organizations o	r spent in the			
organization's own exempt activities during the tax year ▶ \$				<u> </u>

Schedule G (Form 990 or 990-EZ) 200

SCHEDULE I (Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	, es		2009 2009	45-0047
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	n answered "Yes" on Fo ▼ Attach to Form 990.	on Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection	Public . tion
Name of the organization	RADIO &	TELEVISION	NEWS DIRECTORS	TORS			Ш	Employer identification number 38-1860090	n number 0090
Part   General In	General Information on Grants and Assistance	Assistance							
1 Does the organiz	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	ubstantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selection		(
	criteria used to award the grants or assistance?	1ce2	,	:				X Yes	N
낋	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for monit	oring the use of grant	funds in the United	States				
Part II Grants an	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	vernments and	Organizations in the	United States. C	omplete if the orga	inization answered "Y	es" to Form 990, Part IV	V, line 21, for any	[:
recipient tl	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	300 Check this	box if no one recipien	it received more th	an \$5,000 Use Pa	rt IV and Schedule I:1	(Form 990) if additiona	I space is needed	×
<b>1 (a)</b> Name and ac or gov	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	(r) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
	Enter total number of section 501(c)(3) and government organizations	government org	Janizations					<b>A</b> A	
3 Enter total numb	Enter total number of other organizations							•	
HA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instr	on Act Notice,	see the Instructions f	uctions for Form 990.				Schedule I (Form 990) 2009	990) 2009

Page 2

38-1860090

FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) LINE 2: EACH PARTICIPANT COMPLETES AN APPLICATION BASED THE SCHOOLS Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information THE APPLICATIONS AND SUBMISSIONS ARE REVIEWED BY ON THE AWARD THEY ARE APPLYING FOR AND SUBMITS IT TO RTNDF ALONG WITH AN THEN SEND OVER ENROLLMENT AND GRADES FOR BOTH SEMESTERS TO ENSURE THE CURRENT AND FORMER BOARD MEMBERS. (d) Amount of non cash assistance 36,500 (c) Amount of cash grant 31 (b) Number of recipients IN GOOD ACADEMIC STANDING PANEL OF JUDGES CONSISTING OF (a) Type of grant or assistance THEIR WORK. PART I, SCHEDULE I, OF. STUDENT IS SCHOLARSHIPS EXAMPLE

Schedule I (Form 990) 2009

### SCHEDULE J (Form 990)

### 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.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions. RADIO & TELEVISION NEWS DIRECTORS

FOUNDATION

Employer identification number 38-1860090

OMB No. 1545-0047

Inspection

Part I **Questions Regarding Compensation** No ta 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity based compensation arrangement? 4c 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. 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? 5a Х b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III 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? Х 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 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 7 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ınıtıal contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2009

Regulations section 53 4958-6(c)?

FOUNDATION

Schedule J (Form 990) 2009

38-1860090

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name	(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	(i) 0.	0	0	0	0.	0	0
BARBARA COCHRAN	173,26		0	6,027.	4,135.	183,43	0
			0	- 1	0		0
JANE NASSIRI	137,76	0	0	6,944.	18,683.	163,390.	0
	(i)						
)	(ii)						
	(9)						
	(ii)						
	(i)						
).	(11)						
	(1)						
	3						
	(3)						
	(ii)						
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	(5)						
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	(ii)						
	(3)						
	(11)						
	(1)						
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	(i)						:
)	(ii)						
	(9)						
)	(ii)						
	(9)						
)	(11)						
	(i)						
)[	(11)						
			,			Schedul	Schedule J (Form 990) 2009

### SCHEDULE L

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

2009

OMB No 1545-0047

Open To Public Inspection

Name of the organization RADIO & TELEVISION NEWS DIRECTORS

Employer identification number

FO	UNDATION							3	<u>8-18</u>	6009	0	
Part I Excess Benefit	Transaction	S (section	on 501(c)(3)	and section	1 501(c)(4)	organizatio	ns only)					
Complete if the org	anization answer	ed "Yes"	on Form 9	90, Part IV, I	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40	)b		
1 (a) Name of de	squalified person		-		(L) D			at.an			(c) Corr	rected?
(a) Name of u					(6)	escription (	<u>-</u>	CHOII			Yes	No
··-··	<del></del>											
				·								
					<del> </del>				<del></del>	·	-	
2 Enter the amount of tax Imp section 4958	_		_	·	·	during the	year un	der	<b>&gt;</b> \$			
3 Enter the amount of tax, if a	iny, on line 2, abo	ove, reim	bursed by	the organiza	ition				▶ \$		-	
Part II Loans to and/o	or From Inter	ested I	Persons									
Complete if the org					line 26 or l	Form 900 E	7 Dart \	/ line 20	20			
(a) Name of interested	(b) Loan to o		1	al principal		nce due	·	in	(f) App	proved	(a) W	/rıtten
person and purpose	the organiza			ount	(u) Dala	ince due		ault?		ard or nittee?		ment?
	То	From	1				Yes	No	Yes	No	Yes	No
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<sub>otal</sub> Part III │ Grants or Assi	stance Bene	fitina li	ntereste	d Persons	<u> </u>		,		<u> </u>			
Complete if the org		-										
(a) Name of interested		162		onship betwe		ted nerson	and		(c) Am	ount an	d type o	f
(a) Name of interested	porson		(b) Holatic		ganization	tou person	ano			assistan		•
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Part IV   Business Tran	agations Inve	lyina l	ntorosto	d Doroon								
		•										
Complete if the org					i			7	<b>D</b>		(e) Sha	arıng o
(a) Name of interested	person			p between ir I the organiz		(c) Amo transa			Descrip transact		òrganı: rever	zation's
EDODAH DOMMED		EQ.	MED E	VECTOR	77E D.T	2.0		D 3 3	י גד	חרים בי	Yes	No
EBORAH POTTER		FOF	RMER E	<u>XECUTI</u>	AR DI	∠6	,550	·KAI	I A F	KUGR	<del> </del>	Х
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

RADIO & TELEVISION NEWS DIRECTORS FOUNDATION

Employer identification number 38-1860090

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ASSISTANCE TO QUALIFIED PERSONS WHO DESIRE TO MAKE THEIR CAREER IN THE
FIELD OF ELECTRONIC JOURNALISM.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
FINANCIAL REPORTING PROJECT - TO ASSIST JOURNALISTS COVERING THE
ECONOMIC CRISIS.
THE NEWS LITERACY PROJECT SUPPORTS THE DEVELOPMENT OF A CURRICULUM,
TEACHER LESSON PLANS AND ONLINE INTERACTIVE LEARNING TO ALLOW TEACHERS
AND THEIR STUDENTS TO IDENTIFY AND APPRECIATE TRUE JOURNALISM WITHIN
THE OVERWHELMING DELUGE OF TODAY'S DIGITAL MEDIA.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
NEWS LEADERSHIP
EXPENSES \$ 156887. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
NEWS AND TERRORISM
EXPENSES \$ 88122. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
HIGH SCHOOL JOURNALISM MTF
EXPENSES \$ 53612. INCLUDING GRANTS OF \$ 3500. REVENUE \$ 0.
FINANCIAL REPORTING
EXPENSES \$ 46842. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990) 2009

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

RADIO & TELEVISION NEWS DIRECTORS FOUNDATION

Employer identification number 38-1860090

SHCOLARSHIPS/FELLOWSHIPS AND AWARDS EXPENSES \$ 33000. INCLUDING GRANTS OF \$ 33000. REVENUE \$ 0. SUNSHINE SUNDAY EXPENSES \$ 12400. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. NEWSROOM DIVERSITY CAMPAIGN EXPENSES \$ 2769. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 3: RADIO TELEVISION NEWS DIRECTORS FOUNDATION (RTDNF) SHARED OFFICE FACILITIES AND CERTAIN MANAGEMENT AND STAFF WITH RADIO TELEVISION NEWS DIRECTORS ASSOCIATION, DBA RADIO TELEVISION DIGITAL NEWS ASSOCIATION (RTDNA). CERTAIN COSTS WERE ALLOCATED TO RTDNF BASED UPON APPROPRIATE APPORTIONMENT METHODS. DURING 2007, RTDNF TRANSFERRED ALL EMPLOYEES TO RTDNA. RTDNA BILLED RTDNF FOR SERVICES RENDERED ON ITS BEHALF ON A MONTHLY BASIS. SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE FORM 990, PART VI, OUTSIDE ACCOUNTANTS. THE 990 IS REVIEWED BY THE ACCOUNTING STAFF AND EXECUTIVE DIRECTOR AND THEN DISTRIBUTED BY EMAIL TO ALL MEMBERS OF THE BOARD FOR REVIEW/QUESTIONS BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED OFF ON YEARLY. STAFF IS IN CLOSE CONTACT WITH ALL

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

Schedule O (Form 990) 2009

ATTENTION FOR REVIEW AND BROUGHT TO THE EXECUTIVE COMMITTEE'S ATTENTION AS

MEMBERS OF THE BOARD. ANY POSSIBLE ISSUES ARE BROUGHT TO MANAGEMENT'S

932211 02-03-10

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

RADIO & TELEVISION NEWS DIRECTORS FOUNDATION

Employer identification number 38-1860090

DEEMED NECESSARY. IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST
EXISTS, OR MAY EXIST, THE AFFECTED BOARD MEMBER ABSTAINS FROM ANY ACTION
RELATED, IN ANY FASHION, TO THE INTEREST AND ABSENTS HIMSELF OR HERSELF
FROM ANY PORTION OF ANY PROCEEDINGS AT WHICH ACTION IS CONSIDERED OR TAKEN
REGARDING THE INTEREST. ANY DOUBT REGARDING WHETHER A CONFLICT OF INTEREST
EXISTS IT IS RESOLVED IN FAVOR OF DISCLOSURE, ABSTENTION AND ABSENCE.
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION RELIES ON RTDNA,
THE RELATED ORGANIZATION TO SET COMPENSATION FOR THE OFFICERS OF THE
ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: DEBORAH POTTER
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
FORMER EXECUTIVE DIRECTOR
(C) AMOUNT OF TRANSACTION \$ 26550.
(D) DESCRIPTION OF TRANSACTION: RAN A PROGRAM FOR RTDNF
(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule R (Form 990) 2009 2009 Open to Public Employer identification number 38-1860090OMB No 1545-0047 Inspection Direct controlling Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets status (if section Public charity 501(c)(3)) **e** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section 9 ਉ 501(C)(6) ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) DELAWARE TELEVISION NEWS DIRECTORS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ► Attach to Form 990. Primary activity Primary activity 9 MEMBERSHIP RADIO TELEVISION NEWS DIRECTORS ASSOCIATION FOUNDATION - 52-1452178, 529 14TH STREET NW #425 RADIO & Name, address, and EIN Name, address, and EIN of related organization of disregarded entity DC 20045 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R WASHINGTON (Form 990) Part II Part

RADIO & TELEVISION NEWS DIRECTORS

Schedule R (Form 990) 2009 FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

Page 2

38-1860090

General or managing partner? Percentage ownership Yes No Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ Code V-UBI camount in box 20 of Schedule -Share of end-of-year assets Ξ ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets <u>(6</u> Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ <u>e</u> Legal domicile (state or foreign country) <u>ပ</u> 35 Direct controlling entity Primary activity ਉ Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 02-04-10 Part IV

# RADIO & TELEVISION NEWS DIRECTORS FOUNDATION

Page 3

38-1860090

Schedule R (Form 990) 2009

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

			-	١.
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		SA I	2	.1
1 During the tax year, did the organization engage in any of the following transactions with one of more related organizations listed in raits in v.			<b>&gt;</b>	ı
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<u> </u>	4 >	1
<b>b</b> Gift, grant, or capital contribution to other organization(s)		<b>a</b>	4	1
c. Gift grant or capital contribution from other organization(s)		우	×	
		3	×	ŀ
d Loans or loan guarantees to or for other organization(s)		2	;  }	ı
e Loans or loan guarantees by other organization(s)		<u>e</u>	4	- 1
		¥	×	1
† Sale of assets to other organization(s)		+	:   <b>&gt;</b>	1
g Purchase of assets from other organization(s)		<u>6</u>	∢	-1
h Evrhande of ascate		f	×	
		F	×	ı
I Lease of lacinnes, equipment, of other assets to other organization(s)		-	-	ı
(A) confidence and the second		F	×	1
		  -	<b>&gt;</b>	١
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	\$   Þ	ı
I Performance of services or membership or fundraising solicitations by other organization(s)		=	4	١
m Sharing of facilities, equipment, mailing lists, or other assets		ᄩ	┪	١
n Sharing of paid employees		t X		
			L	l
		×		1
o Heimbursement paid to other organization for expenses		╀		ī
p Reimbursement paid by other organization for expenses		유	4	1
				- 1
a Other transfer of cash or property to other organization(s)		1q X		
		1-	×	I
of if the answer to any of the above is "Ves " see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	resholds.			ı
1				ı
a)		(0)	1	
Name of other organization(s)  type (a-r)		Alriodiik iliyolyed	D ≥	
				1
(1) RADIO TELEVISION NEWS DIRECTORS ASSOCIATION		584,	584,009	•
		,	0	
(2) RADIO TELEVISION NEWS DIRECTORS ASSOCIATION		13,	021.	٠١
ראה א היוחות היוחות ומרוב וירר ביוח ירש.		76	050 92	
(3) KADIO TELEVISION NEWS DIRECTORS ASSOCIATION		)	200	•
(A) RADIO TELEVISION NEWS DIRECTORS ASSOCIATION		21,	233	
				ı
(5)				1
36	Schedule R (Form 990) 2009	(Form 99	90) 2009	I۰

RADIO & TELEVISION NEWS DIRECTORS

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38-1860090

FOUNDATION Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(9)	(0)	(g)	(e)	<b>£</b>	(6)	(E)	
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end of vear assets	Dispropor-	Code V-UBI amount in box 20	ĞΕ̈́	ر ق ق
(1)			Yes No		Yes No	of Schedule K-1 (Form 1065)	Yes	No No
111111111111111111111111111111111111111								
			-					
						.,		
			-					
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Schedule R (Form 990) 2009