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Return of Organization Exempt from Income Tax

2001

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

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization details: American Documentary Inc, 32 Broadway 14th Floor, New York, NY 10004. Includes fields for EIN (13-3447752), telephone number, and accounting method (Accrual).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Main table with 21 rows and 4 columns. Rows include: 1 Contributions (2,536,715), 2 Program service revenue (1,187,183), 3 Membership dues, 4 Interest on savings, 5 Dividends, 6a-6c Rents, 7 Other investment income, 8a-8d Sales of assets, 9a-9c Special events, 10a-10c Inventory, 11 Other revenue (229,166), 12 Total revenue (3,987,253), 13-17 Expenses, 18 Excess or deficit (1,574,022), 19-21 Net assets.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) See Stm 1 (cash \$ 52,444 non cash \$)	52,444	52,444		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	234,371	215,203	12,411	6,757
26	Other salaries and wages	599,819	550,764	31,764	17,291
27	Pension plan contributions	16,052	14,739	850	463
28	Other employee benefits	93,446	85,804	4,949	2,693
29	Payroll taxes	63,816	58,597	3,379	1,840
30	Professional fundraising fees				
31	Accounting fees	6,000	5,940	36	24
32	Legal fees	16,704	16,537	100	67
33	Supplies	16,349	15,163	378	808
34	Telephone	36,829	35,533	690	606
35	Postage and shipping	72,251	68,641	1,818	1,792
36	Occupancy	176,952	157,691	12,470	6,791
37	Equipment rental and maintenance	32,474	30,529	1,261	684
38	Printing and publications	24,070	22,105	345	1,620
39	Travel	58,248	57,040	522	686
40	Conferences, conventions, and meetings	1,832	1,637		195
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	11,840		11,840	
43	Other expenses not covered above (itemize)				
a	See Statement 2	899,734	891,071	4,346	4,317
b					
c					
d					
e					
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	2,413,231	2,279,438	87,159	46,634

Joint Costs Check if you are following SOP 98.2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If Yes, enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/> See Statement 3	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a P O V Communication Include all print materials, on-air promos and advertising costs used in promotion of The American Documentaries series "Point of View" (P O V) (Grants and allocations \$)	529,749
b P O V programming and production Production of series of independent documentary films for public television (Grants and allocations \$)	712,014
c P O V talking back Program to deal with viewers comments on P O V shows (Grants and allocations \$ 25,944)	138,626
d P O V HITV and youth Methodology designed to maximize the impact of P O V broadcasts (Grants and allocations \$ 14,500)	195,847
e Other program services See Statement 4 (Grants and allocations \$ 12,000)	703,202
f Total of Program Service Expenses (should equal line 44, column (B) program services)	2,279,438

Part IV Balance Sheets (See instructions)

Note Where required, attached schedules and amounts within the description column should be for end of year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non interest bearing		45	
	46 Savings and temporary cash investments	970,968	46	842,675
	47a Accounts receivable	47a 115,666		
	b Less allowance for doubtful accounts	47b	47c	115,666
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	998,900	49	2,550,033
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	42,917	53	97,967
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments – land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 170,608			
b Less accumulated depreciation (attach schedule) Statement 5	57b 101,225	57c	69,383	
58 Other assets (describe See Statement 6)	8,679	58	2,620	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,086,314	59	3,678,344	
LIABILITIES	60 Accounts payable and accrued expenses	125,952	60	113,960
	61 Grants payable		61	
	62 Deferred revenue		62	30,000
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	125,952	66	143,960	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,152,862	67	1,196,884
	68 Temporarily restricted	807,500	68	2,337,500
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	1,960,362	73	3,534,384
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	2,086,314	74	3,678,344

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part VI Other Information (See specific instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
81a Enter direct or indirect political expenditures. See line 81 instructions. <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	N/A	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85n below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
85c Dues, assessments, and similar amounts from members	N/A	
85d Section 162(e) lobbying and political expenditures	N/A	
85e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	N/A	
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	N/A	
85h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A	
86b Gross receipts, included on line 12, for public use of club facilities	N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	N/A	
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
89b 501(c)(3) and 501(c)(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,' attach a statement explaining each transaction.		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed <u>New York and California</u>		
90b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)		30
91 The books are in care of <u>Simon Kilmurry</u> Telephone number <u>(212) 989-8121</u> Located at <u>32 Broadway, New York, NY</u> ZIP + 4 <u>10004</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 <u>92</u>	N/A	N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Contract income					969,683
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					217,500
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	34,189	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b Other income					229,166
c					
d					
e					
104 Subtotal (add columns (B), (D) and (E))				34,189	1,416,349
105 Total (add line 104, columns (B), (D), and (E))					1,450,538

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	See Statement 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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.

Signature of Officer: [Signature] Date: 7/17/2002

Type or Print Name and Title: SIMON KILMURPHY, VICE PRESIDENT

Paid Preparer's Use Only

Preparer's Signature: [Signature] Date: 07/08/02 Check if self-employed:

Firm's name (or yours if self-employed) and address and ZIP + 4: N. Cheng & Company
40 Exchange Place, #1206
New York, NY 10005

Preparer's SSN or PTIN (see General Instruction W): 13-3516375

EIN: 13-3516375 Phone no: (212) 785-0100

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (see separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the Organization

Employer Identification Number

American Documentary Inc

13-3447752

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(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
Cynthia Lopez 32 Broadway, NY NY 10004	Comm Dir 40	67,562	0	0
Elaine Shen 32 Broadway, NY NY 10004	Dir Training 40	59,691	346	0
Chris White 32 Broadway, NY NY 10004	Dir Production 40	51,052	0	0
Su Patel 32 Broadway, NY NY 10004	Dir HITV 40	50,962	4,077	0
Total number of other employees paid over \$50,000 ▶	4			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u> </u> N/A <u> </u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,156,773	732,622	2,263,899	873,538	7,026,832
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	636,800	612,000	818,952	683,000	2,750,752
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	57,213	70,734	61,146	39,616	228,709
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets See Stmt 9	73,494	46,728	20	1,979	122,221
23 Total of lines 15 through 22	3,924,280	1,462,084	3,144,017	1,598,133	10,128,514
24 Line 23 minus line 17	3,287,480	850,084	2,325,065	915,133	7,377,762
25 Enter 1% of line 23	39,243	14,621	31,440	15,981	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 147,555
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts				26b 1,997,335
	c Total support for Section 509(a)(1) test Enter line 24, column (e)				26c 7,377,762
	d Add Amounts from column (e) for lines	18 228,709	19 22 122,221	26b 1,997,335	26d 2,348,265
	e Public support (line 26c minus line 26d total)				26e 5,029,497
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 68.17%
27 Organizations described on line 12	N/A				
	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return Enter the sum of such amounts for each year				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines	15 _____	16 _____		27c _____
		17 _____	20 _____	21 _____	27d _____
	d Add Line 27a total _____ and line 27b total _____				27e _____
	e Public support (line 27c total minus line 27d total)				27f _____
	f Total support for section 509(a)(2) test Enter amount from line 23, column (e)				27g _____
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27h _____ %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27i _____ %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered 'Yes' to any of the above, please explain (If you need more space attach a separate statement)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term expenditures means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table --		
	If the amount on line 40 is --		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is --		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	41	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	
Caution If there is an amount on either line 43 or line 44, you must file Form 4720			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets
b Other transactions
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with 3 columns: Question, Yes, No. Rows include 51 a (i), a (ii), b (i), b (ii), b (iii), b (iv), b (v), b (vi), and c.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked box for No)

b If Yes, complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization

American Documentary Inc

Employer Identification Number

13-3447752

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note: Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a Section 501(c)(7), (8) or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF)

BAA

Schedule B (Form 990, 990-EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

American Documentary Inc

13-3447752

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2		\$ 560,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3		\$ 602,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

American Documentary Inc

13-3447752

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of Organization: American Documentary Inc
 Employer Identification Number: 13-3447752

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once -- see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Client 178

American Documentary Inc.

13-3447752

7/08/02

04 45PM

Statement 1
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Class of Activity	Local news mini-grant		
Donee's Name	Twincities Public TV		
Amount Given		\$	1,000

Cash Grants and Allocations

Class of Activity	Mini-Grant Award		
Donee's Name	KNMETV		
Amount Given		\$	1,500

Cash Grants and Allocations

Class of Activity	Mini-grants Reimbursement		
Donee's Name	Wisconsin Public Television		
Amount Given		\$	3,600

Cash Grants and Allocations

Class of Activity	KPBS Mini-grant Re-imbure		
Donee's Name	San Diego State University		
Amount Given		\$	1,500

Cash Grants and Allocations

Class of Activity	ITLR TB Mini-grant		
Donee's Name	KEET-TV		
Amount Given		\$	664

Cash Grants and Allocations

Class of Activity	ITLR TB-Mini grant		
Donee's Name	Rocky Mountain PBS		
Amount Given		\$	4,000

Cash Grants and Allocations

Class of Activity	ITLR Talking Back Mini-gr		
Donee's Name	KCTS-TV		
Amount Given		\$	1,500

Cash Grants and Allocations

Class of Activity	Mini-grant reimbursement		
Donee's Name	UNC-TV		
Amount Given		\$	1,500

Cash Grants and Allocations

Class of Activity	TB Mini-grant		
Donee's Name	Kansas City Public TV(KCPT)		
Amount Given		\$	998

Cash Grants and Allocations

Class of Activity	TB Mini-grant		
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Client 178

American Documentary Inc

13-3447752

7/08/02

04 45PM

Statement 1 (continued)
Form 990, Part II, Line 22
Grants and Allocations

Donee's Name	WHYY		
Amount Given		\$	1,000

Cash Grants and Allocations

Class of Activity	TB Mini-grant		
Donee's Name	South Dakota Public Broadcast		
Amount Given		\$	1,000

Cash Grants and Allocations

Class of Activity	HITV Mini-grant		
Donee's Name	KNPB		
Amount Given		\$	3,500

Cash Grants and Allocations

Class of Activity	Mini-grant reimbursement		
Donee's Name	WTVI-42		
Amount Given		\$	1,000

Cash Grants and Allocations

Class of Activity	HITV Mini-grant		
Donee's Name	THIRTEEN/WNET		
Amount Given		\$	1,488

Cash Grants and Allocations

Class of Activity	Stranger Mini-grant		
Donee's Name	KET		
Amount Given		\$	500

Cash Grants and Allocations

Class of Activity	PPP Mini-grant		
Donee's Name	WSIU-TV		
Amount Given		\$	1,000

Cash Grants and Allocations

Class of Activity	HITV Mini-grant		
Donee's Name	WPBS-TV		
Amount Given		\$	3,000

Cash Grants and Allocations

Class of Activity	HITV Mini-grant		
Donee's Name	KETC-Channel 9		
Amount Given		\$	1,000

Cash Grants and Allocations

Class of Activity	HITV Mini-grant		
Donee's Name	KVIE-Inc		
Amount Given		\$	2,500

Client 178

American Documentary Inc.

13-3447752

7/08/02

04 45PM

Statement 1 (continued)
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Class of Activity	HITV Mini-grant		
Donee's Name	WSKG		
Amount Given		\$	3,000

Cash Grants and Allocations

Class of Activity	Local news campaign		
Donee's Name	WHRO		
Amount Given		\$	5,000

Cash Grants and Allocations

Class of Activity	Local news mini-grant		
Donee's Name	KQED, Inc		
Amount Given		\$	2,000

Cash Grants and Allocations

Class of Activity	HITV Mini-grant		
Donee's Name	KVIE, Inc		
Amount Given		\$	2,500

Cash Grants and Allocations

Class of Activity	Local news Mini-grant		
Donee's Name	Capital of Texas Public		
Amount Given		\$	2,000

Cash Grants and Allocations

Class of Activity	Mini grants for Document		
Donee's Name	Others		
Amount Given		\$	5,694

Total Cash Grants and Allocations	\$	52,444
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Total Grants and Allocations	\$	<u>52,444</u>
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Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management & General</u>	(D) <u>Fundraising</u>
Call for entries	16,147	16,147		
Closed captioning	12,891	12,891		
Dubbing	33,814	33,814		
Dues & subscriptions	8,901	8,273	99	529
Editorial committee	24,552	24,552		
Events and screening	16,731	16,483		248

Client 178

American Documentary Inc

13-3447752

7/08/02

04 45PM

Statement 2 (continued)
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Festival awards	8,935	8,935		
Filmmakers interviews	12,246	12,246		
Insurance	20,349	19,365	638	346
Material developments	21,436	21,189		247
Miscellaneous	17,388	15,792	386	1,210
Moving expense	15,569	13,681	1,222	666
Other advertising & promotion	7,055	7,055		
Outside production and package	62,217	62,217		
Packaging of Promotion	52,532	52,532		
Photography	18,726	18,726		
Press kits	29,331	29,331		
Professional fees	232,737	231,247	977	513
Program acquisition	222,127	222,127		
Re-editing	2,392	2,392		
Station relations	9,129	9,129		
Utilities	13,057	11,475	1,024	558
Viewers guide	41,472	41,472		
Total	\$ 899,734	\$ 891,071	\$ 4,346	\$ 4,317

Statement 3
Form 990, Part III
Organization's Primary Exempt Purpose

To create documentaries for public television productions, to engage in all other activities related to the development, acquisition of documentary programs on public television and to license, dispose of, grant rights in and otherwise deal with such programs for the benefit of non commercial public television

Statement 4
Form 990, Part III, Line e
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
P O V INTERACTIVE builds websites that support P O V progr		144,074
ACTIVE VOICE/TRI creates long-term community engagement prog	12,000	559,128
	<u>\$ 12,000</u>	<u>\$ 703,202</u>

Client 178

American Documentary Inc

13-3447752

7/08/02

04 45PM

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum Deprec</u>	<u>Book Value</u>
Machinery and Equipment	\$ 144,459	\$ 99,918	\$ 44,541
Improvements	26,149	1,307	24,842
Total	\$ 170,608	\$ 101,225	\$ 69,383

Statement 6
Form 990, Part IV, Line 58
Other Assets

Security Deposit			\$ 2,620
Total			\$ 2,620

Statement 7
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Ward Chamberlin 450 West 33rd St New York, NY 10011	Chairman & CEO None	\$ 0	\$ 0	\$ 0
William F Baker 450 West 33rd St New York, NY 10011	Treasurer None	0	0	0
Henry P Becton, Jr 125 Western Ave Boston, MA 02134	Secretary None	0	0	0
Albert Jerome 4401 Sunset Blvd Los Angeles, CA 90027	Member None	0	0	0
Peter McGhee 125 Western Avenue Boston, MA 02134	Member None	0	0	0
Ellen Schneider 220 West 19th Street New York, NY 10011	VP Exec Dir 40	85,144	6,800	0
Mare Mazur 4401 Sunset Blvd Los Angeles, CA	Member None	0	0	0

Client 178

American Documentary Inc.

13-3447752

7/16/02

12 56PM

Statement 7 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Orlando Bagwell 145 East 125th street New York, NY 10035	Member None	\$ 0	\$ 0	\$ 0
Patricia Boero 2700 S Comm Pkway, suite 200 Weston, FL 33331	Member None	0	0	0
Ann Tenebaum 332 East 57th street New York, NY 10022	Member None	0	0	0
Carla Mertes 32 Broadway New York, NY 10004	Vice President 40	77,125	0	0
Simon Kilmurry 32 Broadway New York, NY 10004	Vice President 40	72 102	3,988	0
Total		<u>\$ 234,371</u>	<u>\$ 10,788</u>	<u>\$ 0</u>

Statement 8
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
93 (a)	Contract income was used to carry out the tax exempt purpose of the organization
93 (g)	Contract fees from government agencies were used to carry out the tax exempt purpose of the organization
103(b)	Other income was used to carry out the tax exempt purpose of the organization

Statement 9
Schedule A, Part IV-A, Line 22
Other Income

<u>Description</u>	<u>(a) 2000</u>	<u>(b) 1999</u>	<u>(c) 1998</u>	<u>(d) 1997</u>	<u>(e) Total</u>
Other Income	\$ 73,494	\$ 46,728	\$ 20	\$ 1,979	\$ 122,221
Total	<u>\$ 73,494</u>	<u>\$ 46,728</u>	<u>\$ 20</u>	<u>\$ 1,979</u>	<u>\$ 122,221</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization American Documentary Inc	Employer Identification Number 13-3447752
	Number, Street, and Room or Suite Number If a P O Box, see instructions 32 Broadway 14th Floor	
	City, Town or Post Office For a foreign address, see instructions New York, NY 10004	State ZIP Code

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 month, for **990-T corporation**) extension of time until 8/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 01 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

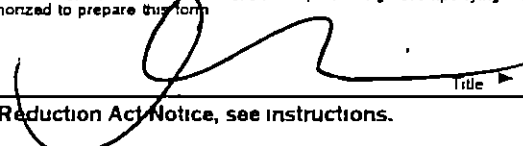
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶  Title ▶ AC Council Date ▶ 8/15/02

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12 2000)