20

21

Net

Total assets (Part X, line 16)

Total liabilities (Part X. line 26)

Net assets or fund balances. Subtract line 21 from line 20

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2013 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number RADIO-TELEVISION NEWS DIRECTORS Address change ASSOCIATION Name change RADIO-TELEVISION DIGITAL NEWS 52-1452178 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-529 14TH STREET NW 1240 659-6510 (202)Amended return 1,331,866. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-WASHINGTON, DC 20045 H(a) Is this a group return pendina F Name and address of principal officer: MICHAEL CAVENDER Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes 4947(a)(1) or (insert no.) 527 If "No." attach a list. (see instructions) J Website: ► WWW.RTDNA.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1985 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTE THE ACHIEVEMENT OF HIGH **Activities & Governance** PROFESSIONAL STANDARDS FOR ELECTRONIC JOURNALISM, FOSTER PRINCIPLES Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 26 Number of voting members of the governing body (Part VI, line 1a) 26 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 22 Total number of volunteers (estimate if necessary) 6 24,450. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 134,384 202,911. Contributions and grants (Part VIII, line 1h) Revenue 860,806. 869,622. Program service revenue (Part VIII, line 2g) 56,355. 36,869. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 72,401. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 71,811. 1,123,946. 1.181.213. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 0. 365,549. 387,898. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 698,669. 658,003. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,045,901. 1.064.218. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 59,728. 135,312. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year

| Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of which preparer f	nas any knowledge.
Sign Here	Signature of officer MICHAEL CAVENDER, EXEC	Date	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	ate Check PTIN
Paid	AMANDA MEKO, CPA		self-employed P01062615
Preparer	Firm's name	INC.	Firm's EIN ▶ 35-1489521
Use Only	Firm's address 5342 W. VERMONT	STREET	-
	INDIANAPOLIS, IN	46224	Phone no. 317 - 241 - 2999
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	Yes No

686,488.

602,248.

84,240.

797,701**.**

332,034.

465,667.

	RADIO-TELEVISION NEWS DIRECTORS
	990 (2013) ASSOCIATION 52-1452178 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line 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?
•	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 \$ including grants of \$) (Revenue \$
	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.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
-10	CONVENTION: FACILITATES INDUSTRY EXCHANGE OF IDEAS AND DISSEMINATION
	OF INFORMATION.

Other program services (Describe in Schedule O.)

including grants of \$ Total program service expenses

Form **990** (2013)

4e

) (Revenue \$

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		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	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		N/	Δ
_	during the tax year? If "Yes," complete Schedule C, Part II	4	14 /	_
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	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
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			3,7
	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, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
-	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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1.	Schedule D, Parts XI and XII Was the experienting included in appealidated independent sudited financial attempate for the tay year?	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-22	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
~	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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,			٠,,
	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			.
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
20°	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
~	22 and 200 and 2			1

Form **990** (2013)

Form 990 (2013) ASSOCIATION

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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			l
	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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		- 25
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	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			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	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	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

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

	Check if Schedule O contains a response or note to any line in this Part V					Ш
			•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-					
	(gambling) winnings to prize winners?			1c	Х	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_		37
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-	٥.		1
_	were not tax deductible?		N/A	6b		
7	Organizations that may receive deductible contributions under section 170(c).	aviono n	·			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			70		
·	to file Form 8282?	-		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		37 / 3			
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا ہما				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44		Х
				14a		Λ
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	.		14b	990	(2013)

332005 10-29-13

52-1452178

Page 6

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

X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 26 1a Enter the number of voting members of the governing body at the end of the tax year 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. 26 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c X Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website **X** Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JAKE KOENIG - 317-927-8000 3909 N MERIDIAN ST, INDIANAPOLIS, IN 46208

Form **990** (2013)

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A)	(B)	orga	111126	((пре	iisai	(D)	(E)	(F)
Name and Title	Average hours per week	box	(do not che box, unless officer and		ition more rson	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRIS CARL	2.00	37		Ι,,					0	0
CHAIRMAN	2 00	Х		Х				0.	0.	0.
(2) AMY TARDIF	2.00	х		х				0.	0.	0.
CHAIR-ELECT (3) VINCENT DUFFY	2.00	Δ		Δ		<u> </u>		0.	0.	0.
PAST CHAIRMAN/SECRETARY	2.00	х		Х				0.	0.	0.
(4) LOREN TOBIA	2.00	_		^				0.	0.	<u></u>
TREASURER	2.00	Х		Х				0.	0.	0.
(5) HOLLY GAUNTT	2.00							0.	0.	<u></u>
REGION 1 DIRECTOR		х						0.	0.	0.
(6) BRANDON MERCER	2.00									
REGION 2 DIRECTOR		х						0.	0.	0.
(7) KATHY WALKER	2.00									
REGION 3 DIRECTOR		Х						0.	0.	0.
(8) SCOTT LIBIN	2.00									
REGION 4/5 DIRECTOR		Х						0.	0.	0.
(9) CARLTON HOUSTON	2.00									
REGION 6 DIRECTOR		Х						0.	0.	0.
(10) JAM SARDAR	2.00									
REGION 7 DIRECTOR		Х						0.	0.	0.
(11) CHRISTY MORENO	2.00									
REGION 8 DIRECTOR		Х						0.	0.	0.
(12) RANDY BELL	2.00									
REGION 9 DIRECTOR		Х						0.	0.	0.
(13) ANDREW VREES	2.00									
REGION 10 DIRECTOR	0 00	Х				_		0.	0.	0.
(14) BILL ROSWELL	2.00								0	0
REGION 11 DIRECTOR	2 00	Х						0.	0.	0.
(15) MARK KRAHAM REGION 12 DIRECTOR	2.00	х						0.	0.	0.
	2.00	Δ				<u> </u>		0.	0.	0.
(16) TERENCE SHEPHERD REGION 13 DIRECTOR	4.00	х						0.	0.	0.
(17) TERRY SCOTT	2.00	₽						0.	0.	<u> </u>
REGION 14 DIRECTOR	4.00	х						0.	0.	0.
MECTON 14 DIMECTON	l	22	<u> </u>	<u> </u>		I		<u> </u>	0.	Cours 990 (0010)

332007 10-29-13

Form 990 (2013) ASSOCIAT	ION								52-1	<u>452</u>	178	Pa	ge 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	,	Es'	timated	b
	hours per	box	i, unle	ss pe	rson	is bot	h an	compensation	compensation	n	am	ount o	of
	week	_	Cer ar	iu a u	irecio	or/trus	lee)	from	from related			other	
	(list any hours for	or director						the	organization			pensat	
	related	ordi	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)		om the anizatio	
	organizations	trustee	trus		8	ubeu		(44-2/1099-141130)				d relate	
	below	dual t	tiona	L	nploy	st cor	<u></u>					nizatio	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				l organ		
(18) DAN SHELLEY	2.00												
DIRECTOR AT-LARGE		Х						0.		0.			0.
(19) JERRY WALSH	2.00												
DIRECTOR AT-LARGE		Х						0.		0.			0.
(20) SEAN MCGARVY	2.00												
DIRECTOR AT-LARGE		Х						0.		0.			0.
(21) HARVEY NAGLER	2.00									_			_
DIRECTOR AT-LARGE		Х						0.		0.	<u> </u>		0.
(22) DOUG MITCHELL	2.00	۱								_			^
EX-OFFICIO MEMBER	2 00	Х						0.		0.			0.
(23) NANCY MCKENZIE DUPONT	2.00	٠,						0.		0.			^
EX-OFFICIO MEMBER (24) EDWARD ESPOSITO	2.00	Х	-				-	0.		0.	—		0.
RTDNF TRUSTEE	2.00	x						0.		0.			0.
(25) DAVID LOUIE	2.00	^								<u> </u>	—		<u> </u>
RTDNF TRUSTEE	2.00	\mathbf{x}						0.		0.			0.
(26) JANICE GIN	2.00									<u> </u>			<u> </u>
RTDNF TRUSTEE		\mathbf{x}						0.		0.			0.
1b Sub-total	1							0.		0.			0.
c Total from continuation sheets to Part V							•	124,453.		0.	2	4,50	<u>3.</u>
d Total (add lines 1b and 1c)							•	124,453.		0.	2	4,50	3.
2 Total number of individuals (including but r							no r	eceived more than \$100	0,000 of reportab	le			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer													
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the s									the organization				
and related organizations greater than \$15	0,000? If "Yes,	," co	mpl	ete S	Sche	edule	e J t	for such individual			4		X
5 Did any person listed on line 1a receive or	•				-			_		i			
rendered to the organization? If "Yes," con	nplete Schedu	le J i	for s	uch	pers	son .					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest co	=	-								npens	ation fi	rom	
the organization. Report compensation for	the calendar y	ear	enai	ng v	vitri	or w	itmir		year.			.,	
(A) Name and business	address	N	INC	FC.				(B) Description of s	services	С	(C comper	י) nsation	ı
							_						
							- 1						

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2013)

(27) MICHAEL CAVENDER EXECUTIVE DIRECTOR	Trustees, Key Er (B) Average hours per week (list any hours for related organizations below line) 28.00 12.00	stee or director		(C Pos	C) ition			Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	ees (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Name and title (27) MICHAEL CAVENDER	Average hours per week (list any hours for related organizations below line)		heck	Pos call to	ition that	арр		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
				Х				124,453.	0.	24,503
AECUTIVE DIRECTOR	12.00			<u> </u>				124,455.	0.	24,503
								1		
					_					
			1							
		4								
					\vdash					
		1		<u> </u>	I					
otal to Part VII, Section A, line 1c								124,453.		24,503

Form 990 (2013) ASSOCIA Part VIII Statement of Revenue

		Check if Schedule O cont	ains a respons	e or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		129,745.				
s, G		Fundraising events						
ar /		Related organizations						
imi		Government grants (contribut						
tior	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abo	ve 1f	73,166.				
dor	g	Noncash contributions included in lines	1a-1f: \$					
<u>a 0</u>	h	Total. Add lines 1a-1f			202,911.			
		31/3 DDG		Business Code		607 067		
ice		AWARDS		900099	687,867.	687,867. 157,305.	F 41F	
erv ne	b			900099 541800	162,720.	157,305.	5,415.	
m S	C	COMMUNICATIONS JOB POSTINGS		900099	15,850. 2,550.		15,850. 2,550.	
gra	d	PUBLICATIONS		900099	635.		635.	
Program Service Revenue	e			·	033.		033.	
_		All other program service reve	enue		869,622.			
\dashv	<u>g</u> 3	Total. Add lines 2a-2f	dividende inte	wast and	009,022.			
	3	Investment income (including		· ·	6,844.			6,844.
	4	other similar amounts)			0,011.			0,011.
	5	Royalties	•	•				
	Ū	noyanico	(i) Real	(ii) Personal				
	6 a	Gross rents		(ii) i cicciiai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	180,678	•				
	b	Less: cost or other basis						
		and sales expenses	150,653	•				
	С	Gain or (loss)	30,025	•				
		Net gain or (loss)			30,025.			30,025.
e n	8 a	Gross income from fundraising	g events (not					
len		including \$	of					
Other Reven		contributions reported on line	•					
Jer		Part IV, line 18		a				
₽		Less: direct expenses		p [
		Net income or (loss) from fund Gross income from gaming ad		·····				
	9 a							
	h	Part IV, line 19		b				
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		a				
	b	Less: cost of goods sold		b				
		Net income or (loss) from sale						
Ī		Miscellaneous Revenu	e	Business Code				
İ	11 a	RTDNF ADMINISTR		900099	66,000.	66,000.		
	b	OTHER REVENUE		900099	5,811.	5,811.		
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		>	71,811.	016 000	04 450	26.252
33300	12	Total revenue. See instructions.			1,181,213.	916,983.	24,450.	
332009 10-29-	13							Form 990 (2013)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 124,453. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 195,909. Other salaries and wages Pension plan accruals and contributions (include 9,989 section 401(k) and 403(b) employer contributions) 30,992. Other employee benefits 9 26,555. Payroll taxes 10 Fees for services (non-employees): Management 7,572. Legal 20,408. Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 265,572. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 17,820. 13 Office expenses 13,424. Information technology 14 15 Royalties 13,905. Occupancy 16 14,434. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 130,445. Conferences, conventions, and meetings 19 1,805. 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 5,501. 23 Other expenses, Itemize expenses not covered 24 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.) 73,524. SCHOLARSHIPS, PLAQUES, BANK AND CREDIT CARD FE 52,455. 24,073. **EQUIPMENT** 13,367. TELEPHONE 3,698. е All other expenses 1,045,901. Total functional expenses. Add lines 1 through 24e 25 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)

RADIO-TELEVISION NEWS DIRECTORS **ASSOCIATION**

Form 990 (2013)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.50 040	1	212 621
	2	Savings and temporary cash investments			279,210.	2	340,694.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,585.	4	22,635.
	5	Loans and other receivables from current and for	rmer offi	cers, directors,			
		trustees, key employees, and highest compensation	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(d	c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complet	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ž	8	Inventories for sale or use				8	
	9	B '1			21,440.	9	18,457.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	100,835.			
	b	Less: accumulated depreciation		74,067.	26,973.	10c	26,768.
	11	Investments - publicly traded securities			434,606.	11	210,930.
	12	Investments - other securities. See Part IV, line 1	6,283.	12	13,772.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		26,604.	15	53,232.	
	16	Total assets. Add lines 1 through 15 (must equal			797,701.	16	686,488.
	17	Accounts payable and accrued expenses			30,279.	17	34,267.
	18	Grants payable		18			
	19	Deferred revenue		55,134.	19	49,973.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
န	22	Loans and other payables to current and former	officers,	directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and d	isqualified persons.			
iabi		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			246,621.	23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables 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			332,034.	26	84,240.
		Organizations that follow SFAS 117 (ASC 958		here ▶ X and			
ses		complete lines 27 through 29, and lines 33 an			465 668		600 040
and	27	Unrestricted net assets			465,667.	27	602,248.
Bal	28	Temporarily restricted net assets				28	
pu	29					29	
<u>.</u>		Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶ □ □			
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			165 667	32	602 240
_	33	Total net assets or fund balances			465,667. 797,701.	33	602,248.
	34	Total liabilities and net assets/fund balances			131,101.	34	686,488.

Form **990** (2013)

Form	aan	(2013)
LOHIII	990	(2013)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Ш			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,18					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,04					
3	Revenue less expenses. Subtract line 2 from line 1	3		5,3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		465,667. -13,945.				
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	1	5,2	$\overline{14.}$			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	60	2,2	48.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	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	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b					

Form **990** (2013)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

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: 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.
- 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) organi 		1ax) or Form 990-E2	, Part v, line 350 (Proxy 1	ax), men
Name of organization RADIO-	TELEVISION NEWS DI	RECTORS	Empl	oyer identification number
ASSOCI				52-1452178
Part I-A Complete if the o	rganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the orga2 Political expenditures3 Volunteer hours	·		▶ \$	
	rganization is exempt unde			
1 Enter the amount of any excise to	ax incurred by the organization unde	er section 4955	▶\$	
2 Enter the amount of any excise to	ax incurred by organization manage	rs under section 4955	▶\$	
3 If the organization incurred a sec	tion 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				1721
Part I-C Complete if the o	<u> </u>	. ,,	•	,,,
 Total exempt function expenditure line 17b Did the filing organization file For Enter the names, addresses and made payments. For each organic contributions received that were 	anization's funds contributed to oth res. Add lines 1 and 2. Enter here ar m 1120-POL for this year?	nd on Form 1120-POL, I) of all section 527 pol from the filing organizes separate political organizers.	stion 527 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Yes No 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) 2013

LHA

332041 11-08-13

<u> </u>					<u> </u>	ragez	
Part II-A Complete if the org			mpt under sectio	n 501(c)(3) and fil	led Form 5768		
(election under sec A Check ► ☐ if the filing organiza		• • • • • • • • • • • • • • • • • • • •	iliated group (and list ir	Part IV each affiliated	Laroup mombor's nam	no addross EIN	
expenses, and sha	-		* · ·	Trait IV each anniated	r group member s nam	ie, address, Liiv,	
			nd "limited control" pro	ovisions apply.			
Limi	ts on Lobb	ying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to infl	uence publ	ic opinion ((grass roots lobbying)				
b Total lobbying expenditures to infl	uence a leg	islative boo	dy (direct lobbying)				
c Total lobbying expenditures (add l	ines 1a and	l 1b)					
d Other exempt purpose expenditur							
e Total exempt purpose expenditure							
f Lobbying nontaxable amount. Ent	er the amou	unt from the	e following table in bot	h columns.			
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:			
Not over \$500,000		20% of	the amount on line 1e.				
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000						
Over \$17,000,000							
g Grassroots nontaxable amount (er	nter 25% of	line 1f)					
h Subtract line 1g from line 1a. If zer	-						
i Subtract line 1f from line 1c. If zero							
j If there is an amount other than ze		r line 1h or	line 1i, did the organiz	ation file Form 4720	Г		
reporting section 4911 tax for this	•				L	Yes No	
, ,	ations tha	t made a s	eraging Period Under section 501(h) election se instructions for line	n do not have to com			
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2	2010	(b) 2011	(c) 2012	(d) 2013	(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))							
					l	1	

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

(b)

(a)

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description

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)).

of the lobbying activity.	Yes	No	Amo	ount
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(=)		
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c)	(5), or se	ction	
30 1(c)(o).			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	100	X
Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Х	21
3 Did the organization make only in-nouse lobbying experiditures of \$2,000 or less? 1 Did the organization agree to carry over lobbying and political expenditures from the prior year?				Х
Part III-B Complete if the organization is exempt under section 501(c)(4), sec			ction	
answered "Yes." 1 Dues, assessments and similar amounts from members		1	T	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol 				
expenses for which the section 527(f) tax was paid).	irtioui			
a Current year		2a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an				
expenditure next year?	рошиош	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	nun list). Part I	I-Δ line 2: s	and Part II-F	
Also, complete this part for any additional information.	oup listy, r art r	171, 11110 2, 6	ind rait in L), III C 1.
iso, complete this part for any additional information.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

RADIO-TELEVISION NEWS DIRECTORS

Emplo

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number

ASSOCIATION 52-1452178

Par	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		s or Accounts. Complete if the
	organization answered Tes to Form 330, Fart IV, line	(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 w	vriting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hi	istorically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financi	ial gain, provide
	the following amounts required to be reported under SFAS 11	· · · · · · · · · · · · · · · · · · ·	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Pai	rt III	Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures, e	or Othe	er Simi	lar Asse	ts (contii	nued)	
3	Using	the organization's acquisition, accessi	on, and other record	s, check a	ny of the	following tha	at are a s	ignifican	t use of its	collectio	n items	
	(chec	k all that apply):										
а		Public exhibition	d	Lo:	an or exc	hange progra	ams					
b		Scholarly research	е	Oth	ner							
С		Preservation for future generations			•							
4	Provi	de a description of the organization's co	ollections and explain	n how they	further t	he organizati	ion's exe	mpt purp	ose in Par	t XIII.		
5	Durin	g the year, did the organization solicit o	r receive donations	of art, histo	rical trea	sures, or oth	er simila	r assets				
	to be	sold to raise funds rather than to be ma	aintained as part of t	he organiz	ation's c	ollection?				Yes		No
Pai	rt IV	Escrow and Custodial Arran	gements. Comple	ete if the or	ganizatio	n answered	"Yes" to	Form 99	0, Part IV, I	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.									
1a	Is the	organization an agent, trustee, custodi	an or other intermed	liary for co	ntribution	ns or other as	sets not	included	t	-		
	on Fo	orm 990, Part X?							L	Yes		No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:							
										Amoun	t	
С	Begin	nning balance						1c				
d	Addit	ions during the year						1d				
е	Distril	butions during the year						1e				
f	Endin	ng balance						1f				
		ne organization include an amount on Fo								Yes		No
		s," explain the arrangement in Part XIII.										
Pai	rt V	Endowment Funds. Complete in	f the organization an	swered "Y	es" to Fo	· · · · · ·						
			(a) Current year	(b) Prio	r year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years b	ack
1a		nning of year balance										
b	Contr	ributions										
С	Net in	nvestment earnings, gains, and losses										
d	Grant	ts or scholarships										
е	Other	r expenditures for facilities										
	and p	programs										
f	Admi	nistrative expenses										
g	End c	of year balance										
2		de the estimated percentage of the curr	•	e (line 1g,	column (a)) held as:						
а	Board	d designated or quasi-endowment 🕨 _		_%								
b	Perm	anent endowment	%									
С	Temp	orarily restricted endowment	%									
	The p	percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
3а	Are th	nere endowment funds not in the posse	ssion of the organiza	ation that a	re held a	and administe	ered for t	he organ	ization	ı		
	by:									_	Yes	No
		nrelated organizations								3a(i)		
		elated organizations										
b		es" to 3a(ii), are the related organizations								3b		
4		ribe in Part XIII the intended uses of the		wment fur	ds.							
Pai	rt VI	Land, Buildings, and Equipm										
		Complete if the organization answered										
		Description of property	(a) Cost or o basis (investr			t or other (other)		ccumula preciatio	l l	(d) Boo	k value	
1a	Land											
b		ings										
С	Lease	ehold improvements									_ ^	
d	Equip	oment				5,677.		68,5			7,08	
		r				5,158.		5,4	174.		9,68	
Tota	I. Add	lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(B), line :	10(c).)			▶	2	6,76	8.

Schedule D (Form 990) 2013

e **3**

Dout VIII Investments	Other Consulting	
Schedule D (Form 990) 2013	ASSOCIATION	52-1452178 Page
	HIDIO ILLEVIDION NEWS SINECIONS	

Part VII Investments - Other Securities.	t- F 000 Dt N	Uliandala Can Farra 000	Deat V. Bas 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end	l-of-year market value
(1) Financial derivatives				•
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	/aluation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
	Description			(b) Book value
(1) DUE FROM RELATED ORGANIZA	TION-RTNDF			53,232.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	53,232.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ▶			

Schedule D (Form 990) 2013

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

ASSOCIATION

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With I	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				4 505 000
1	Total revenue, gains, and other support per audited financial statements			1	1,587,808
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	40 045		
а	Net unrealized gains on investments	2a	-13,945.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	486,540.		
е	Add lines 2a through 2d			2e	472,595
3	Subtract line 2e from line 1			3	1,115,213
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	66,000.		
С	Add lines 4a and 4b			4c	66,000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,181,213
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,416,429
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	$\overline{}$	436,528.		
е	Add lines 2a through 2d			2e	436,528
3	Subtract line 2e from line 1			3	979,901
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		66,000.		
	Add lines 4a and 4b			4c	66,000
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,045,901
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV lines 1b a	nd 2b: Part V line	4· Part	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			+, r arc	71, III 0 2, 1 are 71,
111100	24 and 45, and 1 art Art, lines 24 and 45. Also complete this part to provide any additi	tional imonin	ation.		
PAI	RT X, LINE 2:				
	•				
EXI	PLANATION: RTDNA IS EXEMPT FROM FEDERAL INC	COME TA	XES UNDER	SE	CTION
501	L(C)(6) OF THE INTERNAL REVENUE CODE. ACCOU	JNTING	STANDARDS	FO	R INCOME
	1(0)(0) 01 1112 111121112 11211012 00221 110000	2112 2210	511111511115		
ТΑΣ	KES PROVIDE DETAILED GUIDANCE FOR FINANCIAL	. Ѕтаті	MENT RECO	GNT	TTON.
				0111	
ME	ASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX	POSITI	ONS RECOG	NIZ	ED IN AN
			1.2000		
EN	TERPRISE'S COMBINED FINANCIAL STATEMENTS.	RTDNA	REGULARLY	EV	ALUATES ITS

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PRIOR TO 2010 ARE NO LONGER SUBJECT TO EXAMINATION.

ACTIVITIES TO DETERMINE THAT THEY ARE IN COMPLIANCE WITH THEIR TAX-EXEMPT

PURPOSE. CURRENTLY, RTDNA'S MANAGEMENT DOES NOT BELIEVE IT IS ENGAGED IN

ACTIVITIES THAT WOULD CREATE AN UNCERTAIN TAX POSITION. ALL TAX PERIODS

Part XIII Supplemental Information (continued)	
REVENUE REPORTED UNDER EIN 38-1860090	486,540.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
ADMINISTRATIVE FEES ELIMINATED IN CONSOLIDATION	66,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES REPORTED UNDER EIN 38-1860090	436,528.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ADMINISTRATIVE FEES ELIMINATED IN CONSOLIDATION	66,000.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

52-1452178

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 RADIO-TELEVISION NEWS DIRECTORS

ASSOCIATION

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:

EXPLANATION: 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 NEWS SERVICE IS ELIGIBLE FOR ACTIVE MEMBERSHIP. THE BOARD OF DIRECTORS MAY DETERMINE WHAT RESPONSIBILITIES AND ACTIVITIES CONSTITUTE THE EXERCISE OF SIGNIFICANT EDITORIAL CONTROL.

- (B) ANY PERSON WHO HAS HELD THE OFFICE OF ELECTED PRESIDENT, CHAIRPERSON 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 Schedule O (Form 990 or 990-EZ) (2013) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Name of the organization RADIO-TELEVISION NEWS DIRECTORS
ASSOCIATION

Employer identification number 52-1452178

MEMBERSHIP FOR VOTE.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: MEMBERS VOTE EVERY YEAR AT CONVENTION FOR THE INCOMING CHAIR OF THE RTDNA BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: MEMBERS MAY VOTE ON BYLAW CHANGES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN DISTRIBUTED BY EMAIL TO ALL MEMBERS OF THE BOARD FOR REVIEW/QUESTIONS PRIOR TO FILING. IF ANY CHANGES ARE MADE, A FINAL COPY IS RESENT TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: 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

Schedule O (Form 990 or 990-EZ) (2013)

INTEREST AND RECUSES HIMSELF OR HERSELF FROM ANY PORTION OF ANY PROCEEDINGS

332212 09-04-13

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ See separate instructions.

Department of the Treasury Internal Revenue Service

►Information about Schedule R (Form 990) and its instructions is at www irs gov/form990

Open to Public Inspection

OMB No. 1545-0047

RADIO-TELEVISION NEWS DIRECTORS Employer identification number Name of the organization 52-1452178 ASSOCIATION Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f)

(g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No RADIO & TELEVISION NEWS DIRECTORS FOUNDATION 38-1860090 529 14TH STREET NW STE 1240 WASHINGTON DC 20045 501(C)(3) RTNDA Х EDUCATIONAL DELAWARE

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

Schedule R (Form 990) 2013

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

Organisation to the deal and a partition of the following and the											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage ownership
of related organization		(state or foreign	entity		(related, unrelated, income en	end-of-year assets	alloca	ations?	amount in box	partne	ownership
		country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	0
	1										
	1										
	1										
	†										
	†										
	1										
										+	+
	+										
	-										
	4										
										\sqcup	
	1										
	1										
			·· - · · ·			" F 200 D					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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 contr ent	(i) ction (b)(13) trolled tity?
		country)		or tructy		uoooto		Yes	No
									$oxed{oxed}$
									$oxed{oxed}$
									$oxed{oxed}$
									$oxed{oxed}$
		26							$oxed{oldsymbol{ol}}}}}}}}}}}}}}}}}}$

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

Note	c. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
	During the tax year, did the organization engage in any of the following transactions								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				. 1a		X		
	Gift, grant, or capital contribution to related organization(s)						X		
С	Gift, grant, or capital contribution from related organization(s)				. 1c		X		
d	Loans or loan guarantees to or for related organization(s)				. 1d		X		
	Loans or loan guarantees by related organization(s)						X		
f	f Dividends from related organization(s)								
g									
h	Purchase of assets from related organization(s)				1h		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		Х		
							Х		
	Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)								
	g								
р	p Reimbursement paid to related organization(s) for expenses								
	Reimbursement paid by related organization(s) for expenses					Х			
-	· · · · · · · · · · · · · · · · · · ·								
r	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)					Х	_		
	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amount i	nvolved				
	·	type (a-s)							
F	ADIO & TELEVISION NEWS DIRECTORS								
(1) F	OUNDATION	Q	66,000.	ACTUAL EXPENSE					
	ADIO & TELEVISION NEWS DIRECTORS	~	•						
(2) F	OUNDATION	S	39,372.	FUNDS RECEIVED					
<u>\-/</u>			•						
(3)									
10/									
(4)									
<u>, , , </u>									
(5)									
10/									
(6)									

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	Disprotion: allocati	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	(k) Percentage ownership

RADIO-TELEVISION NEWS DIRECTORS

Schedule F	R (Form 990) 2013 ASSOCIATION	52-1452178	Page 5
Part VII	ASSOCIATION Supplemental Information		
	Provide additional information for responses to questions on Schedule R (see instructions).		
		<u></u>	

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	RADIO-TELEVISION NEWS DIRECTORS ASSOCIATION 529 14TH STREET NW NO. 1240 WASHINGTON, DC 20045
Prepared by	GREENWALT CPAS, INC. 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 17, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form	990-T	E	xempt Organization Bus			ax Returr	1	OMB No. 1545-0687
		l	(and proxy tax und					0040
		For cal	endar year 2013 or other tax year beginning Information about Form 990-T and its instruc	diana i	, and ending		— ·	2013
	tment of the Treasury al Revenue Service	I ▶	Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed		Name of organization (Check box if name cl	D Empl (Emp	Employer identification number (Employees' trust, see instructions.)			
B E:	xempt under section	Print	ASSOCIATION	5	52-1452178			
	501(c)(6)	_ or	Number, street, and room or suite no. If a P.O. box	k, see in	structions.			ated business activity codes nstructions.)
]408(e) [220(e)	Туре	529 14TH STREET NW, NO	. 1	240] (000)	nsu detions.)
	408A 530(a) 529(a)		City or town, state or province, country, and ZIP of WASHINGTON, DC 20045	r foreig	n postal code		541	800
C Bo	ok value of all assets end of year 686,488.		exemption number (See instructions.)		504(a) toward	404/5) 1		Otherstonet
			c organization type ► X 501(c) corporation ary unrelated business activity. ► ADVERTI		501(c) trust	401(a) trust		Other trust
			poration a subsidiary in an affiliated group or a parer				Ye	es X No
		-	tifying number of the parent corporation.	แ-อนมอ	idially controlled group:			55 <u>21</u> NU
			JAKE KOENIG		Telenho	ne number $ ightharpoonup 3$	17-	927-8000
			de or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sal				. , ,	· , .		, ,
	Less returns and allo		c Balance	1c				
2	Cost of goods sold (S	Schedule	A, line 7)	2				
3	Gross profit. Subtrac			3				
4 a	Capital gain net incor	me (attac	h Form 8949 and Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			sts	4c				
5			ips and S corporations (attach statement)	5				
6	Rent income (Schedu	ule C)		6				
7	Unrelated debt-finance		ne (Schedule E)	7				
8	Interest, annuities, ro	yalties, a	and rents from controlled organizations (Sch. F)	8				
9	Investment income o	of a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10			me (Schedule I)	10				
11			e J)	11	24,450.	6,1	13.	18,337.
12	Other income (See in	struction	ns; attach schedule.)	12				
13	Total. Combine lines	s 3 throu	gh 12	13	24,450.	6,1	13.	18,337.
Pa			ot Taken Elsewhere (See instructions for					
			utions, deductions must be directly connected			<u> </u>		
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15	Salaries and wages						15	
16	Repairs and mainter	nance .					16	
17							17	
18							18	
19	Taxes and licenses						19	
20			e instructions for limitation rules.)				20	
21			562)					
22			n Schedule A and elsewhere on return				22b	
23							23	
24	Contributions to def	ferred co	mpensation plans				24	
25	Employee benefit pr	rograms	de adala N				25	
26	Excess exempt expe	enses (So	chedule I)				26	10 227
27	Excess readership of	costs (Sc	hedule J)				27	18,337.
28	other deductions (a	itach sch	nedule)				28	10 227
29			es 14 through 28				29	18,337.
30			ncome before net operating loss deduction. Subtrac				30	U •
31	Harolated business of	tovoble:	(limited to the amount on line 30)	om !:=-	20		31	0.
32			ncome before specific deduction. Subtract line 31 fr				32	1,000.
33 34			y \$1,000, but see instructions for exceptions.) income. Subtract line 33 from line 32. If line 33 is g				33	1,000.
			income. Subtract file 33 from file 32. If file 33 is (-	*		34	0.

323701 12-12-13 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2013)

Page 2

ASSOCIATION

RADIO-TELEVISION NEWS DIRECTORS

Part	Ш	Tax Computation										
35	Orga	nizations Taxable as Corpora	tions. See instru	actions for tax co	omputation.							
	Cont	rolled group members (section	ns 1561 and 156	3) check here	► See	instructions ar	nd:					
	a Ente	your share of the \$50,000, \$2	25,000, and \$9,9	25,000 taxable i	ncome bracke	ets (in that orde	er):					
	(1)	\$	(2) \$		(3)	\$						
- 1	b Enter	organization's share of: (1) A	dditional 5% tax	(not more than	\$11,750)	\$						
	(2)	additional 3% tax (not more tha	an \$100,000)			\$						
(me tax on the amount on line 3						<u> </u>	35c			0.
36		ts Taxable at Trust Rates. See										
		Tax rate schedule or	Schedule D (For	m 1041)				>	36			
37		y tax. See instructions							- 37			
38		native minimum tax										
39		I. Add lines 37 and 38 to line 3										0.
Part		Tax and Payments										
40	a Forei	gn tax credit (corporations atta	ach Form 1118;	trusts attach For	m 1116)		40a					
1	b Othe	r credits (see instructions)					40b					
(G ene	ral business credit. Attach Fori	m 3800				40c					
		it for prior year minimum tax (a										
(e Tota	credits. Add lines 40a throug	h 40d						40e			
41												0.
42	Othe	r taxes. Check if from: 🔲 Fo	orm 4255 🔲	Form 8611	Form 8697	Form 88	866	Other (attach schedule)	42			
43	Tota	I tax. Add lines 41 and 42							43			0.
44	a Payn	nents: A 2012 overpayment cr	edited to 2013				44a					
	b 2013	estimated tax payments					44b					
	c Tax	leposited with Form 8868					44c					
		gn organizations: Tax paid or v										
	e Back	up withholding (see instructior	ns)				44e					
	f Cred	it for small employer health ins	urance <u>prem</u> iun	ns (Attach Form	8941)		44f					
	g Othe	r credits and payments:		orm 2439								
		Form 4136	🔲 01	her		Total 🕨	44g					
45	Tota	I payments. Add lines 44a thro	ugh 44g		<u></u>	<u></u>			45			
46	Estin	nated tax penalty (see instruction	ons). Check if Fo	orm 2220 is atta	ched 🕨 🗀	」			46			
47		due. If line 45 is less than the to							47			0.
48		payment. If line 45 is larger that				verpaid		, >	48			0.
49		the amount of line 48 you war						Refunded >	49			
Part		Statements Regardii										
	-	ne during the 2013 calendar ye				-		-		bank,	Yes	No
		, or other) in a foreign country						-				
Ac 2 Du	counts	. If YES, enter the name of the tax year, did the organization receive instructions for other forms the organization.	foreign country	here	ntor of or transfe	eror to a toreign to	ruet?					X
												Х
		amount of tax-exempt interest				> 3T/:						
		A - Cost of Goods S	-	ethod of invent						1		
		at beginning of year	1						. 6			
	ırchase		2			f goods sold. S						
		bor	3					art I, line 2	. 7		V	N -
		section 263A costs (att. schedule)	4a			rules of sectio	•	•			Yes	No
		ts (attach schedule)	4b					for resale) apply to				
5 To		d lines 1 through 4bnder penalties of perjury, I declare the	5	thic return includ				and to the heat of my k			truo	
Sign	C	orrect, and complete. Declaration of	preparer (other that	n taxpayer) is base	d on all informati	on of which prepare	arer has any	knowledge.	lowledge a	ina bellet, it is	true,	
Here				1		EAECIIM.	ר ישעד		-	S discuss this		/ith
		Signature of officer		l Date	— ▶	EAECUI.	TAE D			er shown belo	· —] No
					P I	v	o+o		instruction		;8	No
		Print/Type preparer's name		Preparer's sigr	ialuië	l Da	ate	Check	if PT	IV		
Paid		AMANDA MEKO,	CDV					self- employe		01062	61 E	
Prep		Firm's name ► GREEN		AC TNO				Firm's EIN		$\frac{01062}{5-148}$		1
Use	Only			RMONT S				FITHISEIN) T#0	J J Z .	
		Firm's address ► IND						Phone no.	317_	241-2	999	
			1111 OT	-~, ±11	- ~ ~ ~ ~			Li Holle Ho.	~ ± /		,,,	

323711 12-12-13

Form **990-T** (2013)

Form 990-T (2013) ASSOCIATION

Schedule C - Rent Inco	ome (Fr	om Real	Proper	ty and	d Personal	Property	y Lease	ed With Real Pr	rope	erty)(see instructions)
Description of property										
(1)										
(2)										
(3)										
(4)										
	2							3(a) Deductions dire	ctlv cor	nnected with the income in
(a) From personal property (rent for personal property 10% but not more to	y is more that	rage of	(b) F	f rent for p	nd personal proper ersonal property ex t is based on profit	ceeds 50% or	ntage if	columns 2(a) and 2	(b) (attach schedule)
(1)										
(2)										
(3)										
(4) Total		0.	Total				0.			
(c) Total income. Add totals of co	lumno 2(a)							(b) Total deductions		
here and on page 1, Part I, line 6,							0.	Enter here and on page 1 Part I, line 6, column (B)		0.
Schedule E - Unrelated	d Debt-	Financed	Incom	1 e (see	instructions)			(···· /	
								3. Deductions directly of	connec	ted with or allocable
1. Description o	f debt-financ	ed property			2. Gross ind or allocable financed	e to debt-	(a) s	to debt-fina Straight line depreciation (attach schedule)	anced	(b) Other deductions (attach schedule)
(4)										
(1)										
(2)										
(3) (4)										
4. Amount of average acquisition	,	F Average	adjusted ba	neie	6. Column	4 divided		7. Gross income	-+	8. Allocable deductions
debt on or allocable to debt-finance property (attach schedule)	ed	of or a debt-fina	illocable to nced proper schedule)		by colu			reportable (column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))
(1)						%				
(2)						%				
(3)						%				
(4)						%				
								ter here and on page 1,		Enter here and on page 1, Part I, line 7, column (B).
								art I, line 7, column (A).	ا ۲	_
Totals							<u> </u>		0.	0.
Total dividends-received deduc	tions includ	ded in column	18	ad Dar	to Erom C	ontrollo	d Organ	ni-otiono /	<u> </u>	0.
Schedule F - Interest, A	Annuiu	es, noyai	ties, ar		ot Controlled O			ilzations (see in	istruc	ctions)
1. Name of controlled organization	tion	2. Employer ide	entification	Net ur	3. nrelated income	Total of	4. specified	5. Part of column 4 included in the cont	rolling	connected with income
		numl	Del	(1055) (5	see instructions)	payme	nts made	organization's gross	IIICOITIE	in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income		unrelated incom see instructions		9 . To	tal of specified pay made	rments 1	in the cont	olumn 9 that is included rolling organization's oss income	11.	Deductions directly connected with income in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	En	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
						.	6			
Totals						▶		0.		0.

Form 990-T (2013) ASSOCIATION

Schedule G - Investme (see inst	ent Income of a ructions)	Section (501(c)(7	'), (9), or (17) O	rganiza	tion			
1. Desc	cription of income			2. Amount of income	directly	ductions connected schedule)		Set-asides tach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)									, , , ,
(2)									
(3)			-						
(4)			+						
(4)				Enter here and on page 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 instru	•	y Income	, Other	Than Advertis	ing Inco	ome			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Experior directly consistency with produce of unrelables in the business in the second sec	nected uction ated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5	5. Gross income from activity that is not unrelated business income		hat attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
				through 7.					, ,
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,						Enter here and on page 1, Part II, line 26.
Schedule J - Advertisi									
	Periodicals Rep			solidated Basis	.				
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		irculation icome	6.	Readership costs	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))	▶	0.	0.						0.
Part II Income From columns 2 through			a Sepa	irate Basis (For	each perio	odical liste	d in Pa	ırt II, fill in	
1. Name of periodical	2. Gross advertising income	advertising advertis		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		5. Circulation income		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) COMMUNICATION	IS 24,45	0. 6	,113.	. 18,337	•		3	0,880.	18,337.
(2)	,			1				-	<u> </u>
(3)				1			1		
(4)									
		0.	0.						0.
Totals from Part I	Enter here and page 1, Part	on Enter h	ere and on 1, Part I,	•					Enter here and on page 1,
Totals, Part II (lines 1-5)	line 11, col. (/ 24, 45	•	1, col. (B). , 113 .						Part II, line 27. 18,337.
Schedule K - Compen					instruction	ons)			•
·	Name	,	<u> </u>	2. Title		3. Perce time devo	ted to		ensation attributable related business
(1)						2 401110	%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, F	Part II, line 14					1	<u> </u>		0.
							···· •		<u></u>

323731 12-12-13 Form **990-T** (2013)

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month E.	xtension,	complete only Part II and check this	s box		
Note. Only complete Part II if you have already been granted an					
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month B	Extensio	n of Time. Only file the origin	al (no c	opies need	ed).
·		Enter filer's	identifyii	ng number, s	ee instructions
Type or Name of exempt organization or other filer, see instru	uctions.		Employe	r identification	n number (EIN) or
print RADIO-TELEVISION NEWS DIREC	TORS				, ,
File by the ASSOCIATION				52-145	52178
due date for Number, street, and room or suite no. If a P.O. box,	see instruc	tions.	Social se	curity numbe	r (SSN)
return. See 529 14TH STREET NW, NO. 124				•	,
instructions. City, town or post office, state, and ZIP code. For a	foreign add	Iress, see instructions.			
WASHINGTON, DC 20045	Ü	,			
· ·					
Enter the Return code for the return that this application is for (fi	le a separa	te application for each return)			0 1
	•	, ,			
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 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grante			iously file	ed Form 8868	
JAKE KOENIG		•			
• The books are in the care of ▶ 3909 N MERIDIA	N ST	- INDIANAPOLIS, IN	4620	8	
Telephone No. ► 317-927-8000		Fax No. ▶			
If the organization does not have an office or place of business	ss in the Ur				
If this is for a Group Return, enter the organization's four digit					roup check this
box If it is for part of the group, check this box	_				
		BER 15, 2014	an mornia	oro tiro oxtori	0.011.0.101.
5 For calendar year 2013 , or other tax year beginning		, and endin	a		
6 If the tax year entered in line 5 is for less than 12 months,	check reas		Final r	eturn	
Change in accounting period	oriook roud	on milarolam		otam	
7 State in detail why you need the extension					
ADDITIONAL INFORMATION NEEDED	TO P	REPARE A COMPLETE	AND A	CCURATE	E RETURN
WILL NOT BE AVAILABLE UNTIL A					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	nr 6069	enter the tentative tax less any			
nonrefundable credits. See instructions.	5, 61 6666,	onto the tentative tax, less any	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 606	9 enter an	v refundable credits and estimated	- Ju	<u> </u>	
tax payments made. Include any prior year overpayment a		•			
previously with Form 8868.	illowed as a	a credit and any amount paid	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your p	avmont wit	th this form if required by using	100	Ψ	
EFTPS (Electronic Federal Tax Payment System). See inst	-	in this form, in required, by using	8c	\$	0.
		st be completed for Part II o		Ψ	
Under penalties of perjury, I declare that I have examined this form, inclu-		-	-	f my knowleda	e and helief
it is true, correct, and complete, and that I am authorized to prepare this f		oanymy someunies and statements, and to	י נווכ טכטנ ט	i iiiy kiiuwicuy	, and belief,
Signature ▶ Title ▶			Date		
Orginature Ittle	OLM		Dale		269 (Day 1 001 1)
				Form 88	368 (Rev. 1-2014)

TAX RETURN FILING INSTRUCTIONS

INDIANA FORM IT-20NP

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	RADIO-TELEVISION NEWS DIRECTORS ASSOCIATION 529 14TH STREET NW NO. 1240 WASHINGTON, DC 20045
	WASHINGTON, DC 20045
Prepared by	GREENWALT CPAS, INC. 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	INDIANA DEPARTMENT OF REVENUE P.O. BOX 7228 INDIANAPOLIS, IN 46207-7228
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.