

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008**Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning , 2008, and ending , 20**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☒ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization

Television, Internet, & Video Association of DC, Inc., aka TIVA-DC

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

906 D Street, NE

City or town, state or country, and ZIP + 4

Washington, DC 20002-6128

D Employer identification number

11 3814899

E Telephone number

(410) 675-0591

F Group Exemption
Number . . . ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach
a completed Schedule A (Form 990 or 990-EZ).**G** Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ www.tivadc.org**H** Check ☒ if the organization is **not**
required to attach Schedule B (Form 990,
990-EZ, or 990-PF).**J** Organization type (check only one)— ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is
not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3,482
	2	Program service revenue including government fees and contracts	2	55,753
	3	Membership dues and assessments	3	21,880
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) .	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	1,209
	6b	Less: direct expenses other than fundraising expenses	6b	1,017
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	191
	7a	Gross sales of inventory, less returns and allowances	7a	0
	7b	Less: cost of goods sold	7b	0
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe ▶ Unidentified payment (\$135) + newsletter advertising revenues)	8	6,315
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9	87,621
	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	24,845
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	10,934
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	5,930
	16	Other expenses (describe ▶ Program/meeting exp, credit card exp, taxes, supplies, misc.)	16	42,748
	17	Total expenses. Add lines 10 through 16 ▶	17	84,457
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,164
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	23,106
	20	Other changes in net assets or fund balances (attach explanation)	20	-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	26,270

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	23,106	25,201
23 Land and buildings	0	0
24 Other assets (describe ▶ Accounts receivable (loan))	0	1,069
25 Total assets	23,106	26,270
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,106	26,270

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? **Educational**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	Educational programs & events: these are designed for working professionals & those interested in entering the field. TIVA-DC held 15 such events in 2008. Each was attended by 30-60 people. Most events are recorded & available on the web site afterward. Costs are primarily refreshments.		
(Grants \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3,273
29	Annual Peer Awards & Peer Promise Competition: these are designed to recognize quality media productions & those who contribute to them, as well as to encourage students & pro bono work. TIVA-DC held 1 competition in 2008 with 246 entries, including 5 pro bono and 11 Peer Promise.		
(Grants \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	33,031
30	Membership services are designed to educate, encourage networking & sharing work opportunities, & provide a forum for seeking help & advice. They include a monthly newsletter, informational web web site, & iForum list serve. At the end of 2008, TIVA had ~360 members.		
(Grants \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	24,845
31	Other program services (attach schedule)		
(Grants \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	61,149

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Tim Flaherty P.O. Box 284, Solomons, MD 20688	President (09); Board Member (08); 5-15	-0-	n/a	n/a
Carl Neubecker 12803 Kettering Dr., Oak Hill, VA 20171	Vice President (2008/9) 3-5	-0-	n/a	n/a
Zohar Rom 2807 E. South Woodrow St., Arlington, VA 22206	Secretary (2008/9) 3-5	-0-	n/a	n/a
Jacqueline Greff 1607 Lancaster St., Baltimore, MD 21231	Treasurer (09); President (08); 5-15	-0-	n/a	n/a
Maria Barnes 14151 Park Meadow Dr., Chantilly, VA 20151	Board Member; 3-10	-0-	n/a	n/a
David Dolinsky 4509 Cheltenham Dr., Bethesda, MD 20814	Board Member; 2-5	-0-	n/a	n/a
David Geller 3505 Country Hill Lane, Fairfax, VA 22030	Board Member; 2-3	-0-	n/a	n/a
J.D. Mack 7801 Norfolk Ave., T-2, Bethesda, MD 20814	Board Member; 3-5	-0-	n/a	n/a
Bob Morrison 502 Walden Ct., Falls Church, VA 22046	Board Member; 2-5	-0-	n/a	n/a
Gale Nemec 3812 Elbert Ave., Alexandria, VA 22305	Board Member; 2-5	-0-	n/a	n/a
Anne Schwab 906 D Street, NE, Washington, DC 20002	Board Member; 3-10	-0-	n/a	n/a
Bill Semanek 4400 East West Hwy., #224, Bethesda, MD 20814	Board Member; 2-5	-0-	n/a	n/a
Kimberly Skyrme 4313 Sheridan St., University Park, MD 20782	Board Member; 2-5	-0-	n/a	n/a
Valerie Yoscak 15237 Display Court, Rockville, MD 20850	Treasurer (08); Board Member (09); 3-5	-0-	n/a	n/a
Patty Zubek 2606 S. Hayes St., Arlington, VA 22202	Board Member; 5-15	-0-	n/a	n/a

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	<input checked="" type="checkbox"/>	
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a -		
b Gross receipts, included on line 9, for public use of club facilities 39b -		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42a The books are in care of ▶ <u>Terry L. Jones, CPA, LLC</u> Telephone no. ▶ (<u>703</u>) <u>671-7050</u>		
Located at ▶ <u>5977 Jan Mar Dr., Falls Church, VA</u> ZIP + 4 ▶ <u>22041-2414</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
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 Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49b If "Yes," was the related organization(s) a section 527 organization? | <input type="checkbox"/> | <input type="checkbox"/> |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

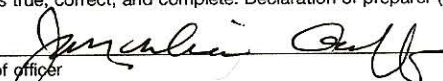
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶		0		

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . ▶		0

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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer  Date 5/15/09
Jacqueline Greff, Treasurer
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature  Date _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 n/a EIN Phone no.
 Check if self-employed ☐

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2008 or other tax year beginning _____, 2008, and
ending _____, 20____. See separate instructions.

OMB No. 1545-0687

2008**Open to Public Inspection
for 501(c)(3) Organizations Only**

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Television, Internet, & Video Association of DC, Inc., aka TIVA-DC Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 906 D Street, NE City or town, state, and ZIP code Washington, DC 20002-6128	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 11 3814899 E Unrelated business activity codes (See instructions for Block E on page 9.) 541800
C Book value of all assets at end of year 26,270		F Group exemption number (See instructions for Block F on page 9.) ▶ G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	
H Describe the organization's primary unrelated business activity. ▶ Selling advertising in newsletter & awards program			
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶			
J The books are in care of ▶ Terry L. Jones, CPA, LLC Telephone number ▶ (703) 671-7050			

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0			
b Less returns and allowances	0			
c Balance ▶				
2 Cost of goods sold (Schedule A, line 7)		0		
3 Gross profit. Subtract line 2 from line 1c		0		
4a Capital gain net income (attach Schedule D)		0		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		0		
c Capital loss deduction for trusts		0		
5 Income (loss) from partnerships and S corporations (attach statement)		0		
6 Rent income (Schedule C)		0		
7 Unrelated debt-financed income (Schedule E)		0		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		0		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		0		
10 Exploited exempt activity income (Schedule I)		0		
11 Advertising income (Schedule J)		6,180	5,302	878
12 Other income (See page 11 of the instructions; attach schedule.)		0		
13 Total. Combine lines 3 through 12		6,180	5,302	878

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)				0
15 Salaries and wages				0
16 Repairs and maintenance				0
17 Bad debts				0
18 Interest (attach schedule)				0
19 Taxes and licenses				0
20 Charitable contributions (See page 13 of the instructions for limitation rules.)				0
21 Depreciation (attach Form 4562)	21	0		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	0		0
23 Depletion				0
24 Contributions to deferred compensation plans				0
25 Employee benefit programs				0
26 Excess exempt expenses (Schedule I)				0
27 Excess readership costs (Schedule J)				0
28 Other deductions (attach schedule)				0
29 Total deductions. Add lines 14 through 28				0
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				878
31 Net operating loss deduction (limited to the amount on line 30)				0
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				878
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)				1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				0

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here ☐ **See instructions and:**

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ 0 **(2)** \$ 0 **(3)** \$ 0

b Enter organization's share of: **(1)** Additional 5% tax (not more than \$11,750) \$ 0

(2) Additional 3% tax (not more than \$100,000) \$ 0

c Income tax on the amount on line 34 **35c** 0

36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36** 0

37 Proxy tax. See page 16 of the instructions **37** 0

38 Alternative minimum tax **38** 0

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a** 0

b Other credits (see page 17 of the instructions) **40b** 0

c General business credit. Attach Form 3800 **40c** 0

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d** 0

e Total credits. Add lines 40a through 40d **40e** 0

41 Subtract line 40e from line 39 **41** 0

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42** 0

43 Total tax. Add lines 41 and 42 **43** 0

44a Payments: A 2007 overpayment credited to 2008 **44a** 0

b 2008 estimated tax payments **44b** 0

c Tax deposited with Form 8868 **44c** 0

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d** 0

e Backup withholding (see instructions) **44e** 0

f Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other **44f** 0

45 Total payments. Add lines 44a through 44f **45** 0

46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ☐ **46** 0

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0

49 Enter the amount of line 48 you want: **Credited to 2009 estimated tax** 0 **Refunded** **49** 0

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Schedule A—Cost of Goods Sold. Enter method of inventory valuation **▶**

1 Inventory at beginning of year **1**

2 Purchases **2**

3 Cost of labor **3**

4a Additional section 263A costs (attach schedule) **4a**

b Other costs (attach schedule) **4b**

5 Total. Add lines 1 through 4b **5**

6 Inventory at end of year **6**

7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 **7**

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No**

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, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer *[Signature]*

Date *5/15/09*

Title **Treasurer**

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ **Yes** ☐ **No**

Paid Preparer's Use Only

Preparer's signature **n/a**
Firm's name (or yours if self-employed), address, and ZIP code

Date

Check if self-employed ☐

Preparer's SSN or PTIN

EIN
Phone no. ()