Department of the Treasury Internal Revenue Service

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

Α	For the	2012 calendar year, or tax year beginning	ar	nd ending	_	
В	Check if applicable:	C Name of organization RADIO-TELEVISION NEWS I	ハエロを で如 ハ ロで		D Employer identific	ation number
	Address		TKECIOKS			
\vdash	change Name		CTON DICIMAL	NEWC	50 1 <i>/</i>	152178
	lchange lnitial			NEWS		1341/0
	return Termin- ated	Number and street (or P.0. box if mail is not delived by 14TH STREET NW	/ered to street address)	Room/suite 425	E Telephone number (202)	
	Amende return Applica-	City, town, or post office, state, and ZIP code			G Gross receipts \$	1,434,497.
	⊥ltiön pending	WASHINGION, DC 20045	INDI CATENDED		H(a) Is this a group ret	urn Yes X No
		F Name and address of principal officer:MICH SAME AS C ABOVE	AEL CAVENDER		for affiliates? H(b) Are all affiliates incli	
$\overline{}$	Tax-exer	mpt status: 501(c)(3) X 501(c) (6)	■ (insert no.) 4947(a)(1) or 527	` ′	ist. (see instructions)
<u></u>	Website	WWW.RTDNA.ORG	. (.,	H(c) Group exemption	
			ociation Other	ı Year		State of legal domicile: DE
		Summary		<u> </u> 100.	01101111au011, = 2 0 0 W	otato or regar dorrinone, = =
		riefly describe the organization's mission or most	significant activities: PRO	MOTE TH	E ACHIEVEMEN	T OF HIGH
ဥ		PROFESSIONAL STANDARDS FOR	R ELECTRONIC J	OURNALI	SM. FOSTER E	PRINCIPLES
nai	_	Check this box if the organization discon				
Governance		lumber of voting members of the governing body (1 1	16
ၓ		lumber of independent voting members of the gov				16
ళ		otal number of individuals employed in calendar ye				5
ij		otal number of individuals employed in calendar years and individuals employed in calendar years.				22
Activities &		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, col				31,800.
ĕ		let unrelated business teveride from Fart viii, cor				0.
	51	iet unrelated business taxable income nom rom	990-1, IIIIe 94		Prior Year	Current Year
	8 0	Contributions and grants (Part VIII, line 1h)			6,108.	134,384.
Revenue					910,521.	860,806.
Ver			and 7d)		23,297.	56,355.
æ	1	nvestment income (Part VIII, column (A), lines 3, 4,			185,095.	72,401.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			1,125,021.	1,123,946.
	1	otal revenue - add lines 8 through 11 (must equal I			0.	0.
		arants and similar amounts paid (Part IX, column (A Benefits paid to or for members (Part IX, column (A)			0.	0.
	1				514,246.	365,549.
Expenses	15 S	calaries, other compensation, employee benefits (P			0.	0.
)eu	loa P	Professional fundraising fees (Part IX, column (A), lin		^	0.	•
Ä	47 0	otal fundraising expenses (Part IX, column (D), line			724,156.	698,669.
	1	Other expenses (Part IX, column (A), lines 11a-11d,			1,238,402.	1,064,218.
		otal expenses. Add lines 13-17 (must equal Part IX			-113,381.	59,728.
<u>_ S</u>	19 R	Revenue less expenses. Subtract line 18 from line 1	12		ginning of Current Year	
Net Assets or Fund Balances	20 -	intel consts (Post V. line 10)			782,450.	End of Year 797,701.
ASSE	20 T	, , , , , , , , , , , , , , , , , , , ,			371,046.	332,034.
let/	21 T	otal liabilities (Part X, line 26)			411,404.	465,667.
D	art II	let assets or fund balances. Subtract line 21 from Signature Block	line 20		411,404•	403,007
		ies of perjury, I declare that I have examined this return, i	neludina accompanyina echadi	ulae and etatem	ente and to the heet of my	knowledge and helief it is
		and complete. Declaration of preparer (other than officer				knowledge and belief, it is
truc	, 0011001,	L) is based on an information of	willon propurer	nus arry knowledge.	
Sig		Signature of officer			Date	
He		, ,	JTIVE DIRECTOR			
пе	re	Type or print name and title	DITUD DIRECTOR			
		y	Preparer's signature	IT	Date Check	PTIN
Pai		AMANDA MEKO, CPA	i roparei o olynature	[if	D01062615
	-		INC.		self-employed	35-1489521
		Firm's address 5342 W. VERMONT S			FIIIII S EIN	22-1403271
USE	, July	INDIANAPOLIS, IN			Dhono no 21	7-241-2999
NA:		-			Phone no. 31	Yes No
ivia	v me iks	S discuss this return with the preparer shown above	/e / Isee Instructions)			I I TES I INO

	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:
	PROMOTE THE ACHIEVEMENT OF HIGH PROFESSIONAL STANDARDS FOR ELECTRONIC
	JOURNALISM, FOSTER PRINCIPLES OF JOURNALISTIC FREEDOM, ENSURE
	ADVANCEMENT OF ITS MEMBERS, AND ENHANCE PUBLIC PERCEPTIONS OF
	ELECTRONIC JOURNALISM AS A VITAL AND RESPONSIBLE FORCE IN THE NATION'S
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? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$
	AWARDS: THE AWARDS PROGRAM IS A COMPETITION THAT HONORS OUTSTANDING
	ACHIEVEMENTS IN ELECTRONIC JOURNALISM. IT IS NAMED AFTER EDWARD R.
	MURROW.
	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PUBLIC AFFAIRS/PUBLIC RELATIONS: SUPPORTS THE LEGAL AND LEGISLATIVE AGENDA OF THE ASSOCIATION AS DETERMINED BY THE GOVERNING BOARD AND
	POLICY COMMITTEES IN SERVING THE BUSINESS INTEREST OF ELECTRONIC
	JOURNALISTS.
4-	
4c	(Code:) (Expenses \$
	OF INFORMATION.
	<u> </u>
4d	Other program services (Describe in Schedule O.)
-t u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

232002 12-10-12

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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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	N/	A
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	Х	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 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, VII, 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		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			
	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		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		37	
	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 and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		٠,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	טדו		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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RADIO-TELEVISION NEWS DIRECTORS **ASSOCIATION**

Form 990 (2012) ASSOCIATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		
	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	N/	A
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	N/	A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	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,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ <u></u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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		
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	N/	<u> </u>
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		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2012)

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Service the number reported in Box 3 of Form 1008. Enter 0- if not applicable 1a 6 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in the control of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize wirmers? 2e 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 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If we call the search of the organization file all required federal employment tax returns? 2c) X Note. If the sum of lines 1s and 2s in greater than 250, you may be required to -6/fe (see instructions) 3b If If we call the organization have unrelated business gross income of \$1,000 or more during the year? 3c If the organization have unrelated business gross income of \$1,000 or more during the year? 3d If we call the organization have unrelated business gross income of \$1,000 or more during the year? 3d If we call the organization have an interest in, or a signature or other authority over, a financial account or country (such as a bank account, securities account, or other financial accounts? 4d A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or other financial accounts? 4d A large the financial organization and the organization and accounts. 5d Was the organization appray to a prohibited tax shelter transaction? 5d Was the organization appray to a prohibited tax shelter transaction? 5d Was the organization appray to a prohibited tax shelter transaction? 5d Did and transmission bett we proper accepted that are normally greater than \$100,000, and did the organization solicity and the organization solicity and the organization and partly orgods and services provided to the payor? 7d Did the organization selection of the acceptance of the acceptance of the acceptance of the						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 55 2b. If all least one is reported on line 2a, did the organization fall enquired federal employment tax returns? 2b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns? 2b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c. 55 3b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c. 65 3c. 75 3d. 10 bit worganization have unrelated business gross income of \$1,000 or more during the year? 3c. 85 3d. 11 his value is titled a Form 990 of the organization fall was an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 4d. At any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 4d. A. 2 bit if yea, enter the name of the foreign country. If year of Foreign Bank and Financial Accounts. 5d. Wise the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d. 10 bit any quantization aparty to a prohibited tax was or is a party to a prohibited tax shelter transaction? 5d. 2 bit was the organization aparty to a prohibited tax was or is a party to a prohibited tax shelter transaction? 5d. 2 bit in the sar of b. did the organization file Form 8887? 6d. 2 bit in the comparization and party to a prohibited tax was or is a party to a prohibited tax was or laterative to a prohibited tax was helter transaction? 6d. 2 bit in the comparization shelt was promited in expected to	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
dispatching winnings to prize winners? a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. a like of to the calendary pear ending with or within the year covered by this return b I hat taiset one is reported on line 2a, did the organization line all required federal employment tax returns? 5 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-/file (see instructions) 5 If 1''ves, 1 and 1 life of Form 990 To fire this year II "Note, "provide an explanation is Enclude 0 4 A 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If "Yes," either the name of the foreign country. I see bank as bank account, securities account, or other financial account; 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 A was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 B Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 C C Proposition of the organization that it was or is a party to a prohibited tax shelter transaction at year to the prohibited tax shelter transaction at any time during the tax year? 5 C Proposition is the second to tax deductibles or tax deductibles a charitable contributions? 6 D If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6 D If "Yes," indicate the number of Form 828617 and party as a contribution and party for goods and services provided to the payor? 7 D I were not tax deductible as charitable contributions? 8 D I "Yes," indicate the number of Form 8282 filed during the year the goods or services provided? 9 D I "Yes," indicate the proposition of the year pay pr	b		1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this results. 5 b If at least on is reported on line 2a, did the organization field is equired federal employment tax retures? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-fiel (see instructions) 3a If the organization have unreated business gross income of \$1,000 or more during the relatered business gross income of \$1,000 or more during the relatered varie, did the organization have an interest in, or a singulative or other authority over, a financial account in a 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 prohibitor tax shelter transaction at any time during the tax year? 5b If "Yes," to lit the organization that it was or is a party to a prohibitor tax shelter transaction? 5c If "Yes," to lit lie organization file Form 886-877 6d Does the organization have unreal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization include with every solicitation and express transmit and such contributions or gifts were not tax deductible? 6d If "Yes," did the organization include with every solicitation and express transmit and such contributions or gifts were not tax deductible? 6d If "Yes," did the organization include with every solicitation and	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	ole gaming			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3b If through a sum of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a If we will be sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," the line 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 wheter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file Form 8898-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8898-17 6d Does the organization have amountal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 4c If "Yes," to life the organization inclined with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization inclined with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c If If the organization selle, example, or otherwise dispose of family per group to the form 82822 filed during the year. 6 Did the organization selle, example, or otherwise dispose of family per year. 7d If If the organization received a contribution of care, boats, palma, property of which it was required to file the organization received a contribution of care, boats, palma, proper		(gambling) winnings to prize winners?			1c	Х	
b if at 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 900-Tro this year? If *No*, *provide an explanation in Schedule O 3a At any time during the calandary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time the name of the foreign country 5b if Yes, *inter the name of the foreign country is on a bank account, securities account, or other financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, *inter the name of that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If Yes, *in time 5a or 5b, did the organization file Form 8886-17 6a Does the organization hat were not tax deductible as charitable contributions? 6b If Yes, *in time 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes, *id the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, *id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, *id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, *ide the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, *ide	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	5			
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	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eΟ			000	(0040)

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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 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	1 1a 1	6		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1 1 1 1	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		Ť		
2			2		Х
_	officer, director, trustee, or key employee?		.		12
3	Did the organization delegate control over management duties customarily performed by or under the				₩
	of officers, directors, or trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form				
5	Did the organization become aware during the year of a significant diversion of the organization's as				Х
6	Did the organization have members or stockholders?		. 6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or		l	
	more members of the governing body?		. 7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	1
	If "Yes," did the organization have written policies and procedures governing the activities of such or		.		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	х	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	X	
b		ay belore ming the form.	i ia		
	Didd of the state		12a	х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicte?		X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		120	122	
С	's Oak and Is O has the's an advant		40	x	
40	in Schedule O how this was done			X	
13	Did the organization have a written whistleblower policy?				
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 approve	•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			١	
а	The organization's CEO, Executive Director, or top management official		15a	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 arrange	ement with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?		. 16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only) availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
		n in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c		and fina	ncial	
	statements available to the public during the tax year.	sor or intoroot policy,		. 101ai	
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the organi	zation: I	•	
20	JAKE KOENIG - 317-927-8000 3909 N MERIDIAN ST. INDIANAPOLIS. IN 46208	and records of the organi	Lauvii.		
	ουντοική πεντρινή οι, τηρινήνας στος την 40400				

12-10-12

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.

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)	l		(()		isai	(D)	(E)	(F)
Name and Title	Average hours per		Position (do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week					or/trus		from	from related	other
	(list any	irector						the	organizations	compensation
	hours for related	trustee or directo	stee			nsated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ıl trust	nal tru		loyee	om pe		,		and related
	below line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) VINCENT DUFFY	2.00			0	~	Ξ 5	Œ			
CHAIRMAN		Х		Х				0.	0.	0.
(2) CHRIS CARL	2.00									
CHAIRMAN-ELECT		Х		Х				0.	0.	0.
(3) KEVIN BENZ	2.00									
PAST CHAIRMAN		Х						0.	0.	0.
(4) LOREN TOBIA	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) KATHY WALKER	2.00									
DIRECTOR		Х						0.	0.	0.
(6) BRANDON MERCER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) SCOTT LIBIN	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) CARLTON HOUSTON	2.00								_	
DIRECTOR		Х						0.	0.	0.
(9) RANDY BELL	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ANDREW VREES	2.00									
DIRECTOR		Х						0.	0.	0.
(11) BILL ROSWELL	2.00									
DIRECTOR		Х						0.	0.	0.
(12) MARK KRAHAM	2.00									•
DIRECTOR	0 00	Х						0.	0.	0.
(13) TERRY SCOTT	2.00	٠,,								0
DIRECTOR	2 00	Х						0.	0.	0.
(14) DAN SHELLEY	2.00	٠,,							0	0
DIRECTOR AT-LARGE	2 00	Х						0.	0.	0.
(15) JERRY WALSH	2.00	٦,						_	_	•
DIRECTOR AT-LARGE	2 00	Х			_			0.	0.	0.
(16) SEAN MCGARVY	2.00							0.	0.	0
DIRECTOR AT-LARGE	2.00	Х					-	0.	0.	0.
(17) BOB BUTLER	4.00	х						0.	0.	0.
EX-OFFICIO MEMBER		Λ	l		l			<u> </u>	0.	U •

232007 12-10-12

RADIO-TELEVISION NEWS DIRECTORS ASSOCIATION 52-1452178 Form 990 (2012) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (F) (C) (A) (D) (E) Average Position Name and title Reportable Reportable Estimated (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee) week from from related other (list anv the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization ndividual trustee organizations ey employee and related below organizations line) (18) HUGO BALTA 2.00 Х EX-OFFICIO MEMBER 0. 0. 0. 2.00 (19) DOUG MITCHELL X 0. 0. 0. EX-OFFICIO MEMBER 2.00 (20) NANCY MCKENZIE DUPONT EX-OFFICIO MEMBER Х 0. 0. 0. (21) HAVEN DALEY 2.00 Х 0. 0. 0. EX-OFFICIO MEMBER (22) JEN CHRISTENSEN 2.00 Х EX-OFFICIO MEMBER 0 0 0. 28.00 (23) MICHAEL CAVENDER 123,397 EXECUTIVE DIRECTOR 12.00 X 0. 18,291. 123.397 Ο. Ο. 0 c Total from continuation sheets to Part VII, Section A 123,397. 0. d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 1 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address NO	(B) NE Description of services	(C) Compensation			
2 Total number of independent contractors (including but not lim					

Form **990** (2012)

\$100,000 of compensation from the organization

Form 990 (2012) ASSOCIA
Part VIII | Statement of Revenue

		Check if Schedule O cont	ains a resnons	se to any question	in this Part VIII			
		Chicar ii Concadic C Conc	ино и гоорона	or to any question	(A)	(B) Related or	(C) Unrelated	(D) Revenue excluded
					Total revenue	exempt function	business	from tax under sections 512, 513, or 514
						revenue	revenue	513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gran Gran	b	Membership dues	1b	121,884.				
ts, (С	Fundraising events	1c					
直	d	Related organizations	1d					
ns,		Government grants (contribut	, -					
er S	f	All other contributions, gifts, gran						
년 된		similar amounts not included above	ve 1f	12,500.				
d d	g	Noncash contributions included in lines	1a-1f: \$		104 004			
<u>ā Ö</u>	h	Total. Add lines 1a-1f			134,384.			
		1111 DDG		Business Code	CF1 001	CE1 201		
ice		AWARDS		900099	651,281.	651,281.	6 000	
e v		CONVENTION		900099	183,569.	177,494.	6,075.	
n S	_	COMMUNICATIONS		541800	23,131.	231.	22,900.	
Rev		JOB POSTINGS		900099	2,525.		2,525.	
Program Service Revenue	_	PUBLICATIONS		900099	300.		300.	
_		All other program service reve			0.60 0.06			
\dashv		Total. Add lines 2a-2f			860,806.			
	3	Investment income (including			10 700			10 700
	_	other similar amounts)			18,788.			18,788.
	4	Income from investment of tax	="	•				
	5	Royalties						
	•	0	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	1 a		347,913	s (ii) Other				
	h	Less: cost or other basis	347,313	•				
	b		310.346					
	_	and sales expenses Gain or (loss)	37.567					
		Net gain or (loss)			37,567.			37,567.
		Gross income from fundraising						7.00
une	o u	including \$	of					
Other Revenu		contributions reported on line						
r Ř		Part IV, line 18	-	а				
the	b	Less: direct expenses		b				
0		Net income or (loss) from fund						
		Gross income from gaming ac	-					
		Part IV, line 19		а				
	b	Less: direct expenses		b				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances		a 2,100.				
	b	Less: cost of goods sold		ь 205.				
L	С	Net income or (loss) from sale	s of inventory		1,895.	1,895.		
		Miscellaneous Revenu	е	Business Code				
		RTDNF ADMINISTR	ATIVE I		60,000.	60,000.		
	b	OTHER REVENUE		900099	10,506.	10,506.		
	С							
		All other revenue			F			
	е	Total. Add lines 11a-11d		>	70,506.	004 105	04 000	
232000	12	Total revenue. See instructions.		>	1,123,946.	901,407.	31,800.	
232009 12-10-	12							Form 990 (2012)

Part IX | Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must c	omplete column (A).						
20011	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX									
	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 United States. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22									
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,	102 207								
	trustees, and key employees	123,397.								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	175,638.								
7	Other salaries and wages Pension plan accruals and contributions (include	113,030.								
8	section 401(k) and 403(b) employer contributions)	7,869.								
9	Other employee benefits	32,141.								
10		26,504.								
11	Payroll taxes Fees for services (non-employees):	20,0010								
''	Management									
	Legal	19,599.								
	Accounting	82,665.								
	Lobbying	•								
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch 0.)	51,530.								
12	Advertising and promotion									
13	Office expenses	27,475.								
14	Information technology	51,374.								
15	Royalties	02 022								
16	Occupancy	23,833.								
17	Travel	68,592.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	106 610								
19	Conferences, conventions, and meetings	196,619. 12,899.								
20	Interest Payments to offiliates	14,033.								
21 22	Payments to affiliates	10,630.								
22		18,637.								
23 24	Other expenses. Itemize expenses not covered	20,007.								
_7	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.) ' EQUIPMENT	54,864.								
a	BANK AND CREDIT CARD FE	38,908.								
b	COMMISSION EXPENSE	26,000.								
c d	BAD DEBT EXPENSE	5,500.								
	All other expenses	9,544.								
25	Total functional expenses. Add lines 1 through 24e	1,064,218.								
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)									
22201	0 12-10-12				Form 990 (2012					

RADIO-TELEVISION NEWS DIRECTORS **ASSOCIATION**

Form 990 (2012)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	160.000	1	0.00.04.0
2	Savings and temporary cash investments	160,803.	2	279,210
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	81,097.	4	2,585
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other 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 instr). Complete Part II of Sch L		6	
Assets 8	Notes and loans receivable, net		7	
8 A	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	26,527.	9	21,440
10 8	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 85,677.			
1	b Less: accumulated depreciation 10b 58,704.	37,603.	10c	26,973
11	Investments - publicly traded securities	395,117.		434,606
12	Investments - other securities. See Part IV, line 11	6,671.	12	6,283
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	74,632.	15	26,604
16	Total assets. Add lines 1 through 15 (must equal line 34)	782,450.	16	797,701
17	Accounts payable and accrued expenses	69,503.	17	30,279
18	Grants payable		18	
19	Deferred revenue	49,783.	19	55,134
20	Tax-exempt bond liabilities		20	
စ္က 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Loans and other payables to current and former officers, directors, trustees,			
ğ	key employees, highest compensated employees, and disqualified persons.			
-	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	251,760.	23	246,621
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		25	
26	Total liabilities. Add lines 17 through 25	371,046.	26	332,034
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es es	complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	411,404.	27	465,667
g 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
로	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u> </u>	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
g 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	411,404.	33	465,667
34	Total liabilities and net assets/fund balances	782,450.	34	797,701

Form **990** (2012)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>	
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7 8	1,12 1,06 5 41	3,9 4,2 9,7 1,4	18.	
9	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10						
Pa	rt XII Financial Statements and Reporting				$\overline{}$	
	Check if Schedule O contains a response to any question in this Part XII				X	
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?	•	За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					

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

Form **990** (2012)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

 Section 501(c)(4), (5), or (6) organization 		1ax), or Form 990-E2	., Part v, line 350 (Proxy 1	rax), men
Name of organization RADIO-1	TELEVISION NEWS DI	RECTORS	Empl	oyer identification number
ASSOCIA				52-1452178
Part I-A Complete if the or	ganization is exempt unde	r section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the organi2 Political expenditures3 Volunteer hours	·		▶\$	
	ganization is exempt unde			
1 Enter the amount of any excise tax	incurred by the organization unde	r section 4955	▶\$	
2 Enter the amount of any excise tax	incurred by organization manager	s under section 4955	▶\$	
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the or	·		<u> </u>	,,,
 Enter the amount directly expended Enter the amount of the filing organism exempt function activities Total exempt function expenditure line 17b Did the filing organization file Form Enter the names, addresses and emade payments. For each organization contributions received that were political action committee (PAC). If 	s. Add lines 1 and 2. Enter here an 1120-POL for this year? mployer identification number (EIN ation listed, enter the amount paid romptly and directly delivered to a	d on Form 1120-POL, of all section 527 polifrom the filing organizate separate political orga	titical organizations to whication's funds. Also enter the	Yes No the filing organization are amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

-	ganization is	exempt under section	on 501(c)(3) and fil		1432176 Page 2		
expenses, and sha	ation belongs to re of excess lob	an affiliated group (and list i bying expenditures). ox A and "limited control" pr		group member's nar	ne, address, EIN,		
Limi	its on Lobbying	•		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infl	uence public op	inion (grass roots lobbying)					
b Total lobbying expenditures to infl							
c Total lobbying expenditures (add I							
d Other exempt purpose expenditur							
e Total exempt purpose expenditure							
f Lobbying nontaxable amount. Ent							
If the amount on line 1e, column (a)		ne lobbying nontaxable am					
Not over \$500,000		0% of the amount on line 1e					
Over \$500,000 but not over \$1,00		100,000 plus 15% of the exc					
Over \$1,000,000 but not over \$1,5		75,000 plus 10% of the exc	·				
Over \$1,500,000 but not over \$17	,000,000 \$2	225,000 plus 5% of the exce	ess over \$1,500,000.				
Over \$17,000,000 \$1,000,000.							
g Grassroots nontaxable amount (er	nter 25% of line	1f)					
h Subtract line 1g from line 1a. If zer	ro or less, enter	0-					
i Subtract line 1f from line 1c. If zero	o or less, enter -()-					
j If there is an amount other than ze	ero on either line	1h or line 1i, did the organiz	zation file Form 4720				
reporting section 4911 tax for this	year?				Yes No		
	zations that ma olumns below. S	ar Averaging Period Under de a section 501(h) electio See the instructions for line	n do not have to comp es 2a through 2f on pa				
	Lobbying	Expenditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ϵ	or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			37	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Х	37	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section			otion	X	
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				10 3 ie	
	answered "Yes."			· III-A, III		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal				
	expenses for which the section 527(f) tax was paid).					
	Current year					
	Carryover from last year					
С	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditure next year?					
5 D 21	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information		5			
	TIV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C, lin	ort II A (offilia	atad araun	liot\: Dort II	A line 2:	
	Part II-B, line 1. Also, complete this part for any additional information.	art II-A (allilla	ateu group	1151), Fait 11	A, III le 2,	
anu	Fart 11-b, line 1. Also, complete this part for any additional information.					

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.

2012
Open to Public Inspection

Name of the organization

RADIO-TELEVISION NEWS DIRECTORS ASSOCIATION

 $\begin{array}{c} \text{Employer identification number} \\ 52-1452178 \end{array}$

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat		,
•	Preservation of land for public use (e.g., recreation or e	·	orically important land area
	Protection of natural habitat	Preservation of a certification	
	Preservation of open space	1 reservation of a certification	ica filotofio stractare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
_	day of the tax year.	ned conservation contribution in the form o	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of concentration easements		
a	Total number of conservation easements		
D	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str	gueturo included in (a)	
ا			
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to concernation as	coment is leasted	
4	Number of states where property subject to conservation ea	<u> </u>	
5	Does the organization have a written policy regarding the pe		Yes No
_	violations, and enforcement of the conservation easements i		
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 the particle 4.70(h)(4)(0)(ii)		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation below the described by the	-	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes ti	ne organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats
ıa	Complete if the organization answered "Yes" to Form		nei Oilillai Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		ant and balance about works of art
ıa	historical treasures, or other similar assets held for public ex		
			ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		
_		All control of the state of the	
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1		• •
a	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. 232051 12-10-12

Schedule D (Form 990) 2012

chedule D (Form 990) 2012	ASSOC1	IATION	

Par	t III	Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts (continu	ıed)	_
3	Using	the organization's acquisition, accessi	on, and other record	ls, checl	any of the	following tha	at are a s	ignificant	use of its	collection	items	
	(check all that apply):											
а	Public exhibition d Loan or exchange programs											
b	Scholarly research e Other											
С		Preservation for future generations										
4	Provi	de a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exe	mpt purpo	ose in Par	t XIII.		
5	Durin	g the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similaı	assets		_		
		sold to raise funds rather than to be ma							L	Yes	No	<u>)</u>
Par	t IV	Escrow and Custodial Arran		ete 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	diary for	contribution	ns or other as	sets not	included		7		
	on Fo	orm 990, Part X?							L	Yes	∟ No)
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	llowing t	:able:							_
										Amount		_
С	Begin	nning balance						1c				_
d	Addit	ions during the year						1d				_
е	Distril	butions during the year						1e				_
f	Endin	ng balance						1f				_
2a	Did th	ne organization include an amount on F	orm 990, Part X, line	21?					L	Yes	⊢ No)
		s," explain the arrangement in Part XIII.										_
Par	t V	Endowment Funds. Complete i	f the organization an	swered	"Yes" to Fo	1				1		_
			(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four y	ears back	(
		nning of year balance										_
b	Contr	ributions										_
		nvestment earnings, gains, and losses										_
d	Grant	ts or scholarships										
е	Other	expenditures for facilities										
	and p	programs										
f	Admi	nistrative expenses										
g	End c	of year balance										
2	Provi	de the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a)) held as:						
а	Board	d designated or quasi-endowment 🕨		_%								
b	Perm	anent endowment 🕨	<u></u> %									
С	Temp	orarily restricted endowment 🕨	%									
	The p	percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are th	nere endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administe	ered for t	he organiz	zation	_		
	by:									\	res No	<u>, </u>
	(i) u	nrelated organizations								3a(i)		
		elated organizations								3a(ii)		
b	If "Ye	s" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b		
4		ribe in Part XIII the intended uses of the										_
Par	t VI	Land, Buildings, and Equipm	ient. See Form 990	, Part X,	line 10.							_
		Description of property	(a) Cost or of basis (investr			t or other (other)		ccumulate preciation	ed	(d) Book	value	
1a	Land											
		ings										_
		ehold improvements										_
		oment			8	85,677.		58,7	04.	26	,973	•
е	Other											
Total	Add	lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10(c).)			•	26	,973	•

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

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А	83	50	C.	ΙΑ	ч.		()	N

	Investments - Other Securities. See	e Form 990, Part X, line	e 12.		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or end	l-of-year market value
(1) Financi	al derivatives				
	r-held equity interests				
(3) Other	•				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related. Se	ee Form 990, Part X, lir	ne 13.		
	(a) Description of investment type	(b) Book value		/aluation: Cost or end	l-of-year market value
(1)					·
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. See Form 990, Part X, line	15			
1 GIT IN		Description			(b) Book value
(1)	(-,				(,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	umn (h) must squal Form 000 Port V and (P) line	15)			
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, I			P	
	(a) Description of liability	ine 25.	(b) Book value		
1. (1) Fac	***		(b) Dook value	-	
	deral income taxes			-	
(2)				-	
(3)				-	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
	umn (b) must equal Form 990, Part X, col. (B) line				
2 FINI / 8	(ASC 740) Footnote, In Part XIII, provide the tex	t of the footpote to the	organization's financia	al statements that ren	orts the organization's

52-1452178 Page 4

Schedule D (Form 990) 2012

AS	C	$ \sim $	~	т	7	т	т		
AO	יכ	יע	L.	1	А	т.	1	α	

OCITIC	dale B (1 01111 930) 2012				===== ragc :		
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	า		
1	Total revenue, gains, and other support per audited financial statements			1	1,603,439.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	-5,465.				
b							
c							
	Other (Describe in Part XIII.)		544,958.				
	Add lines 2a through 2d		-	2e	539,493.		
3	Subtract line 2e from line 1			3	1,063,946.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIII.)		60,000.				
				4c	60,000.		
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	1,123,946.		
	rt XII Reconciliation of Expenses per Audited Financial Staten						
				1	1,432,137.		
1	Total expenses and losses per audited financial statements			ı	1,432,137.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما					
a							
	•						
	Other losses		267 010				
	Other (Describe in Part XIII.)		367,919.	_	267 010		
е	Add lines 2a through 2d			2e	367,919.		
3	Subtract line 2e from line 1			3	1,064,218.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIII.)	4b			•		
	Add lines 4a and 4b			4c	0.		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,064,218.		
Pa	rt XIII Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines $3,5,\mathrm{and}9;\mathrm{Part}$	III, lines 1a a	nd 4; Part IV, lines 1	b and	2b; Part V, line 4; Part		
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t						
PAI	RT X, LINE 2: RTDNA IS EXEMPT FROM FEDERAL	J INCOM	E TAXES UN	DER			
SEC	CTION 501(C)(6) OF THE INTERNAL REVENUE CO	DE. AC	COUNTING S	TAN:	DARDS FOR		
INC	COME TAXES PROVIDE DETAILED GUIDANCE FOR F	INANCI	AL STATEME	NT			
REC	COGNITION, MEASUREMENT, AND DISCLOSURE OF	UNCERT	AIN TAX PO	SIT	IONS		
REC	COGNIZED IN AN ENTERPRISE'S COMBINED FINAN	CIAL S	TATEMENTS.	R'	TDNA		
REC	GULARLY EVALUATES ITS ACTIVITIES TO DETERM	IINE TH	AT THEY AR	E I	N		
~ ~ -							
COI	MPLIANCE WITH THEIR TAX-EXEMPT PURPOSE. C	URRENT	LY, RTDNA'	S M	ANAGEMENT		
יסת	TO NOW DELIGITE IN TO ENGAGED IN ACCUSTNING	יח הדוא מי	MOIIID ODER	mæ	7. NT		
וטת	ES NOT BELIEVE IT IS ENGAGED IN ACTIVITIES	J.HAT.	MOOPD CKEY	TE.	ΜN		

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)	J2-14J2170 Page 5
UNCERTAIN TAX POSITION. ALL TAX PERIODS PRIOR TO 2009	ARE NO LONGER
SUBJECT TO EXAMINATION.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD REPORTED AS AN EXPENSE ON FINANCIAL	
STATEMENTS	205.
REVENUE REPORTED UNDER EIN 38-1860090	544,753.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	544,958.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
ADMINISTRATIVE FEES ELIMINATED IN CONSOLIDATION	60,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES REPORTED UNDER EIN 38-1860090	367,714.
COST OF GOODS SOLD REPORTED AS AN EXPENSE ON FINANCIAL	
STATEMENTS	205.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	367,919.
,	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RADIO-TELEVISION NEWS DIRECTORS ASSOCIATION

Employer identification number 52-1452178

FORM 990, PART I, DOING BUSINESS AS:

RADIO-TELEVISION DIGITAL NEWS

ASSOCIATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF JOURNALISTIC FREEDOM, ENSURE ADVANCEMENT OF ITS MEMBERS, AND ENHANCE PUBLIC PERCEPTIONS OF ELECTRONIC JOURNALISM AS A VITAL AND RESPONSIBLE FORCE IN THE NATION'S SOCIAL, ECONOMIC AND POLITICAL DEVELOPMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOCIAL, ECONOMIC AND POLITICAL DEVELOPMENT.

FORM 990, PART VI, SECTION A, LINE 6: ACTIVE MEMBERSHIP:

- (A) ANY PERSON WHO IS THE NEWS DIRECTOR OR THE SUPERVISOR OF THE NEWS DIRECTOR, OR NEWS MANAGER, OR WHO OTHERWISE EXERCISES SIGNIFICANT EDITORIAL SUPERVISION FOR A LICENSED RADIO OR TELEVISION STATION, CABLE SYSTEM. NETWORK OR OTHER ELECTRONIC JOURNALISM SERVICE, AND WHO SPENDS A MAJORITY OF HIS OR HER TIME IN THE SUPERVISION OF NEWS PROGRAMMING, OR ANY NEWS STAFF MEMBER WHO REGULARLY CONTRIBUTES TO NEWS CONTENT FOR ANY ELECTRONIC THE BOARD OF DIRECTORS MAY NEWS SERVICE IS ELIGIBLE FOR ACTIVE MEMEBRSHIP. DETERMINE WHAT RESPONSIBILITIES AND ACTIVITIES CONSTITUTE THE EXERCISE OF SIGNIFICANT EDITORIAL CONTROL.
- (B) ANY PERSON WHO HAS HELD THE OFFICE OF ELECTED PRESIDENT, CHAIRMAN/WOMAN OR TREASURER OF THE ASSOCIATION IS A DUES-WAIVED ACTIVE MEMBER FOR LIFE.
- EACH ACTIVE MEMBER HAS ONE (1) VOTE ON MATTERS THAT COME BEFORE THE (C) MEMBERSHIP FOR VOTE.

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

Schedule O (Form 990 or 990-EZ) (2012)

21

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS VOTE EVERY YEAR AT CONVENTION FOR THE INCOMING CHAIR OF THE RTDNA BOARD.

FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS MAY VOTE ON BYLAW CHANGES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN DISTRIBUTED BY EMAIL TO ALL MEMBERS OF THE BOARD FOR REVIEW/OUESTIONS PRIOR TO FILING. IF ANY CHANGES ARE MADE, A FINAL COPY IS RESENT TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED OFF ON A YEARLY BASIS. STAFF IS IN CLOSE CONTACT WITH ALL MEMBERS OF THE BOARD AND ANY POSSIBLE ISSUES ARE BROUGHT TO MANAGEMENT'S ATTENTION FOR REVIEW AND BROUGHT TO THE EXECUTIVE COMMITTEE'S ATTENTION AS DEEMED NECESSARY.

A BOARD MEMBER OR OFFICER WHO AT ANY TIME BELIEVES THAT HE OR SHE HAS, OR MAY HAVE, A CONFLICT OF INTEREST IMMEDIATELY DISCLOSES THE EXISTENCE AND NATURE OF SUCH CONFLICT TO THE CHAIRMAN.

AFTER DISCLOSURE OF THE ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD MEMBER LEAVES THE BOARD MEETING WHILE THE CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS.

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 IS RESOLVED IN 232212 01-04-13

ASSOCIATION	52-1452178
FAVOR OR DISCLOSURE, ABSENTION AND ABSENCE.	
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS	SALARY STUDIES,
REVIEWS 990'S OF SIMILAR ORGANIZATIONS AND INQUIRIES OF M	ANAGEMENT/BOARD OF
SIMILAR ORGANIZATIONS TO DETERMINE SALARY FOR THE PRESIDE	NT AND UPPER LEVEL
MANAGERMENT. A COPY OF CONTRACT/PAY DECISION IS PLACED I	N THE EMPLOYEE'S
PERSONNEL FILE. SAME PROCESS IS USED FOR THE OTHER OFFIC	ERS OF THE
ORGANIZATION.	
FORM 990, PART VI, SECTION C, LINE 19: BYLAWS ARE AVAILAB	LE ON OUR
WEBSITE. OTHER GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

► See separate instructions.

2012 Open to Public Inspection

Name of the organization RADIO-TELEVI

RADIO-TELEVISION NEWS DIRECTORS ASSOCIATION

Employer identification number 52-1452178

OMB No. 1545-0047

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity Legal domicile (state or foreign country) End-of-year asset			Direct c	Direct controlling entity			
	- - -							
	- - -							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	ations (Complete if the organization	on answered "Yes" to Form 990), Part IV, line 34 b	ecause it had one	or more r	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity		7) 512(b)(13) colled ity?
				501(c)(3))			Yes	No
RADIO & TELEVISION NEWS DIRECTORS FOUNDATION								
- 38-1860090, 529 14TH STREET, NW, STE 425,					RTNDA		x	
	EDUCATIONAL	DELAWARE	501(C)(3)	1/	ICTIVE21			
	EDUCATIONAL	DELAWARE	501(C)(3)		KINDI			
	EDUCATIONAL - -	DELAWARE	501(C)(3)		KINDII			
WASHINGTON, DC 20045	EDUCATIONAL	DELAWARE	501(C)(3)	,	KINDI.			
	EDUCATIONAL -	DELAWARE	501(C)(3)					

Page 2

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.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		portion- cations?	amount in box	partn	Percentaging ownersh
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
										\sqcup	
										\sqcup	
										\vdash	
	_										

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	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t conti ent	(i) ction (b)(13) trolled tity?
		country)		or truety		455515		Yes	No
								l	
								l	
								┼	—
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-									
		25							

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

NOTE	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					res	NO		
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?									
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity								
b	b Gift, grant, or capital contribution to related organization(s)								
	Gift, grant, or capital contribution from related organization(s)						Х		
d	Loans or loan guarantees to or for related organization(s)				1d		Х		
е	Loans or loan guarantees by related organization(s)				1e		X		
							X		
f	f Dividends from related organization(s)								
	Sale of assets to related organization(s)						X		
	Purchase of assets from related organization(s)						X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
- 1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		X		
	Performance of services or membership or fundraising solicitations by related orga						X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati						X		
	o Sharing of paid employees with related organization(s)								
р	p Reimbursement paid to related organization(s) for expenses								
q	Reimbursement paid by related organization(s) for expenses				1q	Х			
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)					X			
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered	relationships and transaction thresholds.					
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	nt involved				
F	ADIO & TELEVISION NEWS DIRECTORS								
(1) F	OUNDATION	Q	60,000.	ACTUAL EXPENSE					
F	ADIO & TELEVISION NEWS DIRECTORS								
(2) F	OUNDATION	S	108,028.	FUNDS RECEIVED					
(3)									
(4)									
<u>(5)</u>									
(6)									
10 /									

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)	(e)	(f) Share of total income	(g) Share of end-of-year assets	Disprotion allocat	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	(k) or Percentage ong ownership

RADIO-TELEVISION NEWS DIRECTORS

Schedule R	(Form 990) 2012 ASSOCIATION	52-1452178	Page 5
Part VII	(Form 990) 2012 ASSOCIATION Supplemental Information		
	Complete this part to provide additional information for responses to questions on Schedule R (see instru	uctions).	
		-	
		-	

Form	990-T	E	Exempt Organization Bus			ax Returr	۱ ۱	OMB No. 1545-0687
	tment of the Treasury al Revenue Service	For c	(and proxy tax und alendar year 2012 or other tax year beginning	er se	ction 6033(e))		Ç	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if	7 67 6	Name of organization (Check box if name c	hanged			D Emplo	byer identification number oyees' trust, see
	address changed		RADIO-TELEVISION NEWS	DIR	ECTORS			ctions.)
B E:	xempt under section	Print	ASSOCIATION				5	2-1452178
X] 501(c)(6)	Or	Number, street, and room or suite no. If a P.O. box					ated business activity codes instructions)
	408(e) 220(e)	Туре	529 14TH STREET NW, NO	. 4	25			,
<u>_</u>	408A530(a)		City or town, state, and ZIP code					
	」529(a)		WASHINGTON, DC 20045				541	800
	ok value of all assets end of year		o exemption number (see instructions) k organization type	<u></u> n	501(c) trust	401(a) trust	$\overline{}$	Other trust
	797,701.	011001	torgameation type P			10 1(a) a dot		
H De		n's prim	ary unrelated business activity. ADVERTI	SIN	<u> </u>			
			poration a subsidiary in an affiliated group or a parer			▶ L	Ye	s X No
If "	Yes," enter the name	and iden	tifying number of the parent corporation.					
J Th	e books are in care of	• (JAKE KOENIG		Telepho	one number 🕨 3	17-	927-8000
Pa	rt I Unrelate	d Trad	de or Business Income		(A) Income	(B) Expenses	;	(C) Net
1 a	Gross receipts or sal	es						
b	Less returns and allo		c Balance	1c				
2			A, line 7)	2				
3	Gross profit. Subtrac			3				
			h Schedule D)	4a				
			Part II, line 17) (attach Form 4797)	4b				
_			sts	4c				
5			ips and S corporations (attach statement)	5				
6	Rent income (Schedu	lle C)	one (Only dulls E)	6 7				
7			me (Schedule E)	8				
8 9		-	and rents from controlled organizations (Sch. F) on 501(c)(7), (9), or (17) organization	°				
9				9				
10	Evaluited evenant act	ivity inco	ome (Schedule I)	10				
11			e J)	11	31,800.	7,9	50.	23,850.
12	Other income (see in	struction	is; attach statement)	12	31,000.	, , ,	.	23,030.
13			gh 12	13	31,800.	7,9	50.	23,850.
			ot Taken Elsewhere (see instructions fo			. , , ,		
	(except for	contrib	utions, deductions must be directly connected	d with t	he unrelated business	income)		
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15	Salaries and wages						15	
16							16	
17	Bad debts						17	
18							18	
19	Taxes and licenses						19	
20	Charitable contribut	ions (see	e instructions for limitation rules)				20	
21	Depreciation (attach	Form 4	562)		21			
22			n Schedule A and elsewhere on return				22b	
23			managation plans				23	
24 25	Employee benefit as	ciieu co	mpensation plans				24 25	
25 26	Evenes avampt avan	oyidilis ancac (C	Chadula I)				26	
20 27	Excess readership of	nete (So	chedule I) hedule J)				27	23,850.
28	Other deductions (a	ttach sta	tement)				28	20,000
29	Total deductions	. Add lin	les 14 through 28				29	23,850.
30	Unrelated business	taxable i	ncome before net operating loss deduction. Subtrac	ct line 29	9 from line 13		30	0.
31			n (limited to the amount on line 30)				31	
32			ncome before specific deduction. Subtract line 31 fr				32	0.
33			y \$1,000, but see instructions for exceptions)				33	1,000.
34	Unrelated busine		able income. Subtract line 33 from line 32. If line					
	of zero or line 32						l 3∧ l	0

223701 01-11-13 LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-T (2012) ASSOCIATION

RADIO-TELEVISION NEWS DIRECTORS

Part II	1	Tax Computation				
35	Orgai	nizations taxable as corporations (see instructions for tax computation).				
	Contr	rolled group members (sections 1561 and 1563) check here 🕨 🔙 See instructions and:				
а	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1)	\$ (2) \$ (3) \$				
b	Enter	r organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
	(2) A	Additional 3% tax (not more than \$100,000) \$				
C		me tax on the amount on line 34	- 3	35c		0.
		ts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from:				
		Tax rate schedule or Schedule D (Form 1041)	· [:	36		
37		y tax (see instructions)		37		
		native minimum tax		38		
39	Total.	I. Add lines 37 and 38 to line 35c or 36, whichever applies	. T	39		0.
Part I	V 7	Tax and Payments				
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a				
		r credits (see instructions) 40b				
		ral business credit. Attach Form 3800 40c				
		it for prior year minimum tax (attach Form 8801 or 8827) 40d				
		I credits. Add lines 40a through 40d	4	l0e		
		ract line 40e from line 39		41		0.
42	Other	r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statemen		42		
43	Total	I tax. Add lines 41 and 42	` T	43		0.
44 a	Paym	nents: A 2011 overpayment credited to 2012 44a				
		estimated tax payments 44b				
		deposited with Form 8868 44c				
		gn organizations: Tax paid or withheld at source (see instructions) 44d				
		up withholding (see instructions) 44e				
		it for small employer health insurance premiums (Attach Form 8941) 44f				
		r credits and payments: Form 2439				
		Form 4136 Other Total ▶				
45		l payments. Add lines 44a through 44g	┑.	45		
46	Estim	nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	· -	46		
		due. If line 45 is less than the total of lines 43 and 46, enter amount owed	_	47		0.
48		payment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	_	48		0.
49		the amount of line 48 you want: Credited to 2013 estimated tax	- □	49		
Part V		Statements Regarding Certain Activities and Other Information (see instructions)				
		ne during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial	accou	nt (bank,	Yes	No
secu	ırities,	, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and	Finan	cial		
Acc	ounts.	. If "Yes," enter the name of the foreign country here				Х
2 Durir If "Ye	ng the ta	tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? e instructions for other forms the organization may have to file.				X
		amount of tax-exempt interest received or accrued during the tax year ▶\$				
Sched	ule /	A - Cost of Goods Sold. Enter method of inventory valuation ► N/A				
1 Inve	ntory	at beginning of year 1 6 Inventory at end of year	. L	6		
2 Puro	chases	s 7 Cost of goods sold. Subtract line 6				
3 Cos	t of lat	bor from line 5. Enter here and in Part I, line 2	. L	7		
		section 263A costs (att. statement) 4a 8 Do the rules of section 263A (with respect to			Yes	No
b Othe	er cost	ts (attach statement) 4b property produced or acquired for resale) apply to				
5 Tota		d lines 1 through 4b 5 the organization?				
	Un	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k prrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	nowled	ge and beli	ef, it is true,	
Sign			May t	he IRS disci	uss this return	with
Here		EXECUTIVE DIRECTOR	the pr	eparer show	n below (see	
		Signature of officer Date Title	instru	ctions)?	Yes	No
		Print/Type preparer's name Preparer's signature Date Check	if	PTIN		
Paid		self- employe	ed			
Prepa	rer	AMANDA MEKO, CPA			62615	
Use C		Firm's name ► GREENWALT CPAS, INC. Firm's EIN		35-1	L48952	21
535 0	· · · · y	5342 W. VERMONT STREET				
		Firm's address ► INDIANAPOLIS, IN 46224 Phone no.	3	17-24	11-299	9

Form **990-T** (2012)

Form 990-T (2012) ASSOCIATION

Schedule C - Rent Income	(From Real	Property and	d Personal	Property	Lease	ed With Real Pro	operty)(see instructions)
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued				0/ \	
(a) From personal property (if the prent for personal property is more than 50% but not more than 50%.	ore than	of rent for p	and personal proper personal property ex nt is based on profit	xceeds 50% or i	tage if	columns 2(a) a	ly connected with the income in and 2(b) (attach statement)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.	/b) T-b-1 d-d	
(c) Total income. Add totals of column					•	(b) Total deductions. Enter here and on page 1,	
here and on page 1, Part I, line 6, colun	nn (A)	>			0.	Part I, line 6, column (B)	▶ 0.
Schedule E - Unrelated De	ebt-Financed	d Income (see	instructions)				
			2. Gross in	come from		Deductions directly co to debt-finan	nnected with or allocable nced property
1. Description of debt-	financed property		or allocabl financed	le to debt-	(a)	Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)			†				
(2)					+		
(3)			1				
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	of or a debt-fina	e adjusted basis allocable to anced property n statement)	6. Column by colu			7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			+	%	+		
(2)				%			
(3)				%			
(4)			+	%			
()			1			nter here and on page 1, art I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals				>		0	0.
Total dividends-received deductions	included in columi	n 8					▶ 0.
Schedule F - Interest, Ann	uities, Roya	Ities, and Re	nts From C	ontrolled	l Orgai	nizations (see ins	structions)
		Exemp	ot Controlled C	Organization	s		
1. Name of controlled organization	Employer id num	entification Net u	3. nrelated income (see instructions)	Total of s	specified ts made	5. Part of column 4 the included in the control organization's gross in	hat is lilling come 6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
Nonexempt Controlled Organizatio	ns						
7. Taxable Income 8	Net unrelated incom (see instructions		otal of specified pay made	yments 10	in the conf	column 9 that is included trolling organization's ross income	11. Deductions directly connected with income in column 10
(1)		- 				+	
(2)		 				+	
(3)		 				+	
(4)							
_(4)		I			Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				▶		0.	0.
223721 01-11-13							Form 990-T (2012)

Form 990-T (2012) ASSOCIATION

Schedule G - Investme (see inst	ent Income tructions)	of a S	Section 5	01(c)(7), (9), or (17) C)rgai	nization			
1. Des	cription of income				2. Amount of income	d	Deductions directly connected attach statement)		t-asides statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							·			, , , ,
(2)						<u> </u>				
(3)				-		+				
(4)						+				
(4)					Enter here and on page 1	1				Enter here and on page 1,
				F	Part I, line 9, column (A).					Part I, line 9, column (B).
Totals					0 .					0.
Schedule I - Exploited (see instr	-	ctivity	Income	Other	Than Advertis	sing	Income			
1. Description of exploited activity	2. Gross unrelated bus income fro trade or busi	siness om	3. Exper directly con with produ of unrela business ir	nected ection ted	business (column 2 from minus column 3). If a is		5. Gross income from activity that is not unrelated business income	attribu	openses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
					tillough 7.	4				
(1)										
(2)										
(3)										
(4)										
Totals	Enter here ar page 1, Pa line 10, col.	rt I,	Enter here a page 1, P line 10, co	art I,		•				Enter here and on page 1, Part II, line 26.
Schedule J - Advertis	ing Income		actructions)							
Part I Income From					solidated Basi	s				
1. Name of periodical	ad	Gross vertising ncome		Direct sing costs	4. Advertising gair or (loss) (col. 2 minu col. 3). If a gain, comp cols. 5 through 7.	ute	5. Circulation income	6. Rea		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5)) .	>		<u>, </u>	0.						0.
Part II Income From columns 2 through				a Sepa	irate Basis (For	r each	n periodical listed	d in Part I	I, fill in	
1. Name of periodical	ad	Gross vertising ncome		Direct sing costs	4. Advertising gair or (loss) (col. 2 minu col. 3). If a gain, comp cols. 5 through 7.	is iute	5. Circulation income	6. Reaccos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) COMMUNICATION	1S 3	1,800	7	,950	23,850	J. C		30.	118.	23,850.
(2)		-			<u> </u>			•		· · · · · · · · · · · · · · · · · · ·
(3)										
(4)										
			 	0.						0.
Totals from Part I		here and or e 1, Part I,	n Enter h	ere and on 1, Part I,	2					Enter here and on page 1,
Totals, Part II (lines 1-5)		11, col. (A). 1 , 80(, col. (B).						Part II, line 27. 23,850 •
Schedule K - Compen						e inst	ructions)			
·	Name		<u>.,</u>	,	2. Title	0 11100	3. Percentime devote busines	ed to		ensation attributable related business
(1)							busilles	%		
(2)								%		
(3)								%		
(4)								%		
Total. Enter here and on page 1,	Part II line 1/I			<u> </u>				-,-		0.
ivial. Linioi nois and on page 1,	. u. i. ii									<u> </u>

Form **990-T** (2012)

Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Mont	th Extension, o	complete only Part II and check this	s box		<u> </u>
Note. Only complete Part II if you have already been granted	d an automatic	3-month extension on a previously f	iled Form	8868.	
If you are filing for an Automatic 3-Month Extension, cor					
Part II Additional (Not Automatic) 3-Mont	th Extensio	n of Time. Only file the origin	al (no c	opies nee	eded).
		Enter filer's	identifyii	ng number	, see instructions
Type or Name of exempt organization or other filer, see in			Employe	r identificat	ion number (EIN) or
print RADIO-TELEVISION NEWS DIR	ECTORS			50 4	450450
File by the ASSOCIATION				52-14	452178
due date for filing your return. See		tions.	Social se	curity numl	oer (SSN)
instructions. City, town or post office, state, and ZIP code. For WASHINGTON, DC 20045	or a foreign add	lress, see instructions.			
Enter the Return code for the return that this application is for	or (filo a sonara	to application for each return)			0 1
Enter the Neturn code for the return that this application is to	or (file a separa				
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already gra	06	Form 8870	.:	-d Faura 00	12
 JAKE KOENIG The books are in the care of ► 3909 N MERID Telephone No. ► 317-927-8000 If the organization does not have an office or place of bus If this is for a Group Return, enter the organization's four organization. 	 siness in the Ur	FAX No. ▶ited States, check this box			
box ▶ . If it is for part of the group, check this box ▶		1 = 2212	f all memb	ers the ext	ension is for.
4 I request an additional 3-month extension of time until		BER 15, 2013 _.			
5 For calendar year 2012 , or other tax year beginning		, and endin			·
6 If the tax year entered in line 5 is for less than 12 mont Change in accounting period	hs, check reas	on: L Initial return L	— Final ı	eturn	
7 State in detail why you need the extension	ED EO D		7 NTD 7	COTTD & F	na Damiinn
ADDITIONAL INFORMATION NEED WILL NOT BE AVAILABLE UNTIL			AND A	CCURA	re return
WILL NOT BE AVAILABLE UNTIL	AFIER	AUGUST 15, 2015.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	720, or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6	069, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayme	ent allowed as a	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include yo	ur payment wit	h this form, if required, by using			•
EFTPS (Electronic Federal Tax Payment System). See			8c	\$	0.
Under penalties of perjury, I declare that I have examined this form, i	ncluding accomp	st be completed for Part II of panying schedules and statements, and to	-	f my knowle	dge and belief,
it is true, correct, and complete, and that I am authorized to prepare t	tnis form. ► CPA		Doto		
Signature Title	CFA		Date	-	8868 (Rev. 1-2013)
				Form	0000 (nev. 1-2013)

***** THIS IS NOT A FILEABLE COPY *****

IRS _{e-file} Signature Authorization

ior an Exemp	Organization
	0040 1

 2012

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Form 8879-EO

Name of exempt organization

RADIO-TELEVISION NEWS DIRECTORS ASSOCIATION

Employer identification number

52-1452178

Name and title of officer

MICHAEL CAVENDER

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than **1** line in Part I.

1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1123946
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DIM:	check	one	hox	onl	v
Ullicei S	TIIN.	CHECK	one	DUX	OHI	·V

Sincer of the check one box only	
X authorize GREENWALT CPAS, INC.	to enter my PIN 52178
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.	. ,
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ► ***** THIS IS NOT A FILEABLE COPY *** Date ►	
Part III Certification and Authentication	
EDO's ECINI/DIN Enter your six digit alectronic filing identification	

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35000911111 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 223051 11-05-12

Form **8879-EO** (2012)

ERO's signature