Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

Open to Public Inspection

Α	For t	he 2011 ca	llendar year, or tax year beginning , 2011, and ending			,
В	Check	if applicable:	С		E mployer	identification number
	Addres	s change	Television Internet & Video Association		11-38	314899
			of DC	E	Telephone	number
H	Initial r		906 D Street, NE		202-3	33-3560
H	Termin	lated led return	Washington, DC 20002	_		
H		ation pending			Group E Number	xemption ►
G			hod: X Cash Accrual Other (specify) ►	H Check		e organization is not
			ww.tivadc.org	required	d to attach	Schedule B (Form
			(ck only one) — X 501(c)(3) 501(c) () ◄(insert no.) 4947(a)(1) or 527	990, 99	0-EZ, or 9	90-PF).
	Chec		the organization is not a section 509(a)(3) supporting organization or a section 52	27 organiza	ation and i	ts gross receipts are
	norm	ally not m	ore than \$50,000. A Form 990-EZ or Form 990 return is not required though Form	990-N (e-	postcard)	may be required (see
			ut if the organization chooses to file a return, be sure to file a complete return.			
L	Add I asset	lines 5b, 6d ts (Part II,	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or I line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 9	more, or if 190-EZ	total ►\$	95,593.
	ırt I		ue, Expenses, and Changes in Net Assets or Fund Balances (see			for Part I.)
		Check if	the organization used Schedule O to respond to any question in this Part I			X
	1	Contributi	ons, gifts, grants, and similar amounts received		1	432.
	2	Program s	service revenue including government fees and contracts		2	65,873.
	3	Membersh	hip dues and assessments		3	29,288.
	4	Investmer	nt income		4	
	5a	Gross am	ount from sale of assets other than inventory			
	b	Less: cos	t or other basis and sales expenses			
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5с	
	6	•	and fundraising events			
R E V	а	Gross inc	ome from gaming (attach Schedule G if greater than \$15,000) 6a			
V E			ome from fundraising events (not including \$ of contribut	ions		
N U E			raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000)			
	С		ect expenses from gaming and fundraising events			
	d	Net incom 6b and su	ne or (loss) from gaming and fundraising events (add lines 6a and ubtract line 6c)		6d	
	7a	Gross sale	es of inventory, less returns and allowances			
	b	Less: cos	t of goods sold			
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a).		7с	
	8	Other reve	enue (describe in Schedule O)		8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ 9	95,593.
	10		nd similar amounts paid (list in Schedule O)			
	11	Benefits p	paid to or for members		11	
E	12	Salaries,	other compensation, and employee benefits		12	
P	13	Profession	nal fees and other payments to independent contractors		13	24,604.
E X P E N S E	14	Occupano	cy, rent, utilities, and maintenance		14	
Ě	15	Printing, p	publications, postage, and shipping		15	19,086.
3	16		penses (describe in Schedule O)			51,868.
	17		enses. Add lines 10 through 16			95,558.
	18		(deficit) for the year (Subtract line 17 from line 9)			35.
A N S E S T E	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree wi			27,256.
ΤĘ	20		inges in net assets or fund balances (explain in Schedule O).			21,230.
Ś	21		s or fund balances at end of year. Combine lines 18 through 20.			27,291.
		เพอเ ผออฮิโ	5 of fand balances at one of year. Combine lines to through 20		. 41	21,231.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

Par	Check if the organization used Sch	edule O to respond to any di	lestion in this Part II			
	Onech ii tile organization used Sch	cause o to respond to any qu	JOSHOTI III HIIS FAIL II.	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			27,256		_
23	Land and buildings			•	23	
24	Other assets (describe in Schedule O) .			-	24	
25	Total assets			27,256		
26	Total liabilities (describe in Schedule O	•		07.056		
	Net assets or fund balances (line 27 of			27,256	. 27	•
rar	Statement of Program Ser Check if the organization used So	vice Accomplishments	(see the instra for Pa	গা। III.)	(Rea	Expenses uired for section
What i	s the organization's primary exempt purpose?	Cabadula O	question in this Fart	III	501(c)(3) and 501(c)(4)
Desc	ribe the organization's program service a	accomplishments for each of	its three largest prog	gram services, as	organ	nizations and section (a)(1) trusts; optional
meas	s the organization's primary exempt purpose? <u>Se</u> ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for	se manner, describe the servi each program title.	ices provided, the nu	mber of persons		thers.)
	See Schedule 0					
-		nis amount includes foreign g			28 a	46,728.
29	See Schedule 0					
	(Grants \$) If the	his amount includes foreign o	ırants, check here	-	29 a	46,522.
30	See Schedule 0					10,022.
		· 				
		his amount includes foreign g			30 a	2,309.
31	Other program services (describe in Sch					
		his amount includes foreign g			31 a	
	Total program service expenses (add I t IV List of Officers, Directors,				32	95,559.
Fai	Check if the organization used S					
	oneen mane organization deed o	(b) Title and average	(c) Reportable compensar (Form W-2/1099-MISC	tion (d) Health benefit	s,	(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(Form W-2/1099-MISC (If not paid, enter -0-)			other compensation
			,	benefit plans, an deferred compensa		
See	Schedule_O					
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	the instructions for Part V.) Check if the organization used Schedule O to respond to an	v allection in thic Part V			I X I
	, , , , , , , , , , , , , , , , , , , ,	2 1		Yes	
	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provieach activity in Schedule O		33	.03	Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amended documents if they reflec	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the yea (such as those reported on lines 2, 6a, and 7a, among others)?	ar from business activities	35 a	Х	
	${f b}$ If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an	•	35 b	Χ	
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	ion 6033(e) notice, II	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N		36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► b Did the organization file Form 1120-POL for this year?		_		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employee or were by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b N/			
	Section 501(c)(7) organizations. Enter:				
	a Initiation fees and capital contributions included on line 9				
	b Gross receipts, included on line 9, for public use of club facilities	39b N/	A		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the section 4911 ► 0.; section 4912 ► 0.; section 495	-			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49	•			
	transaction during the year or did it engage in an excess benefit transaction in a prior year ton any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	hat has not been reported	40 b		Х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	▶0	<u>.</u>		
	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	ed tax	40 e		X
41	List the states with which a copy of this return is filed ► None				
	Located at ► 59// Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature	Telephone no. ► 703- ZIP + 4 ► 2204 or other authority over a		050 Yes	 No x
	books are in care of ► Terry L. Jones, CPA, LLC Located at ► 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f	$\underline{}$ ZIP + 4 \triangleright <u>2204</u> or other authority over a			No X
	books are in care of ► Terry L. Jones, CPA, LLC Located at ► 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature	ZIP + 4 ► 22U4 or other authority over a inancial account)?			
	books are in care of Terry L. Jones, CPA, LLC Located at 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finac At any time during the calendar year, did the organization maintain an office outside of the location of the second	or other authority over a inancial account)?	42b		
	books are in care of Terry L. Jones, CPA, LLC Located at 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final	or other authority over a inancial account)?	42b		X
	books are in care of Terry L. Jones, CPA, LLC Located at 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finac At any time during the calendar year, did the organization maintain an office outside of the location of the second	or other authority over a inancial account)?	42b	Yes	X X N/A N/A
43	books are in care of Terry L. Jones, CPA, LLC Located at 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina c At any time during the calendar year, did the organization maintain an office outside of the lif 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ci and enter the amount of tax-exempt interest received or accrued during the tax year	or other authority over a inancial account)?	42b		X X
43	books are in care of Terry L. Jones, CPA, LLC Located at 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina c At any time during the calendar year, did the organization maintain an office outside of the lif 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year	or other authority over a inancial account)?	42b 42c	Yes	X X N/A N/A
43	books are in care of Terry L. Jones, CPA, LLC Located at 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina c At any time during the calendar year, did the organization maintain an office outside of the lif 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year	or other authority over a inancial account)?	42 b 42 c 44 a 44 b	Yes	X X N/A N/A No X
43	books are in care of ► Terry L. Jones, CPA, LLC Located at ► 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other for If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina to At any time during the calendar year, did the organization maintain an office outside of the left 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Count and enter the amount of tax-exempt interest received or accrued during the tax year	or other authority over a inancial account)?	42 b 42 c 44 a 44 b	Yes	X X N/A N/A No X
43	books are in care of Terry L. Jones, CPA, LLC Located at 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other for the liftyes, enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finac At any time during the calendar year, did the organization maintain an office outside of the liftyes, enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Country and enter the amount of tax-exempt interest received or accrued during the tax year. a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 more form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 in instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' Schedule O.	or other authority over a inancial account)?	42 b 42 c 44 a 44 b	Yes	X N/A N/A No X X
43 44 45	books are in care of Terry L. Jones, CPA, LLC Located at 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other for If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Finac At any time during the calendar year, did the organization maintain an office outside of the Users,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Country and enter the amount of tax-exempt interest received or accrued during the tax year. a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 more form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' Schedule O. a Did the organization have a controlled entity of the organization within the meaning of section.	or other authority over a inancial account)?	42 b 42 c 44 a 44 b 44 c 44 d 45 a	Yes	X X N/A N/A No X
43 44 45	books are in care of Terry L. Jones, CPA, LLC Located at 5977 Jan Mar Drive Falls Church VA b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other for the liftyes, enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finac At any time during the calendar year, did the organization maintain an office outside of the liftyes, enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Country and enter the amount of tax-exempt interest received or accrued during the tax year. a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 more form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 in instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' Schedule O.	or other authority over a inancial account)?	42 b 42 c 44 a 44 b 44 c 44 d 45 a	Yes Yes	X N/A N/A No X X

Page 4

46 D	d the organization engage, directly or indire andidates for public office? If 'Yes,' complete	ctly, in political campai	ign activities	on behalf o	of or in opposition to	46	163	X	
Part \		and section 4947	(a)(1) none	exempt c	haritable trusts or	ıly. All se	ction ns		
	Check if the organization used Schedu								
							Yes		
47 D	id the organization engage in lobbying activi omplete Schedule C, Part II	ties or have a section 5	501(h) election	n in effect	during the tax year? If	'Yes,' 47		Х	
	the organization a school as described in se							X	
49 a D	d the organization make any transfers to an	exempt non-charitable	e related orga	nization?		49 a		Χ	
	'Yes,' was the related organization a section	•					1	<u> </u>	
50 Cer	omplete this table for the organization's five nployees) who each received more than \$10	highest compensated (employees (c	other than o	fficers, directors, trustoff there is none, enter	ees and key 'None.'	′		
(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (Forms W-2/1099-MISC) (c) Reportable compensation (Forms W-2/1099-MISC) (c) Reportable compensation (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation									
None					'				
	otal number of other employees paid over \$1	100 000							
51 C	omplete this table for the organization's five	highest compensated i	independent	contractors	who each received mo	ore than \$10	00,000) of	
	empensation from the organization. If there i	,		(b) Type (of service	(c) Com	nensatio	on.	
	(-)			(-)		(4)	,		
None									
	otal number of other independent contractors in the organization complete Schedule A? N	•	·		47(a)(1) manayanan				
ch	naritable trusts must attach a completed Sch	edule A	· · · · · · · · · · · · · · · · · · ·			. ► X Ye	s	No	
Under per true, corre	nalties of perjury, I declare that I have examined this return, ect, and complete. Declaration of preparer (other than office	including accompanying scheen; is based on all information of	dules and statement of which preparer	ents, and to the has any knowle	e best of my knowledge and be edge.	elief, it is			
	>								
Sign	Signature of officer				Date				
Here	Anne Hall Type or print name and title.				Treasurer				
	Print/Type preparer's name	Preparer's signature		Date	Check if F	PTIN			
Paid	Timothy S. Felegie, CPA					20085751	.3		
Prepare	Firm's name Terry L. Jones,	CPA, LLC	1						
Use On	James address Sylva Sali Har Dr				Firm's EIN	1			
Maxit	Falls Church, VA 22041 Phone no. (703) 67 the IRS discuss this return with the preparer shown above? See instructions. ▼ X								
iviay the	e ins discuss this return with the preparer st	iown above? See instri	uctions			. ► X Yes		No (2011)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Television Internet & Video Association of DC Employer identification number 11-3814899

Par	· I	RΔ	260	n fo	r Puk	lic (Cha	rity S	tatus	· (ΔII	oras	nizati	one	must a	omole	thic	nart)	See i	nstruct	rions		
		_								_				ugh 11,				0001	i i sti uct	.10113.		
1	n ya										•			•		•	(1)(A)(i)					
2	-														Section	11 170(D)	(I)(A)(I)	•				
	\vdash										•	h Sched		•	1 7	0/6\/1\/	A \/:!!\					
3	-		•					•		_	•			d in sec				0/1 \/1\/	=		21 11	
4	<u></u>					-	nızat	ion op	erated	i in cc	onjunc	tion wit	nan	ospitai (aescribe	ea in se	ction 17	V(D)(1)(A	4)(III). ⊟I	nter the ho	spitai	5
_	_				nd stat		d for	+ho ho	nofit o			or univ	oroit			otod by	0.00000	nmanta	Lunit do	scribed in	ti-	
5		170(b)(1)(A)(i v). (C	ompl	ete F	art II.))				-			_		ППепа	i uiiit de	scribed iii s	secuo	n
6														bed in s								
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public describ in section 170(b)(1)(A)(vi). (Complete Part II.)									ribed												
8		A co	mm	unity	trust o	descr	ibed	in sec	tion 17	70(b)((1)(A)(vi). (Co	mple	te Part I	l.)							
9	X	from inve	i áct stm	ivitie ent ii	s relate	ed to and ι	its e unrela	xempt ated b	: functi usines	ons – s taxa	- subje able ir	ect to concome (ertair	n except	ions, ar	nd (2) n	o more t	han 33-	1/3% of	es, and gro its support he organiza	from	gross
10		An d	orga	nizat	ion org	anize	ed an	d ope	rated e	exclus	sively t	to test f	or pu	ıblic safe	ety. See	section	n 509(a)	(4).				
11		more	e pu cribe	blicly s the	odaus v	orted	orga	nizatio ing org	ons des ganiza	scribe	ed in s	ection 5 m <u>ple</u> te	509(a lines)(1) or s 11e thr	ection ! ough 11	509(a)(2 h.	2). See s	of, or ca section !	rry out t 509(a)(3)	he purpose). Check th	s of o	ne or that
		а		pe I			b		pe II				•	– Fund	-	-			d	Type III -		er
е		othe	r tha	an fo	this bo undatio a)(2).	x, I c on ma	ertify anage	that ters an	he org d othe	aniza r than	ntion is n one (not co or more	ntroll publ	ed dired licly sup	tly or in	ndirectly organiza	by one ations de	or more escribed	disqual in secti	ified person on 509(a)(ns I) or	
f		If the	e or	ganiz is bo	ation r	eceiv	/ed a	writte	n dete	rmina	ation fi	rom the	IRS	that is a	Type I	, Type I	l or Typ	e III sup	porting	organizatio	n, 	🗆
g		Sinc	e A	ugus	t 17, 20	006, I	nas tl	ne org	anizati	ion ac	ccepte	d any g	gift o	r contrib	ution fr	om any	of the fo	ollowing	persons	s?		
																					Yes	No
		(i)	A be	persolow,	n who	dired ernir	ctly o	r indir	ectly c the su	ontrol pporte	ls, eith ed org	ner alon anizatio	ne or	together	with pe	ersons (describe	d in (ii)	and (iii)	11 g (i)		
		(ii)	A	famil	y mem	ber o	of a p	erson	descri	 bed ir	n (i) al	bove?								11 g (ii)		
		(iii)																				
h		Prov					-					d organ										
				f supp ization			((ii) EIN		(de	escribed above or	f organiza I on lines IRC secti tructions)	1-9 on	organiz column (your go	s the eation in i) listed in overning ment?	the orga colum	you notify nization in in (i) of upport?	organiz colur organize	s the ration in mn (i) ed in the S.?	(vii) Amou	nt of sup	oport
														Yes	No	Yes	No	Yes	No			
(A)																						
<u>(B)</u>																						
(C)																						
(C)																						
<u>(D)</u>																						
<u>(E)</u>																						
Total																						

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Television Internet & Video Association 11-3814899 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support				1				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support	1	1	1	1				
	ndar year (or fiscal year nning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12			
13	First five years. If the Form 990 organization, check this box and								
Sec	tion C. Computation of Pu								
14	Public support percentage for 20								
15	Public support percentage from	2010 Schedule A,	Part II, line 14			15	%		
16 a	33-1/3% support test — 2011. If and stop here. The organization	the organization of qualifies as a pul	did not check the blicly supported o	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, (check this box		
Ł	and stop here. The organization qualifies as a publicly supported organization. ▶ □ b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17 a	17 a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
k	b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a					
BAA					Sc	nedule 🗛 (Form 9	90 or 990-EZ) 2011		

11-3814899

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

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

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees						
	and membership fees received. (Do not include any 'unusual grants.')	7,657.	20,480.	24,533.	22,754.	29,720.	105,144.
2	Gross receipts from admis-	7,007.	20, 100.	21,000.	22,731.	23,720.	100/1111
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	28,160.	53,729.	41,931.	57,843.	58,010.	239,673.
3	Gross receipts from activities	20,2001	00,1200	11/3011	0.70101	00/0201	
	that are not an unrelated trade or business under section 513.		8,250.	5,330.	7,059.	2,251.	22,890.
4	Tax revenues levied for the		0,230.	3,330.	7,000.	2/201.	22,030.
	organization's benefit and either paid to or expended on						
_	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						0
6	organization without charge Total. Add lines 1 through 5	35,817.	82,459.	71,794.	87,656.	89,981.	<u> </u>
	Amounts included on lines 1.	33,017.	02,439.	11,134.	07,030.	09,901.	307,707.
	2, and 3 received from	0.	0.	0.	0.	0.	0
L	disqualified persons	0.	0.	0.	0.	0.	0.
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13	0	0	0	0	0	0
_	for the year	0.	0.	0. 0.	0.	0.	0.
	Public support (Subtract line	0.	0.	0.	0.	0.	<u> </u>
	7c from line 6.)						367,707.
	tion B. Total Support		T				
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 Gross income from interest,	35,817.	82,459.	71,794.	87,656.	89,981.	367,707.
100	dividends, payments received						
	on securities loans, rents, royalties and income from						
	similar sources						0.
	Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975						0.
c	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
	Net income from unrelated business	<u> </u>		<u> </u>			
	activities not included in line 10b, whether or not the business is						
	regularly carried on	1,190.					1,190.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part IV.)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12.)	37,007.	82,459.	71,794.	87,656.	89,981.	368,897.
	First five years. If the Form 990)
	organization, check this box and	stop here					
	tion C. Computation of Pul			- 12 (6)		15	0.
	Public support percentage for 20						<u> </u>
	Public support percentage from 2 tion D. Computation of Inv						6
	Investment income percentage for				mn (f))	17	%
18	Investment income percentage fi	•		-			
	33-1/3% support tests - 2011. If	the organization	did not check the	box on line 14, a	nd line 15 is more	than 33-1/3%, an	d line 17
ŀ	is not more than 33-1/3%, check 3 3-1/3% support tests – 2010 . If		-			-	
	33-1/3% support tests – 2010. If line 18 is not more than 33-1/3%						ization
~~	Private foundation. If the organize	zation did not abou	ok a hov on ling 1	// IUa or 10h o	nack thic hav and	coo inctructions	▶

Schedule A	(Form 990 or 990-EZ) 2011	Television	Internet	& Video	Association	11-3814899	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b (See instructions).	tion. Complete; and Part III, li	this part to ne 12. Also	provide the complete the	explanations renis part for any	equired by Part II additional inform	, line 10; ation.
						. – – – – – –	
							. — — — — — —
							. – – – – – –

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

ielevision internet a video association	Employer identification number 11-3814899
Form 990-EZ - Additional DBAs	
TIVA-DC	
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
Educational	
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments	
Membership services are designed to educate, encourage networki	ng, and provide a
forum for asking advice and assistance. The organization is a	major sponsor of
the GV Expo - the major industry trade show in the region. The	organization
regularly publishes a newsletter that provides information on t	rends in the local
market and technical information, and serves as a promotional v	ehicle for members.
The TIVA-DC Facebook page and the iForum list serve are very p	opular sources of
technical, educational, and professional information and are up	dated daily by the
members.	
Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments	
Annual Peer Awards and Peer Promise competition. The awards ar	e designed to
recognize quality media productions along with the individuals	(both creative and
technical) who helped put them together. Entries are rated by	other members or
peers, with approximately 200 entries from students and various	other
organizations.	
Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments	
Educational programs & events are designed for working professi	onals and those
interested in working in the TV/Internet/Video field. TIVA-DC	held 23 such events
in 2011. Events are taped/photographed and are posted on the w	ebsite afterward.
Costs are mainly for refreshments.	

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Z	U		ı

Schedule O - Supplemental Information

Page 1

Television Internet & Video Association of DC

11-3814899

Health

Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion Awards	\$ 183. 9,933.
Awards event venue	25,162.
Catering	4,760.
Credit card and bank fees	4,473.
Insurance	255.
Internet fees	1,648.
Miscellaneous	2,506.
Parking	162.
Special event	740.
Supplies	1,979.
Tax	67.
Total	\$ 51,868.

Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Benefits & Contrib- bution to EBP & DC	Expense Account & Other Allowances
Jerry Griffith 10712 Maple Street Fairfax, VA 22030	President 15	\$ 0.	\$ 0.	\$ 0.
Anne Hall 15412 Snow Hill Lane Centreville, VA 20120	Treasurer 3	0.	0.	0.
James Pennington 3020 Mt. Carmel Cemetary Road Brookeville, MD 20833	Vice President 10	0.	0.	0.
Denene Crabbs 7742 Clifton Road Fairfax Station, VA 22039	Secretary 4	0.	0.	0.
Matthew Alheim 2810 Towerview Road Herndon, VA 20171	Director 4	0.	0.	0.
Eddie Archuleta 5449 Mussetter Road Ijamsville, MD 21754	Director 4	0.	0.	0.
Nicole Haddock 2747 Oldewood Drive Falls Church, VA 22043	Director 10	0.	0.	0.

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. **Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or Television Internet & Video Association print X 11-3814899 of DC File by the due date for filing your return. See instructions. Number, street, and room or suite number. If a P.O. box, see instructions. Social security number (SSN) 906 D Street, NE City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20002 01 Enter the Return code for the return that this application is for (file a separate application for each return)..... Application Application Return Return ls For Code Is For Code Form 990-T (corporation) Form 990 01 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 11 Form 6069 Form 990-T (trust other than above) Form 8870 12 The books are in the care of . ► Terry L. Jones, CPA, LLC Telephone No. ► 703-<u>671-7050</u> FAX No. ► 703-671-8011 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box.... If it is for part of the group, check this box... and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until $\underline{8/15}$ $\underline{}$, 20 $\underline{12}$, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 11 or tax year beginning _____, 20 ___, and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions..... 3a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3b \$ payments made. Include any prior year overpayment allowed as a credit...

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

EFTPS (Electronic Federal Tax Payment System). See instructions.....

0.

Form 886	8 (Rev 1-2012)				Page 2	
If you	are filing for an Additional (Not Automatic)	3-Month Extensio	n, complete only Part II and ch	eck this box	► 🛚 🗶	
Note. Onl	y complete Part II if you have already been	granted an automa	itic 3-month extension on a pre	viously filed Form 8868.		
If you	are filing for an Automatic 3-Month Extensi	ion, complete only	Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Mont	h Extension of	Time. Only file the origin	al (no copies neede	d).	
			Enter file	er's identifying number,	see instructions	
	Name of exempt organization or other filer, see instructi	ons.		Employer identification nu	imber (EIN) or	
Type or	Television Internet & Vide					
print	of DC					
File by the	Number, street, and room or suite number. If a P.O. box	Number, street, and room or suite number. If a P.O. box, see instructions.				
File by the extended due date for filing the return. See instructions.	Terry L. Jones, CPA, LLC 5977 Jan Mar Drive					
	City, town or post office, state, and ZIP code. For a fore					
iristructions.	Falls Church, VA 22041	3				
Application	Return code for the return that this application	Return	Application	rn)	Return	
ls For		Code	ls For		Code	
Form 990		01				
Form 990	-BL	02	Form 1041-A		08	
Form 990		01	Form 4720		09	
Form 990		04	Form 5227		10	
	-T (section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990	-T (trust other than above)	06	Form 8870		12	
If theIf thiswhole gro	none No. ► 703-671-7050 organization does not have an office or plactis for a Group Return, enter the organization up, check this box ► . If it is for part of the extension is for.	e of business in th n's four digit Group	Exemption Number (GEN)		f this is for the	
5 For6 If th7 Stat	quest an additional 3-month extension of tim calendar year 2011 , or other tax year be tax year entered in line 5 is for less than 1 Change in accounting period e in detail why you need the extension ed more time to review the 1	eginning 2 months, check r Form 990 ha		wever, key board		
noni	is application is for Form 990-BL, 990-PF, 99 refundable credits. See instructions.	· · · · · · · · · · · · · · · · · · ·		8a \$		
payr	is application is for Form 990-PF, 990-T, 472 ments made. Include any prior year overpay Form 8868.	ment allowed as a	credit and any amount paid pre	eviously		
c Bala EFT	ance due. Subtract line 8b from line 8a. Inclu PS (Electronic Federal Tax Payment Systen	ude your payment า). See instructions	with this form, if required, by us	sing 8c \$		
	Signature and V	erification mu	st be completed for Part	ll only.		
Under penalt correct, and	ies of perjury, I declare that I have examined this form, incl complete, and that I am authorized to prepare this form.	uding accompanying sch	edules and statements, and to the best of	my knowledge and belief, it is tro	ue,	
Signature •	-	Title Treasu :	rer	Date ►		
BAA		FIFZ0502L 07/29/11			68 (Rev 1-2012)	

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687 2011

For calendar year 2011 or other tax year beginning and ending Open to Public Inspection for 501(c)(3) Organizations Only Department of the Treasury See separate instructions. Internal Revenue Service Check box if name changed and see instructions.) Check box if Employer identification number <u>address changed</u> (Employees' trust see instructions.) Television Internet & Video Association Print В Exempt under section of DC 11-3814899 501(C)(3) 906 D Street, NE Type Unrelated business activity 408(e) 220(e) Washington, DC 20002 530(a) 408A 529(a) 900099 Book value of all assets at end of year **F** Group exemption number (See instructions.). 27,291 G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity. Advertising During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... If 'Yes,' enter the name and identifying number of the parent corporation . . . Telephone number. ► 703-671-7050 The books are in care of. ▶ Terry L. Jones, CPA, LLC Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales. . . _ **b** Less returns and allowances . . . c Balance. ► 1 c 2 2 Cost of goods sold (Schedule A, line 7)..... 3 4a 4a Capital gain net income (attach Schedule D)..... **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)..... 4b 4c c Capital loss deduction for trusts..... Income (loss) from partnerships and S corporations 5 (attach statement)..... Rent income (Schedule C)..... 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled 8 organizations (Schedule F)..... Investment income of a section 501(c)(7), (9), or (17) organization (Sch G).... 9 10 Exploited exempt activity income (Schedule I)..... 5,285 327 Advertising income (Schedule J)..... 11 5,612 12 Other income (See instructions; attach schedule.) 12 5,612. 5,285 327. Total. Combine lines 3 through 12. 13 **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)..... 15 16 16 17 17 18 18 Interest (attach schedule) 19 Taxes and licenses 19 20 20 22 22 b 23 23 24 Contributions to deferred compensation plans 24 25 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J)..... 27 28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28..... 29 327. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13...... 30 30 31 Net operating loss deduction (limited to the amount on line 30)..... 31 327. Unrelated business taxable income before specific deduction. Subtract line 31 from line 30..... 000. Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)..... 33 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter 34 the smaller of zero or line 32.....

		Tax Computation						
35	Orga	nizations Taxable as Corporations	. See instructions for tax compute	ation.				
	Contr	folled group members (sections 156	51 and 1563) check here 🟲 🔃 .	See instructions and:				
а	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):							
	(1) \$		(3) \$					
b	Enter	organization's share of: (1) Addition	onal 5% tax (not more than \$11,7	50) \$				
	(2) Ac	dditional 3% tax (not more than \$1	00,000)	\$				
c	Incon	ne tax on the amount on line 34				35 c		0.
36	Trust	s Taxable at Trust Rates. See insti	ructions for tax computation. Inco	me tax on the amount				
	on lin	ne 34 from: Tax rate schedul	e or Schedule D (Form 10)41)	▶	36		
37		y tax. See instructions				37		
38	Alterr	native minimum tax				38		
39	Total	. Add lines 37 and 38 to line 35c or	r 36, whichever applies			39		0.
		Tax and Payments			I.			
		gn tax credit (corporations attach F	form 1118: trusts attach Form 111	6) 40 a				
		r credits (see instructions)						
		ral business credit. Attach Form 38						
		t for prior year minimum tax (attac						
		credits. Add lines 40a through 40a				40 e		0.
		ract line 40e from line 39				41		0.
42	Other	taxes. Check if from: Form 4	255	8697		71		<u> </u>
		Other (attach schedule)				42		
43		tax. Add lines 41 and 42			<u> </u>	43		0.
		nents: A 2010 overpayment credi				70		<u> </u>
		estimated tax payments						
		deposited with Form 8868						
		gn organizations: Tax paid or with		-				
		up withholding (see instructions)						
		t for small employer health insurar						
				441				
g		credits and payments:						
				al ► 44g				•
45		payments. Add lines 44a through				45		0.
46		nated tax penalty (see instructions)				46		
46 47		nated tax penalty (see instructions) lue. If line 45 is less than the total				46 47		
	Tax d		of lines 43 and 46, enter amount	owed	▶			
47	Tax d	lue. If line 45 is less than the total	of lines 43 and 46, enter amount ne total of lines 43 and 46, enter a	owedamount overpaid		47		
47 48 49	Tax d	lue. If line 45 is less than the total payment. If line 45 is larger than the the amount of line 48 you want: C	of lines 43 and 46, enter amount ne total of lines 43 and 46, enter a credited to 2012 estimated tax ►	owedamount overpaid	Refunded ►	47 48		
47 48 49 Par	Tax d Over Enter	lue. If line 45 is less than the total payment. If line 45 is larger than the the amount of line 48 you want: Catements Regarding Cer	of lines 43 and 46, enter amount ne total of lines 43 and 46, enter a credited to 2012 estimated tax ► tain Activities and Other Ir	owedamount overpaid	Refunded Partions)	47 48 49	over a	Yes No
47 48 49 Par	Tax d Over Enter t V At an	lue. If line 45 is less than the total payment. If line 45 is larger than the the amount of line 48 you want: Catalogue Statements Regarding Ceruy time during the 2011 calendar years.	of lines 43 and 46, enter amount ne total of lines 43 and 46, enter a credited to 2012 estimated tax tain Activities and Other Irear, did the organization have an	owedamount overpaid amount overpaid Information (see instruinterest in or a signature	Refunded Pactions)	47 48 49		Yes No
47 48 49 Par	Tax d Over Enter t V At an	lue. If line 45 is less than the total payment. If line 45 is larger than the the amount of line 48 you want: Catements Regarding Cerry time during the 2011 calendar yesial account (bank, securities, or other	of lines 43 and 46, enter amount ne total of lines 43 and 46, enter a credited to 2012 estimated tax tain Activities and Other In ear, did the organization have an in a foreign country? If YES, the contract of the total property of the service of the total property of the total propert	owed amount overpaid nformation (see instruinterest in or a signature organization may have to f	Refunded Citions) e or other auth	47 48 49		
47 48 49 Par 1	Tax d Overp Enter t V At an finance Repor	Jue. If line 45 is less than the total payment. If line 45 is larger than the the amount of line 48 you want: Calendary Statements Regarding Cerry time during the 2011 calendary estal account (bank, securities, or other of Foreign Bank and Financial Account	of lines 43 and 46, enter amount ne total of lines 43 and 46, enter a credited to 2012 estimated tax tain Activities and Other Interpretar, did the organization have an in a foreign country? If YES, the counts. If YES, enter the name of the	owedamount overpaid Iformation (see instruinterest in or a signature organization may have to foreign country here	Refunded Citions) or other auth lile Form TD F	47 48 49 nority 90-22	2.1,	X
47 48 49 Par 1	Tax d Overn Enter t V At an finance Repor Durin	Jue. If line 45 is less than the total payment. If line 45 is larger than the the amount of line 48 you want: Categorian Statements Regarding Cerus time during the 2011 calendar year account (bank, securities, or other tof Foreign Bank and Financial Account to the tax year, did the organization	of lines 43 and 46, enter amount the total of lines 43 and 46, enter a credited to 2012 estimated tax tain Activities and Other Interpretar, did the organization have an one in a foreign country? If YES, the counts. If YES, enter the name of the preceive a distribution from, or we	amount overpaid Iformation (see instruinterest in or a signature organization may have to foreign country here	Refunded Citions) or other auth lile Form TD F	47 48 49 nority 90-22	2.1,	
47 48 49 Par 1	Tax d Overy Enter t V At an finance Repor Durin	Jue. If line 45 is less than the total payment. If line 45 is larger than the the amount of line 48 you want: Constant Statements Regarding Cerus time during the 2011 calendar years account (bank, securities, or other tof Foreign Bank and Financial Account gother than the transport of the tax year, did the organization S, see instructions for other forms	of lines 43 and 46, enter amount ne total of lines 43 and 46, enter a credited to 2012 estimated tax tain Activities and Other Ir ear, did the organization have an one in a foreign country? If YES, the counts. If YES, enter the name of the in receive a distribution from, or we the organization may have to file	amount overpaid Information (see instruinterest in or a signature organization may have to foreign country here	Refunded Citions) cor other authile Form TD F ansferor to, a	47 48 49 nority 90-22	2.1,	Х
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Schedule C — Rent Inco 1 Description of property	<u>me (From Real F</u>	<u>Property and</u>	<u>d Persor</u>	nal Property	Lease	ed With Rea	ll Prope	erty) (see instructions)	
(1)									
(1) (2)									
(3)									
(4)									
\' '	2 Rent received	or accrued							
(a) From personal p (if the percentage of rent property is more than not more than 5	(if the percentage of rent for personal (if the p			rsonal property e of rent for ceeds 50% or profit or incom		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)	<i>- 10</i>			p. 0 000	0)				
(2)									
(3)									
(4)									
Total	To	tal							
(c) Total income. Add totals of here and on page 1, Part I, lin	f columns 2(a) and 2 e 6, column (A)	(b). Enter ▶			ŀ	(b) Total deductinere and on page , line 6, column (l	1, Part	•	
<u> Schedule E — Unrelated</u>	Debt-Financed	Income (see	instruction	ns)					
1 Description of d	lebt-financed proper	tv		income from locable to	3 Ded			cted with or allocable to property	
Description of dest-infanced proper				nced property	depre	(a) Straight line depreciation (attach sch)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust or allocable to property (attack)	debt-financed	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)			8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				४					
(4)				%					
Totals. Total dividends-received dedu	uctions included in o	olumn 8		>	Part I,	line 7, column	ı (A). Pa	nter here and on page 1, art I, line 7, column (B).	
<u> Schedule F – Interest, A</u>	Innuities, Royall	ies, and Re	nts Fron	n Controlled	l Orga	nizations (s	ee instru	uctions)	
		Exempt Con	trolled Org	anizations					
1 Name of controlled organization	2 Employer identification number	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		d 5 Part of column that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)									
(2)									
(3)									
(4) Nonexempt Controlled Organiz	rotions								
		0.7-4-1-4	: e:	10 Dart -	£ l	0 414 :-	11	Dadinations discalls	
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	paymen	f specified its made	included in th				11 Deductions directly connected with income in column 10	
(1)									
(2)									
(3)									
(4) Totals				Add column here and or 8, column (a	page 1	10. Enter , Part I, line		lumns 6 and 11. Enter nd on page 1, Part I, line mn (B).	

Schedule G — Investment Inc	come of a Section	າ 501(c)(7)	, (9), or (17) Orga	inization (see in	structions)		
1 Description of income	2 Amount of inc		3 Deductions directly connected (attach schedule)	4 Set-aside (attach sched	es 5 Tota dule) set-a	5 Total deductions and	
(1)							
(2)							
(3)							
(4)							
	Enter here and on					ere and on page 1,	
	Part I, line 9, colur	IIII (A).			Part I,	line 9, column (B).	
Totals	<u> </u>						
Schedule I – Exploited Exem						1 7-	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly conne with production unrelated busing income	cted (loss) from unrelated trade or	HICOHIE	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)							
(4)							
Totala	Enter here and on page 1, Part I, line 10, column (A)	Enter here on page Part I, line column (E	1, 10,			Enter here and on page 1, Part II, line 26.	
Totals Schedule J — Advertising Inc	como (Saa instructio	nc \					
Part I Income From Periodi			idated Racic				
Tarti meome i fom i enoui	2 Gross	3 Direct		5 Circulation	6 Readership	7 Excess readership	
1 Name of periodical	advertising income	advertisir costs		income	costs	costs (column 6 minus column 5, but not more than column 4).	
(1)TIVA-DC newsletter	5,612.	5,2					
(2)		- •					
(3)							
(4)							
Totals (carry to Part II, line (5))		5,2					
Part II Income From Periodi 7 on a line-by-line basis.)		-					
1 Name of periodical	2 Gross advertising income	3 Direct advertisir costs	4 Advertising gain of (loss) (column 2 minus column 3). If gain, compute columns 5 through 7	income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)							
(4)	5 610		2.5				
(5) Totals from Part I	· ·	5,2				_	
	Enter here and on page 1, Part I, line 11, column (A).	Enter here on page Part I, line column (E	1, 11, 3).			Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	► 5,612.	5,2					
Schedule K — Compensation	ot Officers, Dire	ctors, and	Trustees (see inst	tructions)			
1 Name			2 Title			sation attributable lated business	
					%		
					%		
					%		
					%		
Total. Enter here and on page 1, Par	rt II, line 14				. ▶		