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Department of the Treasury

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 Open to Public Inspection

<u> </u>	or the	2010 calendar year or toy year beginning				
<u> </u>	or the	2010 calendar year, or tax year beginning and ending]			
Bο	heck if	C Name of organization	D Employer ident	ification number		
ф	pplicable	RADIO & TELEVISION NEWS DIRECTORS				
	Addres change	S DOINT A MITCH				
	Name			1060000		
<u> </u>	_change			1860090		
	return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numl	per		
L	Termin- ated	529 14TH STREET NW 425	(20	2)659-6510		
]Amend return	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,101,961.		
	Applica					
	⊒tion pendin		H(a) Is this a group			
		F Name and address of principal officer STACEY WOELFEL	for affiliates?	Yes X No		
		SAME AS C ABOVE	H(b) Are all affiliates	ncluded? Yes No		
I T	ax-exe	mpt status X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	527 If "No," attach	a list (see instructions)		
		e: ► WWW.RTDNF.ORG	H(c) Group exempt			
			Year or formation. 1967	M State of legal domicile: DE		
Pa	rt I	Summary		·		
a	1 8	Briefly describe the organization's mission or most significant activities $\ \ { t SEE} \ \ { t PART}$	' III, LINE 1	•		
Activities & Governance						
na	2 (Check this box if the organization discontinued its operations or disposed of	more than 25% of the not	ananta		
Je l			1	l e e e e e e e e e e e e e e e e e e e		
ó	1	Number of voting members of the governing body (Part VI, line 1a)	<u> </u>	3 20		
8	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		20		
S	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5 0		
ij.	6	Fotal number of volunteers (estimate if necessary)		20		
美	Į.	Fotal unrelated business revenue from Part VIII, column (C), line 12				
Ä			_	a 0.		
	ь	Net unrelated business taxable income from Form 990-T, line 34	7	b 0.		
Revenue			Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)	876,731	. 777,677.		
	9 F	Program service revenue (Part VIII, line 2g)	0			
Š	l	· · · · · · · · · · · · · · · · · · ·				
æ	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<21,068			
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<71,752			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	783,911	768,298.		
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,600	. 73,040.		
	,	Benefits paid to or for members (Part IX, column (A), line 4)	0			
	1		420,644			
Ses.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0	0.		
Ř	b î	Total fundraising expenses (Part IX, column (D), line 25)0 .				
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 114249 EIVED	835,051	. 873,229.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,307,295			
	40 ,	Savanus lans august 6. harat lans 18 (-18) - 18 (-18)				
_ 0	19	Revenue less expenses Subtract line 18 from the 1400 0 7 2011 9	<523,384			
Vet Assets or und Balances		1 1 1 (0)	Beginning of Current Yea			
aga	20	Total assets (Part X, line 16)	1,926,624	. 1,849,262.		
SE	21	Total liabilities (Part X, line 26)	211,347			
훒	22	Net assets or fund balances Subtract line 21 from line 20	1,715,277			
	rt II	Signature Block	1,113,411	· 1,039,129·		
_						
		lties of perjury, I declare that Holve examined this return, including accompanying schedules and s		my knowledge and belief, it is		
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	/		
			101	96/11		
٥	_	Spinative of officer	Date	66/11		
Sıgı	· · · · · ·		Date 1	,		
Her	e	MIKE CAVENDER, TREASURER		·		
		Type or print name and title				
	i	Print/Type preparer's page // Rreparer's signature	Date Check	PTIN		
Paid	ı l	Terr. Mcknight UMMICKU	10/14/// self-emp	loved		
	ŀ			10)10		
	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN	<u> </u>		
Use Only Firm's address ► 4550 MONTGOMERY AVE., SUITE 650 NORTH						
		BETHESDA, MD 20814-2930	Phone no	(301) 951-9090		
May	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No		
	01 02-2		/ 1.	- 000		
U320	01 02-2	E-11 Court of rapel work neduction Act Notice, see the separate instructions.	1-16	Form 990 (2010)		
			0.0	σ		

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	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
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$201,517. 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.
	· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$171,486. including grants of \$24,750.) (Revenue \$)
40	HIGH SCHOOL JOURNALISM: TO EDUCATE YOUNG PEOPLE ABOUT FIRST AMENDMENT
	PRINCIPLES AND VALUES, SUPPORT STUDENTS' EFFORTS TO PRACTICE GOOD
	JOURNALISM AND ENHANCE OR START BROADCAST JOURNALISM AND ONLINE
	MULTIMEDIA PROGRAMS.
	TOUT THOUGHT.
4c	(Code) (Expenses \$128,529 . including grants of \$3,265 .) (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.
	•
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 249,324. including grants of \$ 45,025.) (Revenue \$
4e	Total program service expenses ► 750,856.
	Form 990 (2010)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	N/	<u>A</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_ 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		X
٥	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		Δ_
8	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			•
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	v	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Х	
12a	Schedule D, Parts XI, XII, and XIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124	- 21	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		٠,,	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			, v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20a	 	
b	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	operate one of more freehrais must attach addited intanelar statements (see instructions)		990	1 2010)
				,0,

Form **990** (2010)

Pai	t 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		103	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	77
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
00	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? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		^
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		- 12
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	L

032004 12-21-10 Form 990 (2010)
Part V Statements

FOUNDATION

Regarding Other IRS Filings and Tax Compliance

38-1860090 Page **5**

Single Tribution of Colonialis a response to drip sequence of Colonialis and Expose to drip Sequence of Colonialis and Exposes the Colo	Pai	LV	Check if School In Countries a response to any question in the Book V				
1a Enter the number reported in Box 3 of Form 1096 Enter -0 in not applicable 1b			Check if Schedule O contains a response to any question in this Part V				
b. Enter the number of Forms W-24 included in line 1 a. Enter 0- if not applicable Diff the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 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. 5b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5c. Note. If the out-of-price of the value of the organization file all required federal employment tax returns? 5c. Note. If the out-of-price of the value of the organization have an interest in, or a signature or other authority over, a financial account? 5c. If Yes, if other organization abank account, securities account, or other financial account? 5c. Was the organization and a bank account, securities account, or other financial accounts? 5c. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 6c. Was the organization and party to a prohibited tax shelter transaction or any contributions or party or a prohibited tax shelter transaction or any contributions or party or a prohibited tax shelter transaction or any contributions or party or any oranization and tax deductible? 6c. Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d. Was the organization necessary and the organization in the organization in the organization organization and party for poods and services provided to the payor? 7d. X. Was a substitution of the organization in the organization organization organization organization organization organization org	_	.		1 1 04		Yes	No
Country of the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) without provided to the calendar year ending with or within the year covered by this return. If let feet no expected on him 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fee (see instructions) But the organization have unrelated business greas income of \$1,000 or more dump the year? 3a X X If "Yes," has it filed a Form 990.T for the year? If "No," provide an explanation in Schedule O If "Yes," and the dump the calendar year, did the organization have an interest in, or a greature or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account)? See instructions for 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 sheller transaction at any time duming the tax year? So Was the organization and party to a prohibited tax sheller transaction at any time duming the tax year? So Did any taxable party notify the organization life Form 8898-17? But "Yes," to lim 85 and 50, did the organization life Form 8898-17? But "Yes," to lim 85 and 50, did the organization life Form 8898-17? But "Yes," to lim 85 and 150, did the organization life Form 8898-17? But "Yes," to lim 85 and 150, did the organization life Form 8898-17? But "Yes," to lim 85 and 150, did the organization life Form 8898-17? But "Yes," to lim 85 and 150, did the organization and year year year year year year year year			•		7		
Gambing) winnings to prize winners? Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return ### 100 ### 11 ### 120 ###			• •		4		
28 Enter the number of employees reported on Form W-3. Transmittat of Wage and Tax Statements. 2a	С			eportable gaming	ŀ		
the for the calendary year endong with or within the year covered by this return If all loast one is reported on the 2d, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (eae instructions) 3a Dd the organization have unrelated business gross is concerned 15,000 or more during the year? 4a At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial accountly of the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country to the same and a bank account, even from 5600 for this year. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 68861? 5b Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Does the organization have deductible contributions under section 170(c). 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive algorithm that year or the very solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive algorithm that year or the year of the year organization section of the year organization receive algorithm that year organization receive algorithm that year organization received any payment in excess of 35 made partily as confi	_			l I	1c	X	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a Form 90-Ti for this year? If "No," provide an explanation in Schedule 0 3b If "Yes," shart if the did a Form 90-Ti for this year? If "No," provide an explanation in Schedule 0 3c If Yes, "In the tree than ame of the foreign country (such as a bank account, securities account, or other financial account)? 4a X 4b If "Yes," and the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization had been seen ormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 5d If Yes," did the organization netween deductible contributions under section 170(c). 5d If Yes," did the organization netween accounts of the value of the goods or services provided? 7d Organizations that may receive deductible contributions under section 170(c). 5d If Yes," did the organization is expressed to the property for which it was required to the property for which it was required to the property for	2a						
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Form 990 (2010)

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

	Check of Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion'A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20			
b	Enter the number of voting members included in line 1a, above, who are independent 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b_	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	 -	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa		- 21
-	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	_X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	<u>15a</u>		X
b	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
10	public inspection. Indicate how you make these available. Check all that apply	101		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd finn	ncial	
	statements available to the public	11116	. ioidi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion 🕨	•	
_•	JANE NASSIRI - (202)659-6510			
	4121 PLANK RD. #512, FREDERICKSBURG, VA 22407			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (Ď), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

- 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

(A)	(B)							(D)	(E)	(F)
Name and Title	Average	,	Position (check all that apply)		Reportable	Reportable	Estimated			
	hours per week	-	neck	all	inat	app	oly)	compensation from	compensation from related	amount of other
	(describe hours for	or director				<u>a</u>		the organization	organizations (W-2/1099 MISC)	compensation from the
	related	stee o	rustee		a.	bensa		(W-2/1099-MISC)	(44-271099141130)	organization
	organizations	ual tr.	nonal		ploye	E co	_			and related
	in Schedule O)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
STACEY WOELFEL										
CHAIR	2.00	X		X		<u> </u>	<u> </u>	0.	0.	0.
MIKE CAVENDER										·
TREASURER	2.00	X		X			<u> </u>	0.	0.	0.
CHIP MAHANEY					l					
DIRECTOR	2.00	X		L_	<u> </u>			0.	0.	0.
KATHY WALKER										
DIRECTOR	2.00	X	ļ			-		0.	0.	0.
PEGGY PHILLIP										
DIRECTOR	2.00	X				<u> </u>	<u> </u>	0.	0.	0.
KEVIN BENZ								_	_	_
DIRECTOR	2.00	X	ļ	ļ	<u> </u>	ļ	ļ	0.	0.	0.
VINCENT DUFFY								_	_	_
DIRECTOR	2.00	X	ļ	ļ		<u> </u>	_	0.	0.	0.
RANDY BELL								_		_
DIRECTOR	2.00	Х		ļ	1	<u> </u>		0.	0.	0.
ANDREW VREES								_	_	_
DIRECTOR	2.00	X	<u> </u>			-		0.	0.	0.
MARK KRAHAM								_		_
DIRECTOR	2.00	X	ļ	<u> </u>	ļ	<u> </u>	ļ	0.	0.	0.
CHRIS CARL						-		_		_
DIRECTOR	2.00	X	ļ	ļ	ļ	-	ļ	0.	0.	0.
STEVE SCHWAID								_		_
DIRECTOR	2.00	X	<u> </u>	ļ	_	_	-	0.	0.	0.
TERRY SCOTT								_	_	_
DIRECTOR	2.00	X	ļ	<u> </u>		-	₋	0.	0.	0.
JANICE S. GIN										_
DIRECTOR	2.00	X	ļ	_	ļ	↓	ļ	0.	0.	0.
ED ESPOSITO								_	_	
DIRECTOR	2.00	X	<u> </u>	<u> </u>	 	<u> </u>	↓_	0.	0.	0.
DAVID LOUIE								_	_	
DIRECTOR	2.00	X	_	_	_	\perp		0.	0.	0.
DAN SHELLEY								_	_	
DIRECTOR	2.00	X		<u>L_</u>				0.	0.	0.
032007 12-21-10										Form 990 (2010)

Part VII Section A. Officers, Director	rs, Trustees, Key Er	nple	yee	s, a	nd l	High	est	Compensated Employ	ees (continue	ed)		
(A)	(B)			(0	-			(D)	(E)			(F)
Name and title	Average	Position						Reportable	Reportable		Est	ımated
•	hours per	(C	check all that ap			app	ly)	_	compensation			ount of
	week (describe	ę			ļ			from the	from rela			other
	hours for	r director				2		organization	organizat (W-2/1099-			ensation om the
	related	stee or	ustee			ensal		(W-2/1099-MISC)	(11 2/1000	iviioo,	organization	
	organizations	al tru:	la fr		loyee	di e					_	related
	in Schedule O)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizations
CISSY BAKER								_				
DIRECTOR	2.00	X	-			_		0.		0.		0.
LOREN TOBIA										_		_
DIRECTOR	2.00	X		-		├		0.		0.		0.
CARLTON HOUSTON										_		•
DIRECTOR	2.00	Х	_			<u> </u>	ļ	0.		0.		0.
JANE NASSIRI	40.00								450	000		
EXECUTIVE DIRECTOR RTNDA	40.00	-		X	<u> </u>			0.	150,	000.	27	7,695.
KATHLEEN GRAHAM	40.00								4.40			
EXECUTIVE DIRECTOR RTNDF	40.00	-		Х		-	_	0.	149,	411.	15	5,986.
						-						
1b Sub-total	J				L		l	0.	299	411.	43	3,681.
c Total from continuation sheets to P	Part VII. Section A					•		0.		0.		0.
d Total (add lines 1b and 1c)	,					•		0.	299	411.	43	3,681.
2 Total number of individuals (including	but not limited to th	nose	liste	ed al	bove	e) wł	no re					7
compensation from the organization												<u> </u>
												Yes No
3 Did the organization list any former of			, ke	y em	ıplo	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule							4 . 41	har aammanaatiaa fram	*ha avaam		3	X
4 For any individual listed on line 1a, is and related organizations greater tha									tne organizati	on		х
5 Did any person listed on line 1a recer			-						dual for servi	24	4	A
rendered to the organization? If "Yes,					-		Ciut	ed organization of marv	dual for Servi		5	x
Section B. Independent Contractors	, complete contact		0, 0,	30.1	<u> </u>	3011		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
Complete this table for your five high the organization	est compensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of	compens	ation fr	om
	A)							(B)			(C)	 }
Name and bus	siness address							Description of s	ervices	C	ompen	
RADIO TELEVISION DIGIT								ADMINISTRATI	VE		20	
529 14TH ST. NW # 425	, WASHINGTO	<u>N</u>	,_1	JU		004	± 5	SERVICE		<u> </u>	324	1,839.
									-			
											-	
Total number of independent contract	ctors (including but r	not li	mıte	d to	tho	se la	stec	d above) who received in	nore than	+		
\$100,000 in compensation from the	=		_			1		· · · · · · · · · · · · · · · · · · ·				
											Form 9	990 (2010)

Pa	rt VII	Statement of Rever	nue					
	•	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines	ts, and ve 1f	171,715. 55,000. 550,962.		,		
<u>8 0</u>	<u>h</u>	Total. Add lines 1a-1f		.	777,677.			
				Business Code				
Program Service Revenue	2 a				 			
Ser	b							
am (c d							
Page	e							
Ŗ.	f	All other program service reve	nue				-	
	g	Total. Add lines 2a-2f		•				
	3	Investment income (including other similar amounts) Income from investment of tax		•	41,506.			41,506.
	5	Royalties	(15)	•				
	6 -	Gross Rents	(ı) Real	(II) Personal				
	6a b			 - 				
	c							
	d			<u> </u>				
		Gross amount from sales of	(i) Securities	(II) Other				
	• -	assets other than inventory	230218					
	b	Less cost or other basis						
		and sales expenses	212599	,				
	С	Gain or (loss)	17,619	,				
	d	Net gain or (loss)		> _	17,619.		 	17,619.
Other Revenue	8 a	Gross income from fundraisin including \$171,7 contributions reported on line	15. of					
تر R		Part IV, line 18	, a	52,560.				
the	b	Less direct expenses	t	404054				
0	С	Net income or (loss) from fund	draising events		<68,504.	>		<68,504.
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	a					
		Less direct expenses	t	·				
		Net income or (loss) from gam	•					
	10 a	Gross sales of inventory, less	returns					
		and allowances	ā					
		Less cost of goods sold	t	·				
		Net income or (loss) from sale	•••	Duagasa Cada				
	11 2	Miscellaneous Revenu		Business Code				
	11 a	·				 		
	b c							
	d							
	_	Total. Add lines 11a-11d						
	12	Total revenue See instructions.		>	768,298.	0.	0	. <9,379.
0320	09							Form 990 (2010)

Part IX | Statement of Functional Expenses

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

	, All other organizations must com			e columns (B), (C), and (D,	
	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	23,715.	23,715.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	49,325.	49,325.		
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				
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				·····
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)	224 020	226 067	07 070	
	Management	324,839.	236,967.	87,872.	
b	Legal	19,500.		10 500	
C	Accounting	19,500.		19,500.	
d	Lobbying Professional fundraising services, See Part IV, June 17				
e •	Professional fundraising services. See Part IV, line 17 Investment management fees				
' ~	Other	303,712.	243,711.	60,001.	
g 12	Advertising and promotion	2,643.	2,643.	00,001.	
13	Office expenses	45,120.	30,718.	14,402.	
14	Information technology	13,120.	30,710.	14,402.	
15	Royalties		-		
16	Occupancy				
17	Travel	137,586.	130,342.	7,244.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,334.		1,334.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	FOOD/BEVERAGE	26,980.	25,740.	1,240.	
b	EQUIP./AUDIO/VISUAL	7,457.	7,457.		
c	STAFF DEVELOPMENT	2,349.	160.	2,189.	
d	MISCELLANEOUS	1,078.	78.	1,000.	
е	BUSINESS TAXES	631.		631.	·
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	946,269.	750,856.	195,413.	0.
26	Joint costs Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					

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Form 990 (2010)

Part X Balance Sheet

FOUNDATION

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Part X	Balance Sheet			
	•	(A) Beginning of year		(B) End of year
1	* Cash · non-interest-bearing	70,990.	1	50,450.
2	Savings and temporary cash investments	399,919.	2	<u>277,</u> 103.
3	Pledges and grants receivable, net	261,752.	3	217,974.
4	Accounts receivable, net	49,358.	4	33,892.
5	Receivables from current and former officers, directors, trustees, key			
İ	employees, and highest compensated employees Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
.	employees' beneficiary organizations (see instructions)		6	
Assets 8	Notes and loans receivable, net		7	
8 ¥š	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	19,816.	9	14,655.
10	a Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a			
	b Less accumulated depreciation 10b	2,333.	10c	
11	Investments · publicly traded securities	1,051,735.	11	1,183,396
12	Investments · other securities See Part IV, line 11	22,846.	12	71,792.
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	47,875.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,926,624.	16	1,849,262.
17	Accounts payable and accrued expenses	69,601.	17	91,972
18	Grants payable		18	
19	Deferred revenue	33,625.	19	25,000
20	•		20	
ສ 21	·		21	
를 22				
Liabilities 27	highest compensated employees, and disqualified persons. Complete Part II			
_	of Schedule L		22	
23			23	
24	,		24	
25	·	108,121.	25	92,561.
26		211,347.	26	209,533.
	Organizations that follow SFAS 117, check here X and complete			
se	lines 27 through 29, and lines 33 and 34.	400 460		550 004
Fund Balances 28 29	Unrestricted net assets	482,469.		<u>552,991.</u>
E 28	· · · ·	729,841.	28	583,771.
일 29	·	502,967.	29	502,967.
호	Organizations that do not follow SFAS 117, check here and			
δ	complete lines 30 through 34.			
30			30	
ğ 31			31	
Net Assets or 30 31 32		1 815 055	32	4 600 500
33		1,715,277.	33	1,639,729.
34	Total liabilities and net assets/fund balances	1,926,624.	34	<u>1,849,262.</u>

⊢orm	990 (2010) FOUNDATION	38-T8	60090	Pag	ge I∠
Pa	t XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI				X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	768	3,2	<u>98.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	946	5,2	<u>69.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<177	7 <u>,9</u>	<u>71.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,715	5,2	<u>77.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	102	2,4	<u>23.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,639	7,7	<u> 29.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				ļ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			į
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			İ
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Audıt			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
			1 1		i

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2010

Open to Public Inspection

Name of t	the organizati	on RADIO &	TELEVISION	NEWS	DIREC	TORS		E	mployer id	entificati	on number
		FOUNDAT							38	<u>-1860</u>	090
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	:) See inst	ructions			
The organ	ization is not a	private foundation	because it is (For lines	1 through ⁻	11, check (only one b	ox)				
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)				
2	A school des	cribed in section 17	'0(b)(1)(A)(iı). (Attach Sc	hedule E)							
з 🔛	A hospital or	a cooperative hospi	tal service organization (described	ın section	170(b)(1)(A)(iii).				
4	A medical res	search organization o	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter the	e hospital	's name,
	city, and stat	e									
5 📖	An organizati	on operated for the	benefit of a college or ui	niversity ov	wned or op	erated by	a governr	mental uni	t described	l in	
		(b)(1)(A)(iv). (Comple	<u>-</u>								
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 organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ıblıc desc	ribed in
		b)(1)(A)(vi). (Comple									
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	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, and	gross red	ceipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross	ınvestment
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon af	ter June 3	0, 1975
		509(a)(2). (Complete	•								
10	_	-	perated exclusively to te	•	-			•			
11 🗀	_		perated exclusively for the						•	•	
•			ations described in secti				e) See sec	tion 509(a)(3). Chec	k the box	that
			organization and compl								
	a Type				e III - Func	•	-			Type III - C	
e 📖	-	-	at the organization is not		•	•	•				
		-	han one or more publicly		-				9(a)(1) or se	ection 509	(a)(2)
f			ten determination from	tne IHS tha	atitisa iy	ре і, туре	ii, or Type	9 111			
_	• • •	rganization, check th	ns oox organization accepted ar	ov aft or o	ontribution	from onv	of the follo	owna nor	conc?		L
g	_		lirectly controls, either al			•					Yes No
	• •	-	upported organization?	ione or tog	ether with	persons c	iescribeu i	iii (ii) and (iii) below,	11g(ı)	TES NO
	•		n described in (i) above?	•						11g(ii)	
	• •	· ·	person described in (i)		۵2					11g(ii)	
h		=	about the supported or							(11900)	
••	1 101100 1110 1	one wing intermediation	about the supported of	gamzanon	(3)						
(a) Nama	of our ported	(EIN	(iii) Type of	(iv) is the (organization	(v) Did voi	ı notify the	(vi) ls	the	() Am	
	of supported anization	(ii) EIN	organization		sted in your			organizati (i) organiz	on in col		nount of port
0.90	arrication.		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	US		000	ροπ
			(see instructions))	Yes	No	Yes	No	Yes	No		
					T						
						ĺ					
		•	j								
					<u></u>						
	_	ŀ									
				<u> </u>							· · · · · · · · · · · · · · · · · · ·
Total				<u> </u>	<u> </u>		<u> </u>		<u> </u>	·	
LHA For F	Paperwork Re	duction Act Notice	, see the Instructions f	for				Schedu	le A (Form	990 or 99	90-EZ) 2010

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 FOUNDATION

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(=/ =	147		(0) 2000	10,20.0	(i) rota.
•	membership fees received (Do not						
	include any "unusual grants ")	1,503,208.	2,407,210.	1 399 202	876,731.	777,677.	6,964,028.
2	Tax revenues levied for the organ-	2,303,200.	2,407,210.	1,333,202.	0,0,,010	77770	0,304,020.
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					-	
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,503,208.	2,407,210.	1,399,202.	876,731.	777,677.	6 064 020
	The portion of total contributions	1,303,208.	2,407,210.	1,399,202.	070,731.	111,011.	6,964,028.
3	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)						
_	• •						2,381,431.
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>					4,582,597.
		4) 0000	#1.0007			4 1 2010	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	1,503,208.	2,407,210.	1,399,202.	876,731.	777,677.	6,964,028.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	122 (05	70 275	C4 275	45 000	41 506	255 020
_	and income from similar sources	133,685.	70,375.	64,375.	45,898.	41,506.	355,839.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					·	
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10	Ll					7,319,867.
	Gross receipts from related activities,		•			12	
13	First five years. If the Form 990 is for		first, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
500	organization, check this box and storection C. Computation of Publ	o here ic Support Por	contago			 ,	
							60.60
	Public support percentage for 2010 (**	•	olumn (f))		14	62.60 %
	Public support percentage from 2009					15	75.46 %
16a	33 1/3% support test - 2010. If the o	-		line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				$\triangleright [X]$
b	33 1/3% support test - 2009. If the o				line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual		•				>
17a	10% -facts-and-circumstances tes	=					· ·
	and if the organization meets the "fac			•	•	rt IV how the organ	zation
	meets the "facts-and-circumstances"	=	•		•		▶∟
b	10% -facts-and-circumstances tes	t - 2009.If the orga	nization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	he "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test	The organization q	ualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b	o, check this box a	nd see instructions	▶ □
					Sche	dule A (Form 990	or 990-EZ) 2010

032022 12-21-10

Schedule A (Form 990 or 990 EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	qualify under the tests listed be ction A. Public Support	low, please comp	plete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(4) 2000	(a) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(6) 2007	(6) 2008	(d) 2009	(e) 2010	(f) Total
'	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,	•					
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
^	organization's tax-exempt purpose						·
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-		1				
	ization's benefit and either paid to						
_	or expended on its behalf			-			
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge					<u> </u>	
	Total. Add lines 1 through 5		 	 		·	
78	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons			•		 	
L	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						
	Add lines 7a and 7b				<u> </u>		
	Public support (Subtract line 7c from line 6) ction B. Total Support		<u> </u>	<u> </u>			
			1 11 10007	1 ,,,,,,,,,	1,0000	1,0000	10.77
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 Gross income from interest,						
108	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			-			
	Add lines 10a and 10b Net income from unrelated business		 		-	 	
• •	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part IV)			-	 		
	Total support (Add lines 9, 10c, 11, and 12)	M		-1.6- 11- 601 -	1	5047 7/07	
14	First five years. If the Form 990 is for	the organization	s first, secona, thi	ra, tourth, or titth t	ax year as a section	on 501(c)(3) organiz	ation,
<u> </u>	check this box and stop here ction C. Computation of Publi	ic Support Po	rcontago			-	<u> </u>
			-	(0)		Tae T	
15	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	%
16	Public support percentage from 2009 ction D. Computation of Inves					16	%
					· . •	1 1	
17	·	•	•	ne 13, column (t))		17	<u>%</u>
18	, ,			b 44 11	- 15 ·- ·	18	<u>%</u>
19	a 33 1/3% support tests - 2010. If the	•					/ is not
	more than 33 1/3%, check this box at	•	-	•	- · · ·		
i	b 33 1/3% support tests - 2009. If the	*					
	line 18 is not more than 33 1/3%, che		-				P
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

032023 12-21-10

SCHEDULE D

(Form 990)

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.

QMB No 1545-0047
2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RADIO & TELEVISION NEWS DIRECTORS

Employer identification number

Par	t I Organizations Maintaining Donor Advise	d Eundo o	r Other Similar Fund	2 2× 4 2221	38-1860090 <u> </u>
Par			r Other Similar Fund	S OF ACCOL	Ints. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		and advant		
		(a) DO	nor advised funds	(b) Fur	ids 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	e assets held ın donor advı	sed funds	
	are the organization's property, subject to the organization's	exclusive lega	al control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writ	ing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advise	or, or for any other purpose	conferring	
	impermissible private benefit?			-	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization ans	wered "Yes" to Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizati				
	Preservation of land for public use (e.g., recreation or e		Preservation of an hi	storically impi	ortant land area
	Protection of natural habitat	,	Preservation of a cer		
	Preservation of open space				odota.o
2	Complete lines 2a through 2d if the organization held a qualit	fied conservat	ion contribution in the form	of a consen	ation easement on the last
_	day of the tax year	ned conscivat	ion contribution in the form	or a conserv	ation easement on the last
	day of the tax year				Hold at the End of the Tay Voca
_	Total number of conservation easements			0-	Held at the End of the Tax Year
a 	Total acreage restricted by conservation easements			2a	
b	-		(a)	2b	
C	Number of conservation easements on a certified historic str		• •	2c	
d	Number of conservation easements included in (c) acquired	aπer 8/17/06,	and not on a historic struct	l l	
_	listed in the National Register			2d	<u> </u>
3	Number of conservation easements modified, transferred, re	eleased, exting	uished, or terminated by th	ie organizatioi	n during the tax
	year >				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the per		ng, inspection, nandling of		
_	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	_			·
7	Amount of expenses incurred in monitoring, inspecting, and	-	•	•	\$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the r	requirements of section 170	O(h)(4)(B)(ı)	
_	and section 170(h)(4)(B)(ii)?				└ Yes
9	In Part XIV, describe how the organization reports conservat		•		•
	include, if applicable, the text of the footnote to the organiza	ition's financia	I statements that describes	the organiza	tion's accounting for
D-	conservation easements	£ A 4 11° 4	· · · · · · · · · · · · · · · · · · ·	0: :	
Pa	T III Organizations Maintaining Collections o	-		otner Simil	ar Assets.
	Complete if the organization answered "Yes" to Form				
1a	If the organization elected, as permitted under SFAS 116 (AS		•		· ·
	historical treasures, or other similar assets held for public ext			ance of public	service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these iter	ns		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to rep	oort in its revenue statemer	nt and balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or re	esearch in furtherance of pu	ublic service, į	provide the following amounts
	relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1			•	\$
	(ii) Assets included in Form 990, Part X			•	\$ \$
2	If the organization received or held works of art, historical tre	easures, or oth	er sımılar assets for fınancı	al gain, provid	le
	the following amounts required to be reported under SFAS 1			- ''	
а	Revenues included in Form 990, Part VIII, line 1	,	·	•	\$
b	Assets included in Form 990, Part X			•	\$ \$
-				•	·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 FOUNDAT						60090 Page	<u> 2</u>
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tre	easures, or Oth	er Simil	<u>ar Asse</u>	ts (continued)	
3	Using the organization's acquisition, accessi	on, and other record:	s, check any of the	following that are a	significant	use of its	collection items	
	(check all that apply)							
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's exe	empt purpo	ose in Par	t XIV	
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma							Vo.
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" to	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21			· · · · · · · · · · · · · · · · · · ·			
1a	Is the organization an agent, trustee, custod	ian or other intermed	ary for contribution	s or other assets no	t included			
	on Form 990, Part X?					L	」Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table				· · · · · · · · · · · · · · · · · · ·	
							Amount	
С	Beginning balance				1c			
	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
	Did the organization include an amount on F		21?				」Yes	No
	If "Yes," explain the arrangement in Part XIV			000 5 1741	10			—
Par	t V Endowment Funds. Complete							
	Danisan of wash alassa	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four years ba	CK
_	Beginning of year balance	741,115.	789,211.	1,018,075.				
b	Contributions	10,000.	2,102.	600.		· -		—
C	Net investment earnings, gains, and losses	116,546.	89,279.	<198,281.	<u> </u>			
	Grants or scholarships							
е	Other expenditures for facilities	22 000	120 477	21 102				
	and programs Administrative expenses	32,000.	139,477.	31,183.				
'	End of year balance	835,661.	741,115,	700 211				—
9 2	Provide the estimated percentage of the year			789,211.	1			—
a	Board designated or quasi-endowment	<.86>	%					
b	Permanent endowment > 40.67	%						
		<u></u> /°						
	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	zation		
	by			•			Yes	
	(i) unrelated organizations							X
	(ii) related organizations							X
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIV the intended uses of the	e organization's endo	wment funds				·	
Pai	t VI Land, Buildings, and Equipn	nent. See Form 990	, Part X, line 10					_
	Description of investment	(a) Cost or of	ther (b) Cost	or other (c)	Accumulate	ed	(d) Book value	
		basis (investri			preciation			
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0(c))		>		0.

Schedule D (Form 990) 2010

(6)			
(7)			
(8)			
(9)			
(10)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, line 25			
(a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2) DUE TO RTDNA	57,561.		
	25 222		

(3) REFUNDABLE ADVANCE 35,000.
(4)
(5)
(6)
(7)
(8)
(9)
(10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

032053 12-20-10

Sche	dule D (Form 990) 2010 FOUNDATION		38-1	860090	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial S	tatement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		768,	298.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			269.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3			971.>
4	Net unrealized gains (losses) on investments	4			423.
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		102.	423.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9 10			548.>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme		er Return		
1	Total revenue, gains, and other support per audited financial statements		1	1,032,	395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a 102,42	23.		
b	Donated services and use of facilities	2b 40,61			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d 121,06	54.		
e	Add lines 2a through 2d		2e	264.	097.
3	Subtract line 2e from line 1		3	768	298.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			,	2301
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	768	298.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses			250.
1	Total expenses and losses per audited financial statements		1	1,107,	943.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<u> </u>	
a	Donated services and use of facilities	2a 40,61	0		
b	Prior year adjustments	2b	-0.		
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d 121,06	54		
e	Add lines 2a through 2d	20 121,00	2e	161	674.
3	Subtract line 2e from line 1		3		269.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		3	240,	205.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIV)	4b	 		
0	Add lines 4a and 4b	40			0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c	916	269.
	t XIV Supplemental Information		3	740,	209.
Com X, lin	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	lete this part to provide an	y additional	information	4, Part
DIS	STRIBUTION EACH YEAR AMOUNTS TO SUPPORT THE	E SCHOLARSHIP/	FELLOW	<u>ISHIP</u>	
ENI	DOWMENTS AND THE GENERAL OPERATING ENDOWMEN	NT. INTEREST A	ND DIA	/IDEND	
REY	VENUE FROM THE SCHOLARSHIP/FELLOWSHIP FUNDS	S IS USED EXCI	JUSIVEI	Y TO	
	PPORT THE ANNUAL SCHOLARSHIPS AND FELLOWSH:				
IN	TEREST AND DIVIDEND REVENUE FROM THE GENERA	AL OPERATING E	ENDOWME	ENT IS U	ISED_
TO	SUPPORT ANNUAL GENERAL FUND AND PROGRAM EX	XPENSES.			

Schedule D (Form 990) 2010

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2010

Open To Public Inspection

Name of the organization

RADIO & TELEVISION NEWS DIRECTORS

Employer identification number

FOUNDATION 38-1860090 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h С Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (II) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col (i) Yes_ No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 FOUNDATION 38-1860090 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events 1ST AMEND. NONE (add col (a) through DINNER col (c)) (event type) (event type) (total number) 224,275 Gross receipts 224,275. 171,715 Less Charitable contributions 171,715. 52,560 Gross income (line 1 minus line 2) 52,560. Cash prizes Noncash prizes Direct Expenses Rent/facility costs 69,741. Food and beverages 69,741. Entertainment 51,323. 51,323. Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) 121,064 <68,504.> Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain 032082 01-13-11 Schedule G (Form 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010	<u> 38-18</u>	<u>360090</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in			
	The organization's facility		13a	%
	An outside facility	ľ	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds	_: <u>- L</u>	
	Name >			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ount		
_	of gaming revenue retained by the third party > \$, and		
c	s If "Yes," enter name and address of the third party			
	Name >			
	Address ►			
16	Gaming manager information			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
				
	Director/officer Employee Independent contractor			
	Mandatory distributions			
ē	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col			•
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	ormation	(see instru	ctions)
_				
				
			-	
0320	983 01-13-11 Schedule	G (Form	990 or 99	D-F7) 2010

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

2010 Open to Public Inspection Employer identification number

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

▶ Attach to Form 990.

RADIO & TELEVISION NEWS DIRECTORS

Schedule I (Form 990) (2010) **≗** 38-1860090 (h) Purpose of grant or assistance X Yes 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 SPONSORSHIP recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ાં (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 10,000 (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of section 501(c)(3) and government organizations 26-3084041 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? FOUNDATION Enter total number of other organizations 1 (a) Name and address of organization STUDENT TELEVISION NETWORK or government 2768 LOKER AVENUE WEST CARLSBAD, CA 92010 Part Part II

Page 2

38-1860090

	38		
MADIO & IEDEVISION NEWS DINECTORS	(2010) FOUNDATION	er Assu	Part III can be duplicated if additional space is needed
	(Form 990	Grants a	Part III cĕ
	Schedule I (Form 990) (2010	Part III	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	7.2	49 325.	o		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	ide the information	required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: EACH PARTI	PARTICIPAN	CIPANT COMPLETES	ES AN APPL	AN APPLICATION BASED	
ON THE AWARD THEY ARE APPLYING FOR AND	- 1	MITS IT TO	SUBMITS IT TO RTNDF ALONG WITH AN	NG WITH AN	
EXAMPLE OF THEIR WORK. THE APPLICATIONS AND	CATIONS AN		SUBMISSIONS ARE REVIEWED	EVIEWED BY A	
PANEL OF JUDGES CONSISTING OF CURRENT	1	FORMER BOA	AND FORMER BOARD MEMBERS.	. THE SCHOOLS	
THEN SEND OVER ENROLLMENT AND GRADES	DES FOR BOTH	OTH SEMESTERS	ERS TO ENSURE	JRE THE	
STUDENT IS IN GOOD ACADEMIC STANDING.	ING.				

032102 01-13-11

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.

► Attach to Form 990. ► See separate instructions.

2010

Open to Public Inspection

Name of the organization

Department of the Treasury

RADIO & TELEVISION NEWS DIRECTORS

FOUNDATION

Employer identification number 38-1860090

LLC	irt i Questions negaruing compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provide	d any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide ar	ny 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			1
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
					İ
b	If any of the boxes on line 1a are checked, did the organization				ĺ
_	reimbursement or provision of all of the expenses describ	·	1b		
2		ursing or allowing expenses incurred by all officers, directors,			ĺ
	trustees, and the CEO/Executive Director, regarding the r	tems checked in line 1a?	2		
3	Indicate which, if any, of the following the organization us	ses to establish the compensation of the organization's			İ
	CEO/Executive Director Check all that apply				ĺ
	Compensation committee	X Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			ĺ
	•	,			ĺ
4	During the year, did any person listed in Form 990, Part V	/II, Section A, line 1a, with respect to the filing			İ
	organization or a related organization	•			l
а	Receive a severance payment or change of control paym	ent from the organization or a related organization?	4a		х
b	Participate in, or receive payment from, a supplemental n	onqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based of	compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide to	the applicable amounts for each item in Part III			
_	Only section 501(c)(3) and 501(c)(4) organizations mus	•			
5	For persons listed in Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any compensation			
	contingent on the revenues of				
	The organization?		5a		X
b	Any related organization?		_5b_		X
	If "Yes" to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any compensation			
	contingent on the net earnings of				
	The organization?		6a		X
b	Any related organization?		6b		X
_	If "Yes" to line 6a or 6b, describe in Part III				1
7	For persons listed in Form 990, Part VII, Section A, line 1a				
_	not described in lines 5 and 6? If "Yes," describe in Part I		7_		X
8	Were any amounts reported in Form 990, Part VII, paid or	•			
	initial contract exception described in Regulations section		8_		Х
9	If "Yes" to line 8, did the organization also follow the rebu	uttable presumption procedure described in			
	Regulations section 53 4958-6(c)?		9	1	1

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

Schedule J (Form 990) 2010

38-1860090

FOUNDATION

Schedule J (Form 990) 2010 FOUND

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(0)	(Q)	(E)	(F)
(A) Name		(ı) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	(B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	(3)	0	0	0	0	0	0	0
1 JANE NASSIRI	Ξ	150,000.	0	0	7,500.	20,195.	177,695.	0
	Ξ	0	0	0	0.	0	0	0.
2 KATHLEEN GRAHAM	(11)	149,411.	0	0	7,500.	8,486.	165,397.	0
	Ξ							
3	(11)						•	
	(i)							
4	(ii)							
	Ξ							
5	(11)							
	(i)							
9	(ii)							
	Ξ							
7	(ii)							
	Ξ							
8	Ξ							
	Θ							
6	(11)							
	(i)							
. 10	(ii)							
	Θ							
11	3							
	Ξ							
12	3							
	Ξ							
13	☺							
	Ξ							
14	Ξ							
	Ξ							
15	3							
	Ξ							
16	3							

032112 12-21-10

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Open To Public Inspection

	NEWS DI	RECTORS			Employer			umber			
Part I Excess Benef	OUNDATIO	ONS (section	on 501/c)/	3) and section	n 501(c)(4) organizatio	ne only)		<u> 38-18</u>	0005		
					line 25a or 25b, or Fo		7 Dar	t V. line 40	ih		
1			0111 01111	330,1 21114,	IIIC 238 01 235, 01 1 0	III 330-L	<u>د, ا ها</u>	t v, iii ie 40		(c) Corr	ected?
(a) Name of	disqualified pers	son			(b) Description	of transa	ction			Yes	No
										103	110
		* *									
										<u></u>	
2 Enter the amount of tax in	nposed on the c	rganization	manager	s or disqualifi	ed persons during the	year un	der				
section 4958								▶ \$			
3 Enter the amount of tax, if	f any, on line 2,	above, reim	bursed by	y the organiza	ation			▶ \$			
Part II Loans to and	/or From Int	orostod	Porcone		·						
					l 00 F 000 F	7 0		00-			
(a) Name of interested					line 26, or Form 990-E			(f) App	roved	(g) W	ritton
person and purpose		(b) Loan to or from the organization?		nal principal mount	(d) Balance due	defa	In ult?	by bo	ard or	agreer	
, , ,	То	From	1			Yes	No		No	Yes	No
		110111				162	140	162	INO	165	NO
						1 -					
						1					
· -a·											
			ļ								
Total Part III Grants or Ass	nietones Por	ofiting l		<u>▶ \$</u>		<u> </u>					
L		_									
Complete if the o		vered "Yes"									
(a) Name of interested person (b) Relati				the or	een interested person ganization	and			ount ar assistar	id type o	r
							4				
							+				
							-				
				~							-
· · · · · · · · · · · · · · · · · · ·							-			· · · · · ·	-
											

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

Schedule L (Form 990 or 990-EZ) 2010

RADIO & TELEVISION NEWS DIRECTORS FOUNDATION

38-1860090

Schedule L (Form 990 or 990-EZ) 2010 Part IV Business Transactions Involved	vina Intere	sted Persons	·· ·			Page 2
Complete if the organization answered	_		8b. or 28c			
(a) Name of interested person	(b) Relation	nship between interested and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
					Yes	No
DEBORAH POTTER	FORMER	EXECUTIVE DI	14,000.	MANAGED COM		Х
		•••••				
Part V Supplemental Information						
Complete this part to provide addition	al information	for responses to question	s on Schedule L (see	instructions)		
SCH L, PART IV, BUSINESS	רם אוכאר.	TICNIC THUCKS	NG TNTEDEST	ED PERSONS:		
Den H, PART IV, DODINEDD	ITANDAC	TIONS INVOLVE	NG INIERESI	ED FERSONS.		
(A) NAME OF PERSON: DEBORA	AH POTT	ER				
(B) RELATIONSHIP BETWEEN	INTERES	TED PERSON AN	<u>D ORGANIZAT</u>	CION:		
FORMER EXECUTIVE DIRECTOR	,	•				
TOTALIST BINDOUT VI DINDOUT						
(C) AMOUNT OF TRANSACTION	\$ 14,0	00.				
4->						
(D) DESCRIPTION OF TRANSAC	CTION:	MANAGED COMPO	NENT OF FIN	NANCIAL LITE	RACY	
PROGRAM						
11.0011111						
(E) SHARING OF ORGANIZATION	ON REVE	NUES? = NO				
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service RADIO & TELEVISION NEWS DIRECTORS Name of the organization Employer identification number FOUNDATION 38-1860090 FORM 990, PART I, DOING BUSINESS AS: RADIO TELEVISION DIGITAL NEWS FOUNDATION 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: NEWS LITERACY -RTDNF'S HIGH SCHOOL BROADCAST JOURNALISM PROJECT CONDUCTED A NATIONAL STUDENT VIDEO COMPETITION IN WHICH MIDDLE AND HIGH SCHOOL STUDENTS WILL BE CHALLENGED TO PRODUCE 30-SECOND VIDEO PUBLIC SERVICE ANNOUNCEMENTS THAT TEACH STUDENTS THE IMPORTANCE OF NEWS LITERACY AND HOW TO DETERMINE WHETHER THE INFORMATION THEY RECEIVE OR PASS ALONG IS TRUE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HIGH SCHOOL JOURNALISM MF EXPENSES \$ 67,552. INCLUDING GRANTS OF \$ 3,125. REVENUE \$ 0. NEWS LITERACY EXPENSES \$ 57,715. INCLUDING GRANTS OF \$ 3,400. REVENUE \$ 0. SCHOLARSHIPS/FELLOWSHIPS AND AWARDS **EXPENSES \$ 38,500.** INCLUDING GRANTS OF \$ 38,500. REVENUE \$ 0.

Schedule O (Form 990 or 990-EZ) (2010)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization RADIO & TELEVISION NEWS DIRECTORS Employer identification number FOUNDATION 38-1860090 FINANCIAL REPORTING EXPENSES \$ 30,158. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. NEWSROOM DIVERSITY CAMPAIGN EXPENSES \$ 2,928. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. NEWS AND TERRORISM EXPENSES \$ 52,471. 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. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. THE 990 WAS 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. ANY POSSIBLE ISSUES ARE BROUGHT TO MANAGEMENT'S ATTENTION FOR REVIEW AND BROUGHT TO THE EXECUTIVE COMMITTEE'S ATTENTION AS 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 Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE R (Form 990)
Department of the Treasury

Name of the organization

Part

Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 38-1860090

► Attach to Form 990. ► See separate instructions.

ETELEVISION NEWS DIRECTORS

RADIO & TELEVISION NEWS DIRECTORS FOUNDATION

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

See separate instructions.

(g) Section 512(b)(13) ž × controlled entity? Direct controlling Yes 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) Direct controlling entity End-of-year assets **e** status (if section Public charity 501(c)(3)) N/A Total income **Exempt Code** ਉ section 501(C)(6) Legai domicile (state or Legal domicile (state or foreign country) foreign country) DELAWARE Primary activity Primary activity MEMBERSHIP RADIO TELEVISION NEWS DIRECTORS ASSOCIATION - 52-1452178, 529 14TH STREET NW #425 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity WASHINGTON, DC 20045 Part II

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

RADIO & TELEVISION NEWS

Schedule R (Form 990) 2010

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

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2010 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.) 3 Yes No Share of end-of-year assets Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** 6 Direct controlling entity Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> (e) Primary activity Direct controlling entity 9 (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

Page 3

38-1860090

Schedule R (Form 990) 2010 FOUNDATION

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

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule					Yes	8 N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	,	_	
a Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				-t		×
b Gift, grant, or capital contribution to other organization(s)				9	×	
c Gift, grant, or capital contribution from other organization(s)				ပု		×
				19	-	×
e Loans or loan guarantees by other organization(s)				<u>ф</u>		×
f Sale of assets to other organization(s)				#		×
g Purchase of assets from other organization(s)				†		×
h Exchange of assets				÷		×
Lease of facilities, equipment, or other assets to other organization(s)				;=		×
J Lease of facilities, equipment, or other assets from other organization(s)				F		×
 R Performance of services or membership or fundraising solicitations for other organization(s) 	ızatıon(s)			¥		×
Performance of services or membership or fundraising solicitations by	ızatıon(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				Ę		×
n Sharing of paid employees				£	×	
 Reimbursement paid to other organization for expenses 				9	×	
p Reimbursement paid by other organization for expenses				9		×
q Other transfer of cash or property to other organization(s)				19		×
				+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered i	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
RADIO TELEVISION NEWS DIRECTORS	Z	220,908.				
	C	113.430.				
		_				
(3) ASSOCIATION	Ф	55,000.				
(4)						
1 b) 032183 12-21-10	39		Schedule R (Form 990) 2010	R (Form	6066	2010

Page 4

38-1860090

Schedule R (Form 990) 2010 FOUNDATION

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end·of- year assets	Disproportionate allocations?	(g) Code V-UB! amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No
					·		

40

Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	FOUNDATION	38-1860 <u>090</u>	Page 5
Part VII	(Form 990) 2010 Supplemental Infor	mation		
	Complete this part to prov	ride additional information for responses to questions on Schedule R (see instru	ctions)	
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•	•			
				
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