Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

Open to Public

Inspection

OMB No 1545-0047

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

(F)	Intern	al nevel	2014 color-derived and to see the second of	<del></del>	<del></del>	
				ending A	UG 31, 2012	
$\sim$	B c	heck if	C Name of organization		D Employer identific	cation number
<b>©</b>	_	7Addre:	NATIONAL ACADEMY OF TELEVISION ARTS			
$\bowtie$	<u>_</u>	_chang	e L AND SCIENCES _		]	
=		]Name _cha∩g	e Doing Business As		13-1	951979
<u>ച</u>		]instral return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
$\sim$		Termir		404	•	)586-8424
. ¥ a)	$\Gamma$	Ameno			G Gross receipts \$	5,203,540.
.≁≶		Applic			H(a) Is this a group re	
<u>Ş</u>	_	pendir	F Name and address of principal officer CAROLYN GRIPPI		for affiliates?	Yes X No
3.5					1	
ര്			SAME AS C ABOVE		H(b) Are all affiliates inc	
			empt status 501(c)(3) _X 501(c)( 06) ◀ (insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
			te: ► WWW.EMMYONLINE.ORG		H(c) Group exemption	
	_		organization: Corporation Trust X Association Other	L Year	of formation: 1955 N	State of legal domicile: NY
<u></u>		rt I	Summary			
2013	6	1	Briefly describe the organization's mission or most significant activities SEE	SCHEDU	ILE O	
	ance					
(N)	10	2	Check this box If the organization discontinued its operations or dispositions.	sed of more	than 25% of its net as	sets
	Activities & Govern	3	Number of voting members of the governing body (Part VI, line 1a)		3	36
	Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	36
3	S	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	12
	itie		Total number of volunteers (estimate if necessary)		6	36
	î ÷	t .	Total unrelated business revenue from Part VIII, column,(C), line 12			0.
Z)	A				7a	0.
		р	Net unrelated business taxable income from Form 990-T, line 34	,	7b	
					Prior Year	Current Year
	Pe	l	Contributions and grants (Part VIII, line 1h)		0.	0.
	Revenue	l	Program service revenue (Part VIII, line 2g)	, <del>, , ,  </del>	3,913,119.	5,174,054.
	. §	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,203.	<u>11,526.</u>
		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,798.	<u> 17,960.</u>
		12_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,938,120.	5,203,540.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	ý	1	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,141,234.	1,447,018.
	Se	i	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	Expenses	l	Total fundraising expenses (Part IX, column (D), line 25)	0.		
	ŭ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	2,052,177.	2,616,097.
					3,193,411.	4,063,115.
	i	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<del> </del>		1,140,425.
	S	19_	Revenue less expenses Subtract line 18 from line 12		744,709.	
	Net Assets or Fund Balances		T. I (D. 1) (1.0)	Be	ginning of Current Year	End of Year
	SSe	l	Total assets (Part X, line 16)	-	4,837,852.	6,074,160.
	og S		Total liabilities (Part X, line 26)	<u> </u>	709,774.	805,657.
			Net assets or fund balances Subtract line 21 from line 20		4,128,078.	5,268,503.
	Pa	<u>irt II</u>	Signature Block		· ·	
	Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is
	true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge,	
			Solver Arman:		7/2	2013
	Sigi	า	Signature of Officer			
	Her		CAROLYN GRIPPI, CHIEF FINANCIAL			
		•	Type or print name and title			
			Print/Type preparer's name Preparer's signatu			
	Paid		Print/Type preparer's name DONALD SHAEFITZ			
		arer	Firm's name LUTZ AND CARR, CPAS LLP			
	use	Only	Firm's address → 300 EAST 42ND STREET			
			NEW YORK, NY 10017			

May the IRS discuss this return with the preparer shown above? (see instruct 132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the sepa

### NATIONAL ACADEMY OF TELEVISION ARTS

Form	990 (2011) AND SCIENCES	13-1951979 'Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Bnefly describe the organization's mission:  SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
_	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 service If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	
	others, the total expenses, and revenue, if any, for each program service reported	
4a	AWARDS - TO PROMOTE INTEREST IN THE TELEVISION INDUSTR	RY AND TO HONOR EVISED NATIONALLY.
	Code       (Expenses \$	
	-	
4c	(Code) (Expenses \$) (Re	evenue \$)
	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses ▶	Form <b>990</b> (2011)
13200	2	1 51111 555 (2011)

Form 990 (2011) AND SCIENCES
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	446	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
120	Schedule D, Parts XI, XII, and XIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	22	
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,			
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 t	2011)

# Form 990 (2011) AND SCIENCES Part IV Checklist of Required Schedules (continued)

21		1	Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	l		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
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	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	1	}	
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ļ		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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	ĺ		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X
	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		ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
-10	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
38	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2011) AND SCIENCES

Part V Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2011)

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30			
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 reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		X
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 Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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 organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282? .	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12		i	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		İ	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		ĺ	
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
С	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  136			
	• • • • • • • • • • • • • • • • • • • •	4.6 -		~
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u> </u>
	1 190, Had it mod a Form (20 to report these payments) II 190, provide an explanation in Scriedule O	14b	gan /	2011)

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Form 990 (2011) AND SCIENCES 13-1951979 'Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 36								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X_					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		x					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	x						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-00							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			Ī					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х						
11a									
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	х	İ					
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		x					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			i -					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			İ					
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶NY								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	icial						
	statements available to the public during the tax year								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion. 🕨	•						
	CAROLYN GRIPPI - 212-586-8424	•							
10-	1697 BROADWAY, SUITE 1001, NEW YORK, NY 10019								
132006 01-23-		Form	990 (	(2011)					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (8ox 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	organization compensate (C)						(D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per		(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week	-	cer ar	nd a d	irecto	rector/trustee)		from	from related	other
	(describe	Individual trustee or director						the	organizations	compensation
	hours for	o d	, a			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	institutional trustee		9	npen		(W-2/1099-MISC)		organization and related
	in Schedule	dualt	rtona	_	l de	stcor	<b>.</b>			organizations
	0)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			<b>3</b>
(1) MALACHY WIENGES						-				
CHAIRMAN	1.00	X		X	<u></u>			0.	0.	0.
(2) BARBARA WILLIAMS PERRY										
1ST VICE CHAIRMAN	1.00	X		X	_	_		0.	0.	0.
(3) ALISON GIBSON										
2ND VICE CHAIRMAN	1.00	X		X				0.	0.	0,
(4) NORMAN FELSENTHAL									_	_
SECRETARY	1.00	X		X		_	ļ	0.	0.	0.
(5) TERRY D. PETERSON									_	_
TREASURER	1.00	X		X		ļ	<b></b>	0.	0.	0.
(6) HAROLD CRUMP	1 00									•
CHAIRMAN'S REPRESENTATIVE	1.00	X	-					0.	0.	0.
(7) JIM MCKENNA	1 00	,,							^	0
CHAIRMAN'S REPRESENTATIVE	1.00	X	_	_	_			0.	0.	0.
(8) SHELLY PALMER	1 00	1,							•	0
CHAIRMAN'S REPRESENTATIVE	1.00	X		-				0.	0.	0.
(9) BOB BEHRENS	1.00	x						0.	0.	0
TRUSTEE (10) CARL BILEK	1.00	^			$\vdash$	-		0.	<u> </u>	0.
TRUSTEE	1.00	X						0.	0.	0.
(11) MIKE CEPHAS	1.00							0.		<u> </u>
TRUSTEE	1.00	x						0.	0.	0.
(12) ALBERTO GARCIA										
TRUSTEE	1.00	X						0.	0.	0.
(13) JOHN HAMMOND										
TRUSTEE	1.00	X			ŀ			0.	0.	0.
(14) W. BRUCE HARLAN										
TRUSTEE	1.00	X						0.	0.	0.
(15) DONN JOHNSON										-
TRUSTEE	1.00	Х						0.	0.	0.
(16) BRIAN MCGRUDER										
TRUSTEE	1.00	X			L.			0.	0.	0.
(17) JOHN ODELL										
TRUSTEE	1.00	X						0.	0.	0.

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Form 990 (2011)

Form 990 (2011)

Part VII Section A. Officers, Directors, Tru		mple	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			rage O
(A)	(B)				C)			(D)	(E)	T	(F	
Name and title	Average	, (do		Pos		than	000	Reportable	Reportable		Estima	ated
	hours per	box	, unle	ss pe	rson	is bot	h an	, , , , , , , , , , , , , , , , , , ,	compensation		amou	
	week (describe	-	ler asi		iii ecit	T	T ee,	from	from related		oth	
	hours for	Individual trustee or director				L		the	organizations (W-2/1099-MISC)	C	mpen from	
	related	60.0	활	i		sated		organization (W-2/1099-MISC)	(VV-2/1099-WIISC)	,	organiz	
	organizations	truste	at trus		e e	mbeu		(172/1033/1100)			and re	
	ın Schedule	dual	Institutional trustee		Key employee	st co	5				rganız	
	O)	la div	Instit	Officer	Key e	Highest compensated employee	Former					
(18) GENE POLICINSKI										Ī		
TRUSTEE	1.00	X						0.	0			0.
(19) JASON ANDERSON	ļ		İ							ļ		
TRUSTEE	1.00	X			L			0.	0	•		0.
(20) AMY BURKETT												
TRUSTEE	1.00	X						0.	0	.		0.
(21) NJ BURKETT												
TRUSTEE	1.00	X						0.	0			0.
(22) KEVIN COKELY												
TRUSTEE	1.00	X						0.	0			0.
(23) GEORGE CUMMINGS												
TRUSTEE	1.00	X						0.	0			0.
(24) DOMINIC DEZZUTTI												
TRUSTEE	1.00	X						0.	0	.		0.
(25) TIMOTHY EGAN												
TRUSTEE	1.00	X						0.	0			0.
(26) THEA FLAUM							Ì					
TRUSTEE	1.00	X						0.	0			0.
									0			0.
									0		50,	532.
d Total (add lines 1b and 1c)	,		•			•		384,709.	0			532.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wl	no r		.000 of reportable			
compensation from the organization						•						2
											Ye	s No
3 Did the organization list any former officer,	director, or tri	uste	e, ke	y er	mplo	oyee	, or	highest compensated ei	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atıor	n and	to b	her compensation from	the organization			
and related organizations greater than \$150	೦,000 <i>? If "Yes,</i>	," со	mple	ete S	Sch	edule	e J	for such individual		4	X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	y unr	ela	ted organizatıon or ındıvı	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	le J t	or s	uch	pers	son				5	<u>.                                      </u>	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors	that received more than	\$100,000 of comper	satio	n from	1
the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthı	n the organization's tax y	/ear			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Com	pensa	tion
LUTZ & CARR LLP												
300 EAST 42ND STREET, NEW	W YORK,	N	Y :	100	01	<u>7</u>		ACCOUNTING	<del></del>	1	<u>23,</u>	<u>313.</u>
	· · ·			<u> </u>			_					
											-	
2 Total number of independent contractors (i	ncluding but r	not li	mite	d to	tho	se li	ste	d above) who received m	ore than			
\$100,000 of compensation from the organi	zation 🕨					1						

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2011)

Form 990 (2011) AND SO	CIENCES								13-195	1979 '
Part VII Section A. Officers, Director (A)	rs, Trustees, Key Er (B)	nplo	oyee	s, a ((	<u>nd I</u> C)	ligh	est	Compensated Employ (D)	ees (continued) (E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per							from	from related	other
	week	   <u>=</u>			•	ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
		direct				d em		(W-2/1099-MISC)	(44-2/1099-141130)	organization
		tee or	ustee			ensate		(** 2. *********************************		and related
		ai trus	nat tr		loyee	dwo				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID GAME										
TRUSTEE	1.00	X	L.					0.	0.	0
(28) WALKER JACOBS							_ ′	1		
TRUSTEE	1.00	Х						0.	0.	0.
(29) JAMIE JENSEN										
TRUSTEE	1.00	X		<u></u> _	ļ			0.	0.	0.
(30) COSMO LOSCO										
TRUSTEE	1.00	X						0.	0.	0 .
(31) GARY MANKE								_	_	_
TRUSTEE	1.00	Х			<del> </del>			0.	0.	0.
(32) DOUG MUMMERT	1 00									
TRUSTEE	1.00	X			<u> </u>			0.	0.	0 .
(33) ELLEN JONES PRYOR	1 00								_	•
TRUSTEE	1.00	X						0.	0.	0.
(34) MARVIN SCOTT	1 00									
TRUSTEE	1.00	X						0.	0.	0.
(35) MARCUS RILEY	1 00	7.						0		0
TRUSTEE	1.00	X						0.	0.	0.
(36) CYNTHIA ZEIDEN	1.00	x						0.	0.	0.
TRUSTEE (37) CAROLYN GRIPPI	1.00	^							U •	0,
CHIEF FINANCIAL OFFICER	40.00			x				259,712.	0.	31,693.
(38) PAUL PILLITTERI	30.00			22				233,112.	0.	51,055.
CHIEF ADMINISTRATIVE OFFIC	40.00			Х				124,997.	0.	18,839.
<u> </u>	10.00							121,007.	•	10,000
			ŀ							
					_					
	_									
			L							
Total to Part VII Section A line 1-								204 700		EA E30
Total to Part VII, Section A, line 1c								384,709.		50,532.

Form 990 (2011) 13-1951979 Page 9 AND SCIENCES Statement of Revenue Part VIII (A) (B) (D) Revenue (C) Related or Total revenue Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service 2 a BANQUETS 900099 465,258.1,465,258 1,156,492.1,156,492. PRODUCTION CERTIFICATE 900099 c ENTRY FEES 900099 004,517.1,004,517 d RIGHT FEES 900099 907,500. 907,500. e SYNDICATION & DISTRIBU 515100 265,465. 265,465 900099 374,822. f All other program service revenue 374,822 q Total. Add lines 2a-2f 174,054. Investment income (including dividends, interest, and other similar amounts) 11,526 11,526. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (ı) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  $\triangleright$ 8 a Gross income from fundraising events (not-Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 а b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 17,960 17,960. All other revenue Total. Add lines 11a-11d 17,960.

12

132009 01-23-12

Total revenue. See instructions

0.

29,486.

Form 990 (2011)

203,540.5,174,054

# Form 990 (2011) AND SCIENCES Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons				
7b, 8	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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		<del></del>		<del></del>
	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,				
	trustees, and key employees	443,596.			
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ĺ	
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	780,740.	· · · · · · · · · · · · · · · · · · ·		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	34,156.			
9	Other employee benefits	102,508.			
0	Payroll taxes	86,018.			
1	Fees for services (non-employees)				
а	Management				
b	Legal _	107,093.			
С	Accounting	108,774.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				·- · · · · · · · · · · · · · · · · · ·
	Investment management fees				
g	Other	9,154.			•
2	Advertising and promotion				
3	Office expenses	156,317.			
4	Information technology	10,939.			
	Royalties		-		
	Occupancy	148,501.			·····
7	Travel	46,590.			
8	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	291,365.	<del>, , , ,</del> .		
0	Interest	2527303.	·		
1	Payments to affiliates				·
	Depreciation, depletion, and amortization	56,802.			<del></del>
	Insurance	31,613.			·
4	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	31,013.			····
	amount, list line 24e expenses on Schedule O.)				
а	BANQUETS AND TELECAST	850,813.			
b	EMMYS, PLAQUES AND CERT	527,336.			
С	SCREENINGS	127,566.			
d	CHAPTER RELATIONS	94,925.			
	All other expenses	48,309.			· · · ·
	Total functional expenses. Add lines 1 through 24e	4,063,115.			
	Joint costs. Complete this line only if the organization		<del></del>		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

Part X | Balance Sheet (A) Beginning of year End of year 9,125. Cash - non-interest-bearing 28,302. 1 Savings and temporary cash investments 4,256,763. 5,583,056. 2 2 3 Pledges and grants receivable, net 3 137,625. 88,682. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 193,066. 221,514. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 597,583 basis Complete Part VI of Schedule D 10a 425,800 171,783. 222,096. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 4,837,852. 6,074,160. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 214,299. 244,397. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 561,260. 495,475. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 709,774. 805,657. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here \( \sum \text{X} \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,128,078. 5,268,503. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 6,074,160. Form **990** (2011)

5,268,503.

32

33

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

4,128,078.

4,837,852

Both consolidated and separate basis

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

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

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

За

3b

X

X Separate basis Consolidated basis

Act and OMB Circular A-133?

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

OMB No 1545+0047 Open to Public Inspection

NATIONAL ACADEMY OF TELEVISION ARTS Name of the organization

Employer identification number

	AND SCIENCES		13-1951979
Pai	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(4) 201101 201101	(5)
1	* ** **		
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	_	<del></del>
	are the organization's property, subject to the organization's	•	L Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic si	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the org	janization during the tax
	year▶		- -
4	Number of states where property subject to conservation e	asement is located	
5	Does the organization have a written policy regarding the po		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	• •	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expense sta	. —
Ĭ	include, if applicable, the text of the footnote to the organiz		
	conservation easements	ation o infanoial statements that good bos the	organization o decedining to
Pa	t III Organizations Maintaining Collections	of Art. Historical Treasures, or Othe	r Similar Assets.
<u> </u>	Complete if the organization answered "Yes" to Forr		
1a	If the organization elected, as permitted under SFAS 116 (A	<del></del>	and balance sheet works of art
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desc		o. pas de, p. ce., a.c,
h	If the organization elected, as permitted under SFAS 116 (A		t halance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition,	•	
	relating to these items.	education, or research in furtherance of public s	service, provide the following amounts
			•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr		in, provide
	the following amounts required to be reported under SFAS	1 To (ASC 958) relating to these items	<b>.</b>
a	Revenues included in Form 990, Part VIII, line 1		<b>S</b>
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

NATIONAL ACADEMY OF TELEVISION ARTS

	dule D (Form 990) 2011 AND SCI	ENCES					13	-195	51979	' Page 2
Par	t III   Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	r Other	Similar A	Asset	S (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a sign	ııficant use	of its c	ollection i	tems
	(check all that apply)									
а	Public exhibition	c	ו וַיַי	oan or exc	hange prograi	ms				
b	Scholarly research	e	. [_](	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							ın Part	XIV	
5	During the year, did the organization solicit of					r sımılar a	ssets		1	
D-	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" to Fo	orm 990, Pa	art IV, lu	ne 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for d	contribution	ns or other ass	ets not in	cluded		1	
	on Form 990, Part X?					•			Yes	∟ No
a	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able						
	Decision below						<del></del>		Amount	
	Beginning balance						1c	<del> </del>		
	Additions during the year						1d			
4	Distributions during the year Ending balance						1e			
22	Did the organization include an amount on F	orm CCO Port V line	. 212				1f	<u> </u>	Yes	□ No
	If "Yes," explain the arrangement in Part XIV		211					L	res	NO
Par			nswered '	"Yes" to Fo	rm 990 Part I	V line 10				
		(a) Current year		nor year	(c) Two years		Three years	hack	(e) Four ye	ears hack
1a	Beginning of year balance	(a) carrerit year	(5)	nor your	(C) TWO Jeans	, baon (a	Tillio youro	, buok	(6) 1 001 3	sais buok
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	·								
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporanly restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	ınd admınıster	ed for the	organizatio	on	_	
	by								_ Y	es No
	(i) unrelated organizations	•							3a(i)	
	(ii) related organizations				-				3a(ii)	
	If "Yes" to 3a(ii), are the related organization								3b	
4 Par	Describe in Part XIV the intended uses of the									<del></del>
Pai	t VI   Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			or other	• •	umulated		(d) Book v	/alue
	Lond	basis (investi	ment)	Dasis	(other)	aepre	eciation	-		
	Land	<u> </u>		·				-		<del></del>
	Buildings				7 420		1 C 1 E		2	705
اب C	Leasehold improvements	-		-	7,430.		4,645			,785.
u	Equipment	<del></del>			7,410.		5 <u>4,976</u> 56.179			<u>,434.</u> .564.
_	- · · · · ·	1	1		a	. 1 .	7		1 151	

Schedule D (Form 990) 2011

171,783.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Total. (Coli	umn (b) must equal Form 990, Part X, col (B) line 15)	_	
Part X	Other Liabilities. See Form 990, Part X, line 25		
1.	(a) Description of liability	(b) Book value	
(1) Fe	deral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
_(10)			
(11)			
Total. (Col	umn (b) must equal Form 990, Part X, col (B) line 25 )	<b>&gt;</b>	
FIN 48 (A	SU (40) Pootnote in Part XIV, provide the text of the footnote to the organizati	ion's financial statements that reports the organization's	liability for uncertain tax positions under

NATIONAL ACADEMY OF TELEVISION ARTS

	dule D (Form 990) 2011 AND SCIENCES	<del></del>		1951979 'Page <b>4</b>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Fil	nancial Stat	ement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		<u>5,203,540.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	. 2		4,063,115.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		1,140,425.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	9		
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  **T XII   Reconciliation of Revenue per Audited Financial Statements With Re	10	Return	1,140,425.
	Total revenue, gains, and other support per audited financial statements	vende per i	1	5,203,540.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	3,203,340.
2				
a	· · · · · · · · · · · · · · · · · · ·		-	
	· ·		-	
C	Recoveries of prior year grants  2c		-	
d	Other (Describe in Part XIV)		ا ۾ ا	0
e	Add lines 2a through 2d		2e	5,203,540.
3	Subtract line 2e from line 1		3	5,205,540.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	<del></del>	-	
b	Other (Describe in Part XIV.)		-	0
c	Add lines 4a and 4b	•	4c	5,203,540.
Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statements With E	vnenses ne	r Potu	
		xperises pe	1 . 1	4,063,115.
1	Total expenses and losses per audited financial statements	•	1	4,003,113.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a		-	
b	Prior year adjustments 2b		4 \	
C	Other losses 2c	<del></del>	-	
d	Other (Describe in Part XIV)		┥.	0
е			2e	0.
3	Subtract line 2e from line 1		3	4,063,115.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		1	
a			-	
	Other (Describe in Part XIV)		┥. ┃	0
	Add lines 4a and 4b		4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIV Supplemental Information	_	5	4,063,115.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines	1b and 2	2b, Part V, line 4, Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to			
	RT X, LINE 2: MANGEMENT HAS EVALUATED ALL INCOME T	•		
CO	NCLUDED THAT NO DISCLOSURE RELATING TO UNCERTAIN T	TAX POSI	<u> </u>	S ARE
ישפ	NITED THE MUME STREAMOTAL CONTINUENTS			
KE	QUIRED IN THE FINANCIAL STATEMENTS.			
		<del></del>		
		<del></del>		<del></del>

#### 'SCHED'ULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions
NATIONAL ACADEMY OF TELEVISION ARTS

AND SCIENCES

Employer identification number 13-1951979

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

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

not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2011

8

6a

6b

contingent on the net earnings of:

Regulations section 53.4958-6(c)?

If "Yes" to line 6a or 6b, describe in Part III

a The organization?

b Any related organization?

13-1951979

Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
	(i)	259,712.	0.	0.	14,019.	17,674.	291,405.	0.
1 CAROLYN GRIPPI	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
2	(ii)							
_	(i)							
3	(ii)							
4	(1)							
	(1)			<del> </del>				
5	(ii)							
	(i)							
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7	(ii)_							
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8	(11)							
_	(1)						<del></del>	<u> </u>
9	(II)							
10	(1) (11)							
	(i)							
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ar.	(i)							
15	(ii)							
16	(i) (ii)							
_16	[(11)	<u> </u>			<u>i</u> _			<del></del>

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES

Employer identification number 13-1951979

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE NATIONAL ACADEMY OF THE EVICTOR ADDIC C COLENGES DECONATES
THE NATIONAL ACADEMY OF TELEVISION ARTS & SCIENCES RECOGNIZES
OUTSTANDING ACHIEVEMENTS IN THE TELEVISION INDUSTRY BY CONFERRING
AWARDS OF MERIT AS AN INCENTIVE FOR ACHIEVEMENT WITHIN THE INDUSTRY AND
AS A MEANS OF FOCUSING PUBLIC ATTENTION UPON ARTISTIC, CULTURAL AND/OR
TECHNOLOGICAL ACHIEVEMENTS IN THE TELEVISION INDUSTRY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR MISSION IS TO BE THE PREEMINENT ORGANIZATION THAT RECOGNIZES,
ENCOURAGES AND PROMOTES EXCELLENCE IN THE TELEVISION, CABLE AND RELATED
INDUSTRIES THROUGH EDUCATION AND THE BESTOWING OF THE EMMY AWARD TO
INDUSTRY PROFESSIONALS WHO EXEMPLIFY THAT EXCELLENCE. WE WILL
ENTHUSIASTICALLY PURSUE WAYS TO EXTEND THE EMMY BRAND, EVOLVE WITH
TECHNOLOGY AND FOSTER THE NEXT GENERATION OF INDUSTRY LEADERS AT THE
NATIONAL, REGIONAL AND LOCAL LEVELS.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY THE
ORGANIZATIONS ACCOUNTANTS, AND REVIEWED BY CAROLYN GRIPPI, CFO, PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY EACH MEMBER OF THE BOARD
OF TRUSTEES AND EACH OFFICER SHALL DISCLOSE IN WRITING ANY CONFLICTS OF
INTEREST THAT MAY AFFECT THE ORGANIZATION. TRUSTEES AND OFFICERS SHALL
DISCLOSE IN WRITING ANY POTENTIAL CONFLICTS AS THEY ARISE DURING THE YEAR.
ALL CONFLICTS, OR POTENTIAL CONFLICTS, SHALL BE PROVIDED TO MEMBERS OF THE  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2011)  132211  132211

Schedule O (Form 990 or 990-EZ) (2011)	' Page <b>2</b>
Name of the organization NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES	Employer identification number 13-1951979
BOARD OF TRUSTEES WHO HAVE NO DIRECT OR INDIRECT INTEREST	IN THE
TRANSACTION.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES THEIR
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAL	NCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
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#### **SCHEDULE R** (Form 990) Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

► See separate instructions.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Part I

NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Employer identification number 13-1951979

(a)  Name, address, and EIN  of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	(e) eme End-of-yea	r assets Direct o	(f) ontrollin ntity	g
						<u></u>	
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	tions (Complete if the organization	answered "Yes" to Form 990	), Part IV, line 34 b	ecause it had one	or more related tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled hty?
TELEVISION ARTS AND SCIENCES - 75-3046, 1697	1	NEW YORK	501(C)(3)	PUBLIC	NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES	Yes	No X
					THE PERMITERS		
organizations during the tax year.)  (a)  Name, address, and EIN  of related organization  FOUNDATION OF THE NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES - 75-3046, 1697	(b) Primary activity PROVIDE SCHOLARSHIPS IN	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section	roll

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

Schedule R (Form 990) 2011

Page 2

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

	<del></del>	<del>1</del>	1	· · · · · · · · · · · · · · · · · · ·		·····			Τ	_	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dispro	nortion	Code V-UBI	General o	Percentage
		country)		sections 512-514)		""	Yes	No	K-1 (Form 1065)	Yes No	,
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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

Par	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)			
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		X
đ	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	<u>1e</u>	<u> </u>	X
f	Sale of assets to related organization(s)	1f		х
g	Purchase of assets from related organization(s)	1g_		Х
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		x
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		Х
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11		Х
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		Х
n	Sharing of paid employees with related organization(s)	1n		. Х
^	Reimbursement paid to related organization(s) for expenses	10		x
	Reimbursement paid by related organization(s) for expenses			X
þ	Hollingarsomeric paid by folated organization(s) for expenses	<u>1p</u>		
q	Other transfer of cash or property to related organization(s)	1q		Х
r	Other transfer of cash or property from related organization(s)	10		l x

2 If the	answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered	relationships and transaction thresholds
<del></del>	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				•
<u>(6)</u>				

13-1951979

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(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	Disprotional allocati	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner Yes N	(k) or Percentage or ownership

#### 2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE & FIXTURES FURNITURE & FIXTURES * 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT	VARIES	SL	7.00	16	75,428. 75,428.		0.	75,428. 75,428.		0.	6,143. 6,143.
	EQUIPMENT * 990 PAGE 10 TOTAL MACHINERY & EQUIPM	VARIES	SL	5.00	16	77,410. 77,410.	i	0.	77,410. 77,410.		0.	5,069. 5,069.
3		VARIES		5.00		7,430.			7,430.	·		1,858.
5	* 990 PAGE 10 TOTAL	VARIES		10.00 7.00		424,815. 12,500.			12,500.		_	1,250.
	OTHER * GRAND TOTAL 990 PAGE 10 DEPR					444,745. 597,583.		0.		239,020. 368,998.	0.	45,590. 56,802.

### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 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.rs.gov/efile and click on e-file for Charities & Nonprofits. 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 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. Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or NATIONAL ACADEMY OF TELEVISION ARTS print 13-1951979 AND SCIENCES File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1697 BROADWAY, NO. 1001 City, town or post office, state, and ZIP code For a foreign address, see instructions instructions NEW YORK, NY 10019 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) Return **Application** Return Application Code Is For Code is For 07 Form 990 01 Form 990-T (corporation) 08 02 Form 1041-A Form 990-Bl 09 Form 990-EZ 01 Form 4720 10 Form 990-PF 04 Form 5227 Form 990-T (sec 401(a) or 408(a) trust) Form 6069 11 05 12 Form 8870 Form 990-T (trust other than above) CAROLYN GRIPPI The books are in the care of  $\triangleright$  1697 BROADWAY, SUITE 1001 - NEW YORK, NY 10019 Telephone No ► 212-586-8424 FAX No. If the organization does not have an office or place of business in the United States, check this box \_\_\_. If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until , to file the exempt organization return for the organization named above. The extension APRIL 15, 2013 is for the organization's return for. calendar year ▶ X tax year beginning SEP 1, 2011 , and ending AUG 31, 2012 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason. \_\_\_ Change in accounting period 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 If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made Include any prior year overpayment allowed as a credit. 3b 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 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 LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev 1-2012)