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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	or the	2011 calendar year, or tax year beginning and ending		
Вç	heck if pplicable	C Name of organization	D Employer ider	tification number
aį		RADIO & TELEVISION NEWS DIRECTORS		
	Address change			
	Name change	Doing Business As RADIO TELEVISION DIGITAL NEWS	38-	-1860090
	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/s	- 	
	Termin-	529 14TH STREET NW 425	, ,	02)659-6510
	Amende		G Gross receipts \$	481,588
	Applica		H(a) Is this a grou	
	pending	F Name and address of principal officer MICHAEL CAVENDER	for affiliates?	
		SAME AS C ABOVE	i	included? Yes No
	27.070			h a list (see instructions)
		: ► WWW.RTDNF.ORG		
			H(c) Group exemp	7 M State of legal domicile DI
		Summary	ear of formation. 190	I W State of legal doffficile Di
			TTT TIME	
မ္	1 E	riefly describe the organization's mission or most significant activities $\ \ \underline{\sf SEE} \ \ \ \underline{\sf PART}$	III, LINE	L •
Activities & Governance				
ĕ	1	theck this box if the organization discontinued its operations or disposed of r	nore than 25% of its ne 	l l
é		lumber of voting members of the governing body (Part VI, line 1a)	-	3 16
જ		lumber of independent voting members of the governing body (Part VI, line 1b)	_	4 16
les	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a)	_	5 (
ξ	6 T	otal number of volunteers (estimate if necessary)		6 16
Ç	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12	į.	7a 0
	٨d	et unrelated business taxable income from Form 990-T, line 34		7ь О
			Prior Year	Current Year
	8 (contributions and grants (Part VIII, line 1h)	777,677	
Revenue		rogram service revenue (Part VIII) line 200 ECEIVED	· · · · · · · · · · · · · · · · · · ·	0.
s e	10 Ir	estment income (Part VIII, column (A), lines-3, 4, and 76)	59,125	-
201 <u>/2</u> Re		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10ce	<68,504	
7	11 C	otal revenue - add lines 8 through 21 (must equal Part VIII) column (A), line 12)		
N -			768,298	
		irants and similar amounts paid (Part IX, column (A), lines 1-3)	73,040	
ا ر		enefits paid to or for members (Part IX/Optimin (A) (the 4)		0.
nses		alaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10)		0.
- a l	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	(0.
Š	ЬΤ	otal fundraising expenses (Part IX, column (D), line 25)		
ј Ш	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f 24e)	873,229	547,759.
Expe	18 T	otal expenses Add lines 13 17 (must equal Part IX, column (A), line 25)	946,269	591,784.
}	19 F	evenue less expenses Subtract line 18 from line 12	<177,971	<275,068.
sets or			Beginning of Current Ye	End of Year
lases (20 T	otal assets (Part X, line 16)	1,849,262	
ASS		otal liabilities (Part X, line 26)	209,533	
Net Assets or Fund Balances		et assets or fund balances Subtract line 21 from line 20	1,639,729	
Pa		Signature Block	1,000,140	1,303,131
		es of perjury, Loeplare that Maye examined this return, including accompanying schedules and sta	tements and to the best o	f my knowledge and helief it is
		and complete pectaration of preparer (other than officer) is based on all information of which prep		Tilly knowledge and belief, it is
	correct,	and complete precipitation of preparer (other than officer) is based on an information of which prep	arer rias arry knowledge	1
		1/ 1/ pay 4 Vy	ll	17/10
true,		Signature of office	vaic	/
true, Sign	- 1	Signature of office 2		
true,	- 1	MICHAEL CAVENDER, EXECUTIVE DIRECTOR	- 	
true, Sign	- 1	- '		
true, Sign	9	MICHAEL CAVENDER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's pignature	Date Check	D ^{TIN} 21100
true, Sign	9	MICHAEL CAVENDER, EXECUTIVE DIRECTOR Type or print name and title	Date Check If self-em	DIO 36 1995
Sign Here	9	MICHAEL CAVENDER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preferer's lignatury CPA Preferer's lignatury CPA CPA CPA CPA CPA CPA CPA CP	J J J J J J J J J J J J J J J J J J J	
Sign Here	arer	MICHAEL CAVENDER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name PROPERTY OF THE	Date //-9-/2 Check of self-em	
Sign Here Paid Prepa	arer	MICHAEL CAVENDER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name PROPOSITION OF GRALING CPA Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N	Firm's EIN	52-1392008
Sign Here Paid Preps Use (arer	MICHAEL CAVENDER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Print/Type preparer's name Preferer's tignature ONLY F. GRALING CPA Preferer's tignature ONLY F. GRALING CPA Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930	J J J J J J J J J J J J J J J J J J J	52-1392008 (301) 951-9090
Sign Here Paid Preps Use (arer Only	MICHAEL CAVENDER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID F GRALING CA PRESENTATION CASE Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Sediscuss this return with the preparer shown above? (see instructions)	Firm's EIN	52-1392008 (301) 951-9090 X Yes No
Sign Here Paid Preps Use (arer	MICHAEL CAVENDER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preferer's aignature Preferer's aignature Preferer's aignature Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 G discuss this return with the preparer shown above? (see instructions)	Firm's EIN	52-1392008 (301) 951-9090

RADIO & TELEVISION NEWS DIRECTORS

Form	990 (2011) FOUNDATION	38-1860090	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		\mathbf{x}
1	Briefly describe the organization's mission.		
	TO PROMOTE THE DEVELOPMENT, DIFFUSION AND APPLICATION OF	KNOWLEDGE	TO
	· · · · · · · · · · · · · · · · · · ·	TO PROMOTE,	
	FOSTER AND STIMULATE THE STUDY OF ELECTRONIC JOURNALISM	•	н•
	TO FURNISH ENCOURAGEMENT, AID, GUIDANCE, SUPPORT AND FIN		/
2	Did the organization undertake any significant program services during the year which were not listed on	1111022111	
_	the prior Form 990 or 990-EZ?	Voc	X No
	If "Yes," describe these new services on Schedule O	1es	LAL NO
2		□vaa	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LI Tes	LALI NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations to	0
	others, the total expenses, and revenue, if any, for each program service reported.		
4a)
	GERMAN/AMERICAN JOURNALISM EXCHANGE: ENHANCE THE BACKGRO		
	UNDERSTANDING THAT JOURNALISTS FROM GERMANY AND THE U.S.		
	OTHER'S CULTURE, POLITICS, ECONOMY, SOCIETY AND JOURNAL:	ISM PRACTICE	<u>s.</u>
4b	(Code) (Expenses \$ 107,026 · including grants of \$ 5,525 ·) (Reveni	*	<u> </u>
40	(Code) (Expenses \$107, 026 • including grants of \$5, 525 •) (Revenion NEWS LITERACY: RTNDF'S HIGH SCHOOL BROADCAST JOURNALISM		
	CONDUCTED A NATIONAL STUDENT VIDEO COMPETITION IN WHICH		UTCU
	SCHOOL STUDENTS WILL BE CHALLENGED TO PRODUCE 30-SECOND		
	SERVICE ANNOUNCEMENTS THAT TEACH STUDENTS THE IMPORTANCE		OB
	LITERACY AND HOW TO DETERMINE WHETHER THE INFORMATION TO	HEI KECEIVE	<u>OR</u>
	PASS ALONG IS TRUE.		
			
4c	(Code) (Expenses \$ 38,500. including grants of \$ 38,500.) (Reven)
	SCHOLARSHIPS/FELLOWSHIPS AND AWARDS: TO PROVIDE FINANCIA	<u>AL ASSISTANC</u>	<u>E</u>
	FOR HIGHER EDUCATION STUDIES TO TALENTED ELECTRONIC JOU	RNALISM STUD	ENTS
	AND EARLY-CAREER PROFESSIONALS TO ENABLE THEM TO PREPAR	E FOR AND	
	ADVANCE IN THEIR CAREERS IN THE PROFESSION.		
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 63,040 • including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 344,609.		 .
		Form 9	90 (2011)
13200			

Form 990 (2011) FOUNDATION
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u> _
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		,	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	44.		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		Λ
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	!		
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_ <u>X</u> _
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? 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	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u> </u>
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···		
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	9 <mark>90</mark> (2011)

FOUNDATION Part IV Checklist of Required Schedules (continued)

		1	Yes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		İ	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
00	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		v	
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	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?	24a		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
_	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		
	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		Х
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
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, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
^ -	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		77
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	20	🕌	
	Note: Air our 330 mais are required to complete Schedule O	38_	990 (2	2011
		Louin	33 U ()	2011)

_	RADIO & TELEVISION NEWS DIRECTORS	C0000	_	
Par	990 (2011) FOUNDATION 38-18 t V Statements Regarding Other IRS Filings and Tax Compliance	60090	<u> </u>	Page :
Гаі	Check if Schedule O contains a response to any question in this Part V			
	Officer in Schedule O Contains a response to any question in this Fart V		T.,	
4	Enter the number reported in Day 2 of Form 1006 Enter 0 of not applicable	6	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W.SC included in line 1s. February of forms applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	- 	:	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
_	(gambling) winnings to prize winners?	1c	Х	├—
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	_0		}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country	-		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	┼^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		+
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		Х
L	any contributions that were not tax deductible?	6a		 ^
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- Ch		
7	Organizations that may receive deductible contributions under section 170(c).	6b	 	+
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	/or? 7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5	123	
·	to file Form 8282?	7c		Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70	 	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		X
q.	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		 	==
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0		T	
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting N/A		Γ	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	,		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A			
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		-	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		ļ	
	amounts due or received from them)		•	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	. 13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		}	
	organization is licensed to issue qualified health plans			

Form **990** (2011)

14a

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

38-1860090

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI					X					
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	1a	16								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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	ne direc	t 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 wa	s filed?	4		<u>X</u>					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X					
6	Did the organization have members or stockholders?			6		X					
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or								
	persons other than the governing body?										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:								
а	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 real	ached a	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	, , , , , , , , , , , , , , , , , , , ,										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	ļ					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe								
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did 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 approv		dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,									
a	The organization's CEO, Executive Director, or top management official			15a		X					
b	Other officers or key employees of the organization			15b		X					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a								
	taxable entity during the year?			16a		<u>X</u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of		•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's								
	exempt status with respect to such arrangements?			16b		<u> </u>					
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE		504/3/03								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sect	on 501(c)(3)s only) a	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply										
40	Own website Another's website X Upon request				_						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, an	d finar	icial						
	statements available to the public during the tax year										
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	tion 🕨	_						
	MARIBEL TORRES-PINERO - (240)395-4500	1/T	20015								
13200	8401 CONNECTICUT AVENUE, SUITE 1202, CHEVY CHASE,	MD	20815		000	(0044)					
01-23-	12			Form	330 ((2011)					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	y related organization compensa (B) (C)						(D)	(E)	(F)
Name and Title	Average	١		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	not check more than one unless person is both an			h an	compensation	compensation	amount of
	week		officer and a director/trustee					from	from related	other
	(describe	rector						the	organizations	compensation
	hours for	or di	 123			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	frust		8	Suadi		(W-2/1099-MISC)		organization
	in Schedule	lual ti	tiona		nploy	ye e	_			and related organizations
	0)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEVIN BENZ						Ī				
CHAIR	2.00	Х		Х				0.	0.	0
(2) VINCENT DUFFY										
CHAIRMAN-ELECT	2.00	X		X		L		0.	0.	0
(3) MARK KRAHAM										
PAST-CHAIRMAN	2.00	X		X				0.	0.	0
(4) LOREN TOBIA								_		
TREASURER	2.00	X		X	ļ			0.	0.	0 .
(5) KATHY WALKER										
DIRECTOR	2.00	X	ļ					0.	0.	0
(6) PEGGY PHILLIP	2 00	1,,								•
DIRECTOR	2.00	X						0.	0.	0
(7) CARLTON HOUSTON	2.00							0	•	0
DIRECTOR (A) TAN GARAGE	2.00	X						0.	0.	0
(8) JAM SADAR DIRECTOR	2.00	v						0.	0.	0
(9) RANDY BELL	2.00	Δ	-					0.	0.	
DIRECTOR	2.00	x						0.	0.	0
(10) ANDREW VREES										
DIRECTOR	2.00	х						0.	0.	0
(11) CHRIS CARL										
DIRECTOR	2.00	Х						0.	0.	0
(12) STEVE SCHWAID										
DIRECTOR	2.00	Х			<u> </u>			0.	0.	0
(13) TERRY SCOTT										
DIRECTOR	2.00	X						0.	0.	0
(14) CISSY BAKER										
DIRECTOR	2.00	X			_			0.	0.	0.
(15) JANICE S. GIN										
DIRECTOR	2.00	X	<u> </u>					0.	0.	0
(16) DAVID EVANS									_	_
DIRECTOR	2.00	X	├—		_			0.	0.	0
(17) JANE NASSIRI	1000							_	15, 560	00 500
EXEC. DIR. (FEB. THROUGH DEC.) 132007 01-23-12	12.00	<u> </u>	[X		<u> </u>		0.	154,562.	28,689 Form 990 (2011

Part VII Section A. Officers, Directors, Tru	istees Kev Fi	mple	over	- 2	nd I	High	est	Compensated Employ	ees (continue	d)	000	<u>-</u>	ago e
(A) Name and title	(B) Average	(do	not c	Pos check	C) sition more	า e than	one	(D) Reportable	(E) Reporta	ble		(F)	
	hours per week (describe hours for related organizations in Schedule O)	itee or director	Institutional trustee		a directo	ensated ensated	istee)	compensation from the organization (W-2/1099-MISC)	compensa from rela organizati (W-2/1099-i	ted ions	com fi org an	nount other opensa rom th anizat d relat anizat	ation ie tion ted
(18) MICHAEL CAVENDER EXECUTIVE DIRECTOR (BEGAN IN DEC.)	12.00			Х				0.	4	546.			0.
(19) KATHLEEN GRAHAM													
EXEC. DIR. RTNDF (UNTIL FEB.)	EXEC. DIR. RTNDF (UNTIL FEB.) 12.00 X 0. 83,85									854.		3	90.
1b Sub-total c Total from continuation sheets to Part VI	I, Section A	i	I	1	<u> </u>	>	<u>l</u>	0.	242,	962.	2	9,0	79. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re	0. eceived more than \$100	242, ,000 of report		2	9,0	79.
compensation from the organization								-				Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	on	4	х	
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for servic	es			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son					5		X
Complete this table for your five highest co the organization. Report compensation for										ompens	ation f	rom	
(A) Name and business		ear t	enun	ng v	VILIT	OI W	ILT III	(B) Description of s			(Compe		
RADIO TELEVISION DIGITAL	NEWS AS							ADMINISTRATI		 	- <u></u>		
529 14TH ST. NW # 425, WA	ASHINGTO	N	<u>, I</u>	OC_	2(004	15	SERVICE			21	<u>8,5</u>	<u>32.</u>
				·		·							
Total number of independent contractors (iii \$100,000 of compensation from the organization)	_	ot lii	nite	d to	tho	se lis L	sted	above) who received m	ore than				
									.=		Form	990 (2011)

FOUNDATION of Boyonus

1.0	it VII	in Statement of Rever	lue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a				-	
ira	b	Membership dues	1b					
S, G	С	Fundraising events	1c	166,000.				
ar a	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribut	ions) 1e					
r tio	f	All other contributions, gifts, gran	its, and					
호취		similar amounts not included abo	ve 1f	147,255.				
a g	g	Noncash contributions included in lines	1a-1f \$					
<u>2</u> <u>p</u>	h	Total. Add lines 1a-1f			313,255.			
				Business Code				
ice	2 a							
e S	b				 			
Program Service Revenue	C							<u> </u>
Reg	d							
P.	e	•						
_		All other program service reve	enue					-
\dashv	<u> </u>	Total. Add lines 2a-2f Investment income (including	duudanda intar	not and	.			
	3	other similar amounts)	dividends, inter-	est, and	47,008.			47,008.
ŀ	4	Income from investment of ta	x-exempt bond r	proceeds	41,0001			47,000.
	5	Royalties		>				
		7	(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
i	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	79,175.					
İ	b	Less cost or other basis						
l		and sales expenses	61,511.					
}		Gain or (loss)	17,664.					
		Net gain or (loss)		•	17,664.			17,664.
e l	8 a	Gross income from fundraising	•					
e l		including \$166,0						
Other Revenu		contributions reported on line	•	12 150				
ě	L-	Part IV, line 18	а	<u>42,150.</u> 103361.				
٥		Less direct expenses Net income or (loss) from fund	b training avents	103301.	<61,211.			<61,211.
i		Gross income from gaming ac	=		VOI, ZII.			<u> </u>
-	Ju	Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gam	_	•				
- }		Gross sales of inventory, less	=					
		and allowances	а					
	b	Less cost of goods sold	b					
L	С	Net income or (loss) from sale	s of inventory	>				
		Miscellaneous Revenu	e	Business Code				
Ì	11 a							
	b							
1	С		-					
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
12200	12	Total revenue See instructions.		<u> </u>	316,716.	0.	0.	
13200 01-23	- 12							Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do	Check if Schedule O contains a responsion not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		,		
	organizations in the United States. See Part IV, line 21		_		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	44,025.	44,025.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			j	
	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 accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	İ			
а	Management	218,352.	101,906.	116,446.	
b	Legal				
С	Accounting	20,923.		20,923.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	166,580.	130,032.	36,548.	
12	Advertising and promotion	1,936.	1,936.		
13	Office expenses	21,873.	5,823.	16,050.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	59,365.	53,099.	6,266.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,461.	4,903.	12,558.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DOLLED ALIDEO LITCHER	17,699.		17,699.	
b	DAD DEDE SUDDICE	15,450.		15,450.	
С	CD 3 NEW 3 DMILLS CERD 3 ELECTION	5,000.		5,000.	
d	167.00	2,885.	2,885.		
e	All other expenses	235.	,	235.	
25	Total functional expenses. Add lines 1 through 24e	591,784.	344,609.	247,175.	0
26	Joint costs Complete this line only if the organization		,	, =	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

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Form 990 (2011)

Form 990 (2011)
Part X Balance Sheet FOUNDATION

PartA	Balance Sneet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	50,450.	1	18,089.
2	Savings and temporary cash investments	277,103.	2	209,634.
3	Pledges and grants receivable, net	217,974.	3	0.
4	Accounts receivable, net	33,892.	4	100.
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			· · · · · · · · · · · · · · · · · · ·
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
ets 7	Notes and loans receivable, net		7	
Assets 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	14,655.	9	0.
108	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a			
, t	Less accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	1,183,396.	11	1,168,437. 19,311.
12	Investments - other securities See Part IV, line 11	71,792.	12	19,311.
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,849,262.	16	1,415,571
17	Accounts payable and accrued expenses	91,972.	17	26,148
18	Grants payable		18	
19	Deferred revenue	25,000.	19	9,000
20	Tax-exempt bond liabilities		20	
စ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key employees,			
iabi	highest compensated employees, and disqualified persons. Complete Part II			
_	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D	92,561.	25	74,632.
26	Total liabilities. Add lines 17 through 25	_209,533.	26	109,780.
	Organizations that follow SFAS 117, check here X and complete			
မွ	lines 27 through 29, and lines 33 and 34.			
Fund Balances 25 29 29	Unrestricted net assets	552,991.	27	<u>456,32</u> 1.
E 28	Temporarily restricted net assets	583,771.	28	346,503.
고 29	Permanently restricted net assets	502,967.	29	502,967.
교	Organizations that do not follow SFAS 117, check here and			
Ď	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	· _ · · · · · · · · · · · · · · · · · ·
8 31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or 30 31 35 33	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,639,729.	33	1,305,791.
34	Total liabilities and net assets/fund balances	1,849,262.	34	1,415,571.

Form **990** (2011)

X Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form 990 (2011)

За

3b

Х

Separate basis Consolidated basis

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

RADIO & TELEVISION NEWS DIRECTORS

Employer identification number

_		FOUNDAT							38	-1860	090	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions				
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1			s, or association of chur).				
2			70(b)(1)(A)(ii). (Attach Sc				(-)(-)(-)(-)	-				
з 🗔			ital service organization	•		170(b)(1)	(A)(ui)					
4			operated in conjunction					/h)/1)/A)/ii	i) Enter the	e hospital	's nam	ne en
	city, and stat				priai acco.		01,011 110	(=)(1)(/1)(o moopital	0 11011	,
5	-		benefit of a college or ui	niversity o	uned or or	perated by	a govern	montal un	t describes	d in		
<u> </u>		(b)(1)(A)(iv). (Compl		inversity of	wiled of of	berated by	a governi	meritai urii	t described	<i>,</i>		
e 🗀			·	4 daaaba.	al	- 470/5/4	(VAV.)					
6 L 7 X			ent or governmental uni								1 l	
لما ١	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
. \Box			· ·									
8			section 170(b)(1)(A)(vi).									
9 📖			eives (1) more than 33									
			nctions - subject to certa	· ·	-	•				•		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon af	ter June 3	0, 197	'5
		509(a)(2). (Complete	•									
10			perated exclusively to te		-			•				
11			perated exclusively for th									or
	more publicly	y supported organiza	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2) See se o	ction 509(a)(3). Chec	k the box	that	
			organization and compl	ete lines 1	1e through	11h						
	a ∐ Type I	l b∟	_ Type II و	тур 📖 з	e III - Func	tionally int	tegrated		d ¹	Type III - (Other	
e 🔛	By checking	this box, I certify the	at the organization is not	controlled	l directly o	r indirectly	by one o	r more dis	qualified pe	ersons oth	er tha	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations desi	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2)	
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box									
g	Since August	t 17, 2006, has the d	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
	(ı) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a person	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍ ?					11g(iii)		
h	Provide the fe	ollowing information	about the supported or	ganizationi	(s)							
(i) Name	of supported	(iı) EIN	(ıiı) Type of	(iv) Is the c	rganization	(v) Did voi	notify the	(vi) ls	the	(vii) An	nount o	f
	anization	(11, 2.11	organization		sted in your		•	organizati	on in col.		port	'
J			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	(ı) organız U.S	2 (004	p 0	
			(see instructions))	Yes	No	Yes	No	Yes	No			
							<u>-</u>					
						 	ļ	·	 			
		 - ·				-	<u> </u>		 			
	_			 				-				
<u> Total</u>		L	l	<u> </u>		l	L	<u> </u>				

132021

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

38-1860090 Page 2

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION 38-18600 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.)

Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Tot of the contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,	,075.
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supported organization) included on line 1 that exceeds 2% of the	
on line 1 that exceeds 2% of the	
column (f) 2 . 284	623
6 Public support. Subtract line 5 from line 4	
Section B. Total Support	.434.
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7 Amounts from line 4 2,407,210. 1,399,202. 876,731. 777,677. 313,255. 5,774	
8 Gross income from interest,	,075.
dividends, payments received on	
securities loans, rents, royalties	
and income from similar sources 70,375. 64,375. 45,898. 41,506. 47,008. 269,1	62.
9 Net income from unrelated business	.02.
activities, whether or not the	
business is regularly carried on	
10 Other income Do not include gain	
or loss from the sale of capital	
assets (Explain in Part IV)	
11 Total support. Add lines 7 through 10 6,043	237
12 Gross receipts from related activities, etc (see instructions)	, 257.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	•
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 57.74	<u>%</u>
15 Public support percentage from 2010 Schedule A, Part II, line 14	
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
· · ·	X
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	-
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	• 🔲
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	•
Schedule A (Form 990 or 990-EZ) 2011

132022 01-24-12

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

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

Calendary set (of fiscal year beginning in) > (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total (fifts, grants, contributions, and membership fless received (Op not include any virtualisal grants*) 2 Gross receipts from admissions, and membership fless received (Op not include any virtualisal grants*) 2 Gross receipts from admissions and performed, or facilities furnished in any activity that is related to the organization's trace-semplip purpose of 3 Gross receipts from admissions and performed, or facilities furnished in any activity that is related to the organization's benefits and either paid to or expended on its behalf 4 Tax revenues leved for the organization's benefits and either paid to or expended on its behalf 5 The value of senoces or facilities furnished by a governmental unit to the organization's benefits and either paid to ore expended on its behalf 6 Total. Add lines 1 through 5 7 A Amounts included on hims 1, 2, and 3 received from dequalities of persons. b Pressities related to the organization of the organization in the second of the persons of the organization of the organiza	Section A. Public Support	ow, picase com	piete i art ii j			- ·	
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	* *	-					
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2011
Open to Public Inspection

Name of the organization

RADIO & TELEVISION NEWS DIRECTORS

Employer identification number

FOUNDATION 38-1860090 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? l No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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	edule D (Form 990) 2011 FOUNDATI) Page 2
Pa	rt III Organizations Maintaining Co							
3	Using the organization's acquisition, accession	n, and other records,	check any of the	following that are a	significant	use of its	collection	ı ıtems
	(check all that apply)							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain h	now they further th	ne organization's exe	empt purp	ose in Parl	: XIV	
5	During the year, did the organization solicit or i	receive donations of	art, historical treas	sures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be main						Yes	No_
Pa	rt IV Escrow and Custodial Arrange		of the organization	n answered "Yes" to	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21						
1a	Is the organization an agent, trustee, custodiar	n or other intermedia	ry for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the follo	wing table					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21	12				Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV							
Pai	rt V Endowment Funds. Complete if t	he organization answ	vered "Yes" to For	m 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	835,661.	741,115.	789,211.	1,0	18,075.		
b	Contributions	10,000.	10,000.	2 102.		600.		
С	Net investment earnings, gains, and losses	89,279.	<1	198,281.	>			
d	Grants or scholarships					·		
е	Other expenditures for facilities					-		
	and programs	29,000.	32,000.	139,477.		31,183.		
f	Administrative expenses							
g	End of year balance	820,595.	835,661.	741,115.		789,211.		
2	Provide the estimated percentage of the current	nt year end balance (line 1g, column (a)) held as		•		
а	Board designated or quasi-endowment	<2.21>	6					
b	Permanent endowment ► 61.30	%						
С	Temporarily restricted endowment ► 40	.91 %						
	The percentages in lines 2a, 2b, and 2c should	l equal 100%						
3 a	Are there endowment funds not in the possess	sion of the organization	on that are held ar	nd administered for	the organi	zation		
	by							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on s	Schedule R?				3b	
4	Describe in Part XIV the intended uses of the o	rganization's endowi	ment funds					
Pai	rt VI Land, Buildings, and Equipme	nt. See Form 990, F	Part X, line 10					
	Description of property	(a) Cost or other		or other (c)	Accumulate	ed	(d) Book	value
	· · · · · · · · · ·	basis (investmei	nt) basis ((other) de	preciation	ı	• •	
1a	Land			-				
b	Buildings							
С	Leasehold improvements							
d	Equipment	-						
е	Other				·			
	I. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part X,	column (B), line 1	0(c))			_	0.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RTDNA	74,632.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11) _	
Total (Column (h) must equal Form 000, Part V, and (P) line 25.)	74 632

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)

132053 01-23-12

Schedule D (Form 990) 2011 FOUNDATION 38-1860090 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 316,716. Total revenue (Form 990, Part VIII, column (A), line 12) 1 591,784. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 <275,068.> <58,870.> 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 <58,870.> Total adjustments (net) Add lines 4 through 8 9 9 <333,938 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 423,982. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 <58,870. a Net unrealized gains on investments 2a 62,775 b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 103,361 d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 107,266. 2e 316,716. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 4c 316.716. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 757,920. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 62,775 a Donated services and use of facilities 2a b Prior year adjustments 2b Other losses 2c 103.361 Other (Describe in Part XIV) 2d 166,136. e Add lines 2a through 2d 2e 591,784. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c 784 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information PART V, LINE 4: THE ORGANIZATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR AMOUNTS TO SUPPORT THE SCHOLARSHIP/FELLOWSHIP ENDOWMENTS AND THE GENERAL OPERATING ENDOWMENT. INTEREST AND DIVIDEND REVENUE FROM THE SCHOLARSHIP/FELLOWSHIP FUNDS IS USED EXCLUSIVELY TO SUPPORT THE ANNUAL SCHOLARSHIPS AND FELLOWSHIPS AND RELATED TRAVEL COSTS. INTEREST AND DIVIDEND REVENUE FROM THE GENERAL OPERATING ENDOWMENT IS USED TO SUPPORT ANNUAL GENERAL FUND AND PROGRAM EXPENSES.

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.

OMB No 1545-0047

Open To Public

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 b Internet and email solicitations Solicitation of government grants Phone solicitations c Special fundraising events 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 (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

132081 01-23-12

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

Schedule G (Form 990 or 990-EZ) 2011

RADIO & TELEVISION NEWS DIRECTORS Schedule G (Form 990 or 990-EZ) 2011 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 (b) Event #2 (a) Event #1 (c) Other events (d) Total events 1ST AMEND. NONE (add col (a) through DINNER col (c)) (event type) (event type) (total number) Revenue 208,150 208,150. 1 Gross receipts 166,000. 166,000. 2 Less Charitable contributions 42,150 42,150. Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 63,241. 63,241 Food and beverages 8 Entertainment 40,120 40,120. 9 Other direct expenses 103,361, 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 <61,211.> 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities Yes 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

Schedule G (Form 990 or 990-EZ) 2011

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RADIO & TELEVISION NEWS DIRECTORS Schedule G (Form 990 or 990-EZ) 2011 FOUNDATION 38-1860090 Page 3 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Yes [to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a **b** An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records. Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives garning revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party Name > Address > Gaming manager information Name 🕨 Gaming manager compensation > \$____ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)

Schedule G (Form 990 or 990-EZ) 2011

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

RADIO & TELEVISION NEWS DIRECTORS

Open to Public Inspection

Name of the organization RADIO & TE:	RADIO & TELEVISION NEWS FOITNDATION		DIRECTORS				Employer identification number
Part I General Information on Grants and Assistance	and Assistance						00000
1 Does the organization maintain records to substantiate the amount of	to substantiate th		s or assistance, the	grantees' eligibility	for the grants or ass	he grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	iistance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	rocedures for moni	toring the use of grant	t funds in the Unite	d States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in th	e United States. C	complete if the orga	anization answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Check this	box if no one recipie	nt received more th	an \$5,000 Part II	can be duplicated if a	additional space is nee	ded •
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations I Enter total number of other organizations listed in the line 1 table 	and government or	l suoi:	sted in the line 1 table				A A

29

Schedule I (Form 990) (2011)

38-1860090

Schedule 1 (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

י מון ווו כמון אם מחלווכמופת זו מסתוניסוומן אלמכב וא וופפתפת					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	15	38,500.	0		
AWARDS	31	5,525,	0.		
			,		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I, I	ine 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: EACH PARTIC	ARTICIPAN	IPANT COMPLETES	ES AN APPLICATION	ICATION BASED	
ON THE AWARD THEY ARE APPLYING FOR AND		TITS IT TO	SUBMITS IT TO RINDF ALONG WITH AN	NG WITH AN	

THE APPLICATIONS AND SUBMISSIONS ARE REVIEWED BY A

EXAMPLE OF THEIR WORK.

THE SCHOOLS PANEL OF JUDGES CONSISTING OF CURRENT AND FORMER BOARD MEMBERS.

THEN SEND OVER ENROLLMENT AND GRADES FOR BOTH SEMESTERS TO ENSURE THE

STUDENT IS IN GOOD ACADEMIC STANDING

Schedule I (Form 990) (2011)

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.

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number 38-1860090

Schedule J (Form 990) 2011

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? X 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? X 5a Х Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a X Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes." describe in Part III 8 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

132111

Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 38-1860090

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C)	(D)	(E)	(F)
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	nontaxable benefits	(B)(I)-(D)	compensation reported as deferred in prior Form 990
	Ξ	0	0	0	0	0	0	0
1 JANE NASSIRI	<u>(i)</u>	122,254.	0.	32,308.	6,250.	22,439.	183,251.	0
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15	Ξ							
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16	Ξ							

Schedule J (Form 990) 2011 FOI Part III | Supplemental Information

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

Schedule J (Form 990) 2011
SOUTH THE WASTE TO THE PARTY OF
PART I, LINE 4A: KATHLEEN GRAHAM RECEIVED SEVERANCE OF \$64,904
APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
COMPENSATION SURVEY OR STUDY
- WRITTEN EMPLOYMENT CONTRACT
990 OF OTHER ORGANIZATIONS
COMPENSATION OF THE EXECUTIVE DIRECTOR:
DETERMINE COMPENSATION. RTNDA USES THE FOLLOWING TO ESTABLISH
THE FOUNDATION RELIES ON A RELATED ORGANIZATION, RTNDA

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

RADIO & TELEVISION NEWS DIRECTORS FOUNDATION

Employer identification number 38-1860090

10011212111 1001121211
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 4D, OTHER PROGRAM SERVICES:
1ST AMENDMENT PROJECT
EXPENSES \$ 23,500. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
NEFE
EXPENSES \$ 32,331. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
EEJF
EXPENSES \$ 4,324. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
NEWSROOM DIVERSITY CAMPAIGN
EXPENSES \$ 2,885. 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization RADIO & TELEVISION NEWS DIRECTORS **Employer identification number** FOUNDATION 38-1860090 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 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 ANNUALLY. 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 HERSELF FROM ANY PORTION OF ANY PROCEEDINGS AT WHICH ACTION IS CONSIDERED OR TAKEN REGARDING THE INTEREST. ANY DOUBT REGARDING WHETHER A CONFLICT OF INTEREST EXISTS IT IS RESOLVED IN FAVOR OF DISCLOSURE, ABSTENTION AND ABSENCE. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION RELIES ON RTDNA, THE RELATED ORGANIZATION TO SET COMPENSATION FOR THE OFFICERS OF THE ORGANIZATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization RADIO & TELEVISION NEWS DIRECTORS FOUNDATION	Employer identification number 38-1860090
NET UNREALIZED LOSSES ON INVESTMENTS:	-58,870.
FORM 990, PART VII, SECTION A: JANE NASSIRI, FORMER EXECU	JTIVE DIRECTOR,
AND MICHAEL CAVENDER, CURRENT EXECUTIVE DIRECTOR, BOTH SP	PENT 12 HOURS
PER WEEK ON RTNDF, AND 28 HOURS PER WEEK ON A RELATED ORG	SANIZATION,
RTNDA.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

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.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 38-1860090

Direct controlling

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entity

End-of-year assets <u>e</u> Total income ত্ত Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) RADIO & TELEVISION NEWS DIRECTORS Primary activity FOUNDATION Name, address, and EIN of disregarded entity Name of the organization Part I

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.) Part II

(e)	(q)	(c)	(p)	(e)		(g)	6
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entity?	ed (s)
				501(c)(3))		Yes	°Z
RADIO TELEVISION NEWS DIRECTORS ASSOCIATION							
- 52-1452178, 529 14TH STREET NW #425,							
WASHINGTON, DC 20045	ASSOCIATION	DELAWARE	501(C)(6)	N/A N	N/A		×

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

132161 01-23-12 LHA

RADIO & TELEVISION NEWS DIRECTORS

FOUNDATION Schedule R (Form 990) 2011

38-1860090 Part III 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)

Page 2

(j) (k) General or Percentage managing ownership partner?	ore related	(h) Percentage ownership				
(j) BI General or box managing dule partner? 065) Yes No	ad one or m	(g) Share of end-of-year assets				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	secause it ha					
(h) Disproportionate allocations?	IV, line 34 b	(f) Share of total income				
(g) Share of end-of-year a	to Form 990, Parl	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income	on answered "Yes"	(d) Direct controlling entity				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	lete if the organizati	(C) Legal domicile (state or foreign country)				
(d) Direct controlling Fentity	ration or Trust (Comp	(b) Primary activity			5 7 7 7	
(c) Legal domicile (state or foreign	as a Corpou					
(b) Primary activity	ganizations Taxable a	Z c				
(a) Name, address, and EIN of related organization	Part IV 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)	(a) Name, address, and EIN of related organization				

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Yes

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FOUNDATION Schedule R (Form 990) 2011

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Part

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

ng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Done and the first control of the second sec
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•	

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity **b** Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

Sale of assets to related organization(s)

Purchase of assets from related organization(s)

Exchange of assets with related organization(s) ے Lease of facilities, equipment, or other assets to related organization(s)

J Lease of facilities, equipment, or other assets from related organization(s)

Performance of services or membership or fundraising solicitations for related organization(s)

1 Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses 0

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p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

Other transfer of cash or property from related organization(s)

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	ho must complete th	ns line, including covered	elationships and transaction thresholds
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining
	type (a-r)		amount involved
RADIO TELEVISION NEWS DIRECTORS			
(1) ASSOCIATION	M	83,852.	83,852.OVERHEAD REIMB. AT ACTUAL COST
RADIO TELEVISION NEWS DIRECTORS			
(2) ASSOCIATION	N	118,695.	118,695.SALARY REIMB. AT ACTUAL COST
RADIO TELEVISION NEWS DIRECTORS			
(3) ASSOCIATION	0	49,552.	49,552. ACTUAL EXPENSE
RADIO TELEVISION NEWS DIRECTORS			
(4) ASSOCIATION	Ö	57,013.	57,013.FUNDS RECEIVED
(5)			

Schedule R (Form 990) 2011

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RADIO & TELEVISION NEWS DIRECTORS FOUNDATION

Schedule R (Form 990) 2011

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)

	(i) (j) (k)	Dispropor- Londie amount in box 20 managing ownership Ves No (Form 1065) Yes No						 		 							_
•	£	Dispropor- tionate am allocations? Of Yes No (-	·			 	_
•		Share of end-of-year assets				•											_
•	(2)	Share of total income															
	(e)	partners sec 501(c)(3) orgs?												-			-
stment partnerships	(p)	Predominant income (related, unrelated, excluded from tax under section 512-514) y															
ision for certain inve	(၁)	Legal domicile (state or foreign country)															_
structions regarding exclu	(q)	Primary activity															
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a)	Name, address, and EIN of entity															_

RADIO & TELEVISION NEWS DIRECTORS

Schedule R	(Form 990) 2011	FOUNDATION	38-1860090	Page 5
Part VII	(Form 990) 2011 Supplemental Infor	mation		
·	Complete this part to pro	vide additional information for responses to questions on Schedule R (see instru	ctions)	
	Complete time part to pro	The additional members of temperature of temperatur	otions _j	
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