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Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2001 calendar year, or tax year beginning 2001, and ending

B Check if applicable:

Address change

Name change

Initial return

Final return

Amended return

Application pending

C Name of organization
COMMUNICATIONS CONSORTIUM MEDIA CENTER

Number and street (or P O box if mail is not delivered to street address) Room/suite
1200 NEW YORK AVENUE, NW 300

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005-1754

D Employer identification number
52-1524972

E Telephone number
(202) 326-8700

F Accounting method Cash Accrual
Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN ▶

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site ▶

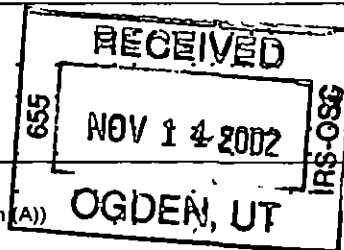
J Organization type (check only one) 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,275,960**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	4,112,882.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 4,112,882 noncash \$)	1d		4,112,882
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		19,930
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		104,193
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		8a	NONE	
		8b	1,188	
		8c	-1,188	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		-1,188	
	9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
		b Less direct expenses other than fundraising expenses	9b	
		c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	10 a Gross sales of inventory, less returns and allowances	10a		
		b Less cost of goods sold	10b	
		c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
	11 Other revenue (from Part VII, line 103)	11		38,955
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		4,274,772
Expenses	13 Program services (from line 44, column (B))	13		3,572,640
	14 Management and general (from line 44, column (C))	14		729,879
	15 Fundraising (from line 44, column (D))	15		436,196
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		4,738,715
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-463,943
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,531,039
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		4,067,096



NOV 1 9 02



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. (See Specific Instructions on page 21.)

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 (attach schedule) (cash \$ _____ noncash \$ _____)				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	261,048	111,690	130,347	19,011
26 Other salaries and wages	1,020,405	644,444	192,210	183,751
27 Pension plan contributions	96,472	56,482	24,722	15,268
28 Other employee benefits	108,507	63,686	27,860	16,961
29 Payroll taxes	87,463	53,021	21,757	12,685
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	42,012	27,228	8,928	5,856
34 Telephone	89,842	82,420	3,359	4,063
35 Postage and shipping	41,258	35,690	3,599	1,969
36 Occupancy	305,304	181,787	76,787	46,730
37 Equipment rental and maintenance	27,790	9,730	18,000	60
38 Printing and publications	118,045	112,470	1,913	3,662
39 Travel	255,039	227,014	18,133	9,892
40 Conferences, conventions, and meetings	99,440	74,834	15,266	9,340
41 Interest	238		238	
42 Depreciation, depletion, etc (attach schedule)	45,533		45,533	
43 Other expenses not covered above (itemize) STMT 1	43a 2,140,319	1,892,144	141,227	106,948
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry those totals to lines 13-15	4,738,715	3,572,640	729,879	436,196

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 (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? **STMT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)

a <u>FAMILY POLICY -- A COLLABORATIVE RESOURCE FOR PUBLIC INTEREST ORGANIZATIONS WORKING ON FAMILY POLICY ISSUES TO HELP IN THEIR STRATEGIC USE OF MEDIA AND TELECOMMUNICATIONS</u> (Grants and allocations \$ _____)	961,713
b <u>GLOBAL STEWARDSHIP INITIATIVE - DESIGN AND IMPLEMENT A COMPREHENSIVE COMMUNICATIONS STRATEGY TO ENHANCE PUBLIC AWARENESS CONCERNING WORLD POPULATION GROWTH AND ITS IMPACT</u> (Grants and allocations \$ _____)	1,893,532
c <u>TECHNICAL SERVICES - ASSIST PUBLIC INTEREST ORGANIZATIONS TO MAXIMIZE THEIR USE OF MEDIA AND TELECOMMUNICATIONS AS TOOLS FOR PUBLIC EDUCATION AND POLICY CHANGE</u> (Grants and allocations \$ _____)	493,550
d <u>SOCIAL JUSTICE - INITIATIVE SEEKS TO INCREASE AND IMPROVE COVERAGE OF CIVIL RIGHTS AND RACE IN MAINSTREAM MEDIA</u> (Grants and allocations \$ _____)	223,845
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,572,640

Part IV Balance Sheets (See Specific Instructions on page 24)

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		23,607	45	44,523
	46	Savings and temporary cash investments		2,903,789	46	1,466,032
	47a	Accounts receivable	47a 2,646,348			
	b	Less allowance for doubtful accounts	47b	1,670,983	47c	2,646,348
	48a	Pledges receivable	48a		48c	
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		41,800	53	15,569
	54	Investments - securities (attach schedule)			54	
	55a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a 280,151				
b	Less accumulated depreciation (attach schedule)	57b 189,748	94,242	57c	90,403	
58	Other assets (describe ▶ STMT 3)		31,120	58	51,790	
59	Total assets (add lines 45 through 58) (must equal line 74)		4,765,541	59	4,314,665	
Liabilities	60	Accounts payable and accrued expenses		187,830	60	220,909
	61	Grants payable			61	
	62	Deferred revenue		20,487	62	NONE
	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 ▶ STMT 4)		26,185	65	26,660
66	Total liabilities (add lines 60 through 65)		234,502	66	247,569	
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		1,168,687	67	1,291,753
	68	Temporarily restricted		3,362,352	68	2,775,343
	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)		4,531,039	73	4,067,096
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		4,765,541	74	4,314,665

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

Table with 5 rows (a-e) and 2 columns. Row a: Total revenue, gains, and other support per audited financial statements 4,275,960. Row b: Amounts included on line a but not on line 12, Form 990. Row c: Line a minus line b 4,275,960. Row d: Amounts included on line 12, Form 990 but not on line a -1,188. Row e: Total revenue per line 12, Form 990 (line c plus line d) 4,274,772.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Table with 5 rows (a-e) and 2 columns. Row a: Total expenses and losses per audited financial statements 4,739,903. Row b: Amounts included on line a but not on line 17, Form 990. Row c: Line a minus line b 4,738,715. Row d: Amounts included on line 17, Form 990 but not on line a. Row e: Total expenses per line 17, Form 990 (line c plus line d) 4,738,715.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1: SEE STATEMENT 8, 261,048, 26,444, NONE.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? [] Yes [X] No

Part VI Other Information (See Specific Instructions on page 27)

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	76	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	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditure See line 81 instructions	81a	NONE
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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?	82a	X
b	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)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	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 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	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	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> NONE, section 4912 <input type="checkbox"/> NONE, section 4955 <input type="checkbox"/> NONE		
b	501(c)(3) and 501(c)(4) orgs 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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> DISTRICT OF COLUMBIA		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	19
91	The books are in care of <input type="checkbox"/> THE ORGANIZATION Telephone no <input type="checkbox"/> (202) 326-8700 Located at <input type="checkbox"/> ORGANIZATION ADDRESS ZIP + 4 <input type="checkbox"/> 20005-1754		
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	92	N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

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 SERVICES					19,930
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	104,193	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-1,188	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b REIMBURSED EXPENSE					35,635
c PUBLICATIONS					3,320
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				103,005	58,885
105 Total (add line 104, columns (B), (D), and (E))					161,890

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 Specific Instructions on page 32)

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)
▼	STMT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (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: Diane E. Cutri Date: 11/8/02

Type or print name and title: DIANE E. CUTRI, VICE PRESIDENT

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/7/02 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): 213-46-8134

Firm's name (or yours if self-employed) address, and ZIP + 4: GILBERT & WOLFAND, P C EIN: 52-1263814

2201 WISCONSIN AVE, NW SUITE 320 Phone no: 202-342-6000

WASHINGTON, DC 20007

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(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)

OMB No 1545 0047

2001

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

COMMUNICATIONS CONSORTIUM MEDIA CENTER

52-1524972

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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
<u>EMILY TYNES</u> 1358 IRVING STREET, NW WASHINGTON, DC 20010	VICE PRESIDENT 37.5 HRS	141,925.	14,205	
<u>PHILIP L SPARKS</u> 203 W MASON AVENUE ALEXANDRIA, VA 22301	VICE PRESIDENT 37 5 HRS	114,641	11,650	
<u>LAURA R ROGERS</u> 1241 E STREET, SE WASHINGTON, DC 20003	SENIOR ASSC CAMP MGR 37 5 HRS	88,614	9,361	
<u>ELLEN G MACKENZIE</u> 907 BRANTFORD AVENUE SILVER SPRING, MD 20904	SENIOR PROGRAM MGR 37 5 HRS	63,772	NONE	
<u>ANGELA C SNYDER</u> 2401 H STREET, NW, APT. 805 WASHINGTON, DC 20037	SENIOR PROJECT ASSOC 37 5 HRS	56,540	4,974	
Total number of other employees paid over \$50,000 ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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
<u>BELDEN, RUSSONELLO & STEWART</u> 1320 19TH ST, NW, WASHINGTON, DC 20036	POLLSTER/FOCUS GRPS	405,659
<u>PAUL P. HOFFMAN II</u> 3142 DUMBARTON ST, NW, WASH, DC 20007	TECHNICAL CONSULTANT	66,890
<u>MARTHA FARNSWORTH RICHE</u> 5514 LINCOLN STREET, BETHESDA, MD 20817	CONSULTANT	66,500
<u>JOANNE OMANG</u> 524 SIXTH ST, SE, WASHINGTON, DC 20003	MEDIA STRATEGIST	62,700
<u>TERRI ANN LOWENTHAL</u> 1250 4TH ST, SW, WASHINGTON, DC 20024	POLICY CONSULTANT	57,500
Total number of others receiving over \$50,000 for professional services ▶	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the 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 legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A, or line 1 or 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	1	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? .	2a	X
b Lending of money or other extension of credit? . .	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X

STMT 10

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 pages 3 through 6 of the 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)
- 11a 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)
- 11b 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 page 5 of the 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 page 6 of the 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)	7,249,074	3,577,356	3,176,460	2,051,370	16,054,260
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	31,399	77,076	53,081	29,450	191,006
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	59,608	26,473	19,049	25,680	130,810
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	STMT 11 20,698	64,021	23,770	21,211	129,700
23 Total of lines 15 through 22	7,360,779	3,744,926	3,272,360	2,127,711	16,505,776
24 Line 23 minus line 17	7,329,380	3,667,850	3,219,279	2,098,261	16,314,770
25 Enter 1% of line 23	73,608	37,449	32,724	21,277	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				▶ 26a 326,295
	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 7,961,871
	c Total support for section 509(a)(1) test Enter line 24, column (e)				▶ 26c 16314770
	d Add Amounts from column (e) for lines 18 130,810 19	22 129,700 26b 7,961,871			▶ 26d 8,222,381
	e Public support (line 26c minus line 26d total)				▶ 26e 8,092,389
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				▶ 26f 49.6016 %
27 Organizations described on line 12	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)	NOT APPLICABLE	(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 17 20				▶ 27c
	d Add Line 27a total and line 27b total				▶ 27d
	e Public support (line 27c total minus line 27d total)				▶ 27e
	f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				▶ 27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				▶ 27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				▶ 27h %
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 page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?	29	
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?	30	
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) ----- ----- -----	31	
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----	32d	
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----	33h	
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 page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

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	2,568
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	13,729
38	Total lobbying expenditures (add lines 36 and 37)	38	16,297
39	Other exempt purpose expenditures	39	4,722,418
40	Total exempt purpose expenditures (add lines 38 and 39)	40	4,738,715
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	386,936
42	Grassroots nontaxable amount (enter 25% of line 41)	42	96,734
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 on page 11 of the instructions)

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	386,936	350,254	340,744	287,916	1,365,850
46	Lobbying ceiling amount (150% of line 45(e))					2,048,775
47	Total lobbying expenditures	16,297	55,608	8,302	64,800	145,007
48	Grassroots nontaxable amount	96,734	87,564	85,186	71,979	341,463
49	Grassroots ceiling amount (150% of line 48(e))					512,195
50	Grassroots lobbying expenditures	2,568	8,235	797	517	12,117

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

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	Yes	No	Amount
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)			

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 page 12 of the 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?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of		
(i) Cash		X
(ii) Other assets		X
b Other transactions		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a 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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
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

Employer identification number

COMMUNICATIONS CONSORTIUM MEDIA CENTER

52-1524972

Organization type (check one)

Filers of-

Section

Form 990 or 990-EZ

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 they **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)

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

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

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Part I Contributors (See Specific Instructions)

(a) No	(b) Name address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		<u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		<u>108,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		<u>188,883</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		<u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		<u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		<u>440,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

COMMUNICATIONS CONSORTIUM MEDIA CENTER

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Part I Contributors (See Specific Instructions)

(a) No	(b)	(c) Aggregate contributions	(d) Type of contribution
7		492,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
8		110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
9		10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
10		52,220	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
11		116,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
12		75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

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Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>13</u>		<u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>14</u>		<u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>15</u>		<u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>16</u>		<u>269,781</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>17</u>		<u>50,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>18</u>		<u>17,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

COMMUNICATIONS CONSORTIUM MEDIA CENTER

52-1524972

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>19</u>	_____	<u>75,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>20</u>	_____	<u>325,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>21</u>	_____	<u>224,431</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>22</u>	_____	<u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>23</u>	_____	<u>100,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	_____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONTRACT SERVICES	2,008,980.	1,785,774.	123,588.	99,618.
CONTRIBUTIONS	14,685.	11,360.		3,325.
DUES AND PUBLICATIONS	101,082.	94,287.	2,887.	3,908.
INSURANCE	10,260.		10,260.	
REPAIRS AND MAINTENANCE	5,312.	723.	4,492.	97.
TOTALS	2,140,319.	1,892,144.	141,227.	106,948.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

GENERALIZED INSTRUCTION FOR NON-PROFITS ON THE USE OF MEDIA STRATEGIES AND NEW COMMUNICATIONS TECHNOLOGIES. ALSO, ASSISTANCE IN CONDUCTING PUBLIC EDUCATION ISSUES CAMPAIGNS ON BEHALF OF COALITIONS FORMED BY VARIOUS NON-PROFIT ORGANIZATIONS AROUND CERTAIN ISSUES.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SALARY/TRAVEL ADVANCES	23,623.
ACCRUED INTEREST RECEIVABLE	28,167.
TOTALS	----- 51,790. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PAYROLL TAXES/WHLDINGS PAYABLE	24,994.
RETIREMENT PLAN PAYABLE	1,666.
TOTALS	----- 26,660. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
LOSS ON DISPOSITION OF ASSETS	-1,188.
TOTAL	-1,188.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
LOSS ON DISPOSITION OF ASSETS	1,188.
TOTAL	----- 1,188. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RICHARD W. BOONE 1226 1/2 STATE ST , SUITE 5 SANTA BARBARA, CA 93101	CHAIR AS NEEDED	NONE	NONE	NONE
KATHLEEN L. BONK 1200 NEW YORK AVE, NW, SUITE 300 WASHINGTON, DC 20005	PRESIDENT AS NEEDED	142,500.	14,500.	NONE
RAYDEAN M. ACEVEDO 1746 COLE BOULEVARD BUILDING 21, SUITE 300 GOLDEN, CO 80401	VICE PRESIDENT/SEC AS NEEDED	NONE	NONE	NONE
JOHN KRAMER 6329 FRERET STREET NEW ORLEANS, LA 70118	TREASURER AS NEEDED	NONE	NONE	NONE
ALBERT KRAMER 2101 L ST., NW, SUITE 800 WASHINGTON, DC 20037-1526	DIRECTOR AS NEEDED	NONE	NONE	NONE
MAL JOHNSON 7237 WORSLEY WAY ALEXANDRIA, VA 22315	DIRECTOR AS NEEDED	NONE	NONE	NONE
ROBERT LOEB 56 BENSON STREET GLEN RIDGE, NJ 07028	DIRECTOR AS NEEDED	NONE	NONE	NONE
JUAN SEPULVEDA 118 BROADWAY, SUITE 620	DIRECTOR AS NEEDED	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SAN ANTONIO, TX 78205				
KEN NOCHIMSON ASPEN CORPORATE PARK, SUITE 206 1460 ROUTE 9 NORTH WOODBRIDGE, NJ 07095	DIRECTOR AS NEEDED	NONE	NONE	NONE
DIANE CUTRI 1200 NEW YORK AVE, NW, SUITE 300 WASHINGTON, DC 20005	ASST SECRETARY AS NEEDED	118,548.	11,944.	NONE
YING YING YUAN 12300 TWINBROOK PARKWAY, SUITE 310 ROCKVILLE, MD 20852	DIRECTOR AS NEEDED	NONE	NONE	NONE
FRANK SMITH 26 HINGHAM STREET #2 CAMBRIDGE, MA 02138	DIRECTOR AS NEEDED	NONE	NONE	NONE
DIANA MEEHAN P.O. BOX 491578 LOS ANGELES, CA 90049	DIRECTOR AS NEEDED	NONE	NONE	NONE
MARLENE JOHNSON 1307 NEW YORK AVENUE, NW EIGHTH FLOOR WASHINGTON, DC 20005-4701	DIRECTOR AS NEEDED	NONE	NONE	NONE
GRAND TOTALS		261,048.	26,444.	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
--------------------	---

93A	ASSISTING NON-PROFIT ORGANIZATIONS IN THE USE OF MEDIA STRATEGIES AND COMMUNICATIONS TECHNOLOGIES
103B	REIMBURSEMENTS FOR PROGRAM EXPENSES
103C	PUBLICATIONS EDUCATING NON-PROFIT ORGANIZATIONS IN THE TECHNIQUES OF USING THE MEDIA

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE FORM 990, PART V

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
REIMBURSED EXPENSES	12,498.	52,530.	18,322.	19,289.	102,639
PUBLICATIONS	8,200.	11,491.	1,306	1,922.	22,919.
RENTAL INCOME			4,142		4,142.
TOTALS	20,698.	64,021.	23,770.	21,211.	129,700.

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11
 (NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
THE ANNIE E. CASEY FOUNDATION			
1997	224,890		
1998	324,000		
1999	333,800		
2000	250,000		
TOTAL ANNIE E. CASEY FOUNDATION	1,132,690.	326,295.	806,395.
BILL AND MELINDA GATES FOUNDATION			
1999	429,000		
2000	429,000		
TOTAL BILL & MELINDA GATES FOUNDATION	858,000.	326,295	531,705.
CARNEGIE CORP OF NY			
1998	150,000		
1999	100,000		
2000	250,000		
TOTAL CARNEGIE CORP OF NY	500,000.	326,295	173,705
DAVID & LUCILLE PACKARD FOUNDATION			
1997	200,260		
1999	100,000		
2000	1,350,500		
TOTAL DAVID & LUCILLE PACKARD FOUNDATION	1,650,760.	326,295.	1,324,465.
THE EMILY HALL TREMAINE FOUNDATION			
1997	465,700		
1998	460,000		
1999	505,000		
2000	425,000		
TOTAL EMILY HALL TREMAINE FOUNDATION	1,855,700.	326,295.	1,529,405.
FAMILY CARE INTERNATIONAL			

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11
 (NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
2000 900,000			
TOTAL FAMILY CARE INTERNATIONAL	900,000.	326,295.	573,705.
THE FORD FOUNDATION			
1997 100,000			
1998 400,000			
1999 175,000			
2000 1,273,000			
TOTAL FORD FOUNDATION	1,948,000.	326,295.	1,621,705.
INSTITUTE FOR CIVIL SOCIETY			
1997 81,507			
1998 150,147			
1999 135,200			
2000 146,200			
TOTAL INSTITUTE FOR CIVIL SOCIETY	513,054.	326,295.	186,759.
UNITED NATIONS POPULATION FUND (UNFPA)			
1997 34,000			
1998 342,000			
1999 45,000			
2000 135,000			
TOTAL UNFPA	556,000.	326,295.	229,705.
WILLIAM AND FLORA HEWLETT FOUNDATION			
2000 400,000			
1999 100,000			
1998 100,000			
TOTAL WILLIAM & FLORA HEWLETT FOUNDATION	600,000.	326,295.	273,705.
WK KELLOGG FOUNDATION			
1997 444,677			

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11
=====

(NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
1998	363,485		
1999	133,500		
2000	95,250		
TOTAL WK KELLOGG FOUNDATION	1,036,912.	326,295.	710,617.
TOTAL	11,551,116.		7,961,871.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
 ▶ Attach to your tax return ▶ See separate instructions

Name(s) shown on return: **COMMUNICATIONS CONSORTIUM MEDIA CENTER** Identifying number: **52-1524972**

1 Enter the gross proceeds from sales or exchanges reported to you for 2001 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (See instructions)

(a) Description of property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 SEE STATEMENT 1						-1,188

3 Gain, if any, from Form 4684, line 39 **3**

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**

6 Gain, if any, from line 32, from other than casualty or theft **6**

7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows **7** **-1,188**
Partnerships (except electing large partnerships) Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 6 Skip lines 8, 9, 11, and 12 below
S corporations Report the gain or (loss) following the instructions for Form 1120S, Schedule K, lines 5 and 6 Skip lines 8, 9, 11, and 12 below, unless line 7 is a gain and the S corporation is subject to the capital gains tax
All others If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on Schedule D and skip lines 8, 9, 11, and 12 below

8 Nonrecaptured net section 1231 losses from prior years (see instructions) **8**

9 Subtract line 8 from line 7 If zero or less, enter -0- Also enter on the appropriate line as follows (see instructions) **9**
S corporations Enter any gain from line 9 on Schedule D (Form 1120S), line 15, and skip lines 11 and 12 below
All others If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the gain from line 9 as a long-term capital gain on Schedule D

Part II Ordinary Gains and Losses

10 Ordinary gains and losses not included on lines 11 through 17 (include property held 1 year or less)

(a) Description of property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

11 Loss, if any, from line 7 **11** **(1,188)**

12 Gain, if any, from line 7 or amount from line 8, if applicable **12**

13 Gain, if any, from line 31 **13**

14 Net gain or (loss) from Form 4684, lines 31 and 38a **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**

17 Recapture of section 179 expense deduction for partners and S corporation shareholders from property dispositions by partnerships and S corporations (see instructions) **17**

18 Combine lines 10 through 17 Enter the gain or (loss) here and on the appropriate line as follows **18** **-1,188**
a For all except individual returns Enter the gain or (loss) from line 18 on the return being filed
b For individual returns
 (1) If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22 Identify as from "Form 4797, line 18b(1)." See instructions **18b(1)**
 (2) Redetermine the gain or (loss) on line 18 excluding the loss, if any, on line 18b(1) Enter here and on Form 1040, line 14 **18b(2)**

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property		(b) Date acquired (mo day, yr)	(c) Date sold (mo day yr)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
20	Gross sales price (Note See line 1 before completing)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis Subtract line 22 from line 21	23			
24	Total gain Subtract line 23 from line 20	24			
25	If section 1245 property				
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26	If section 1250 property If straight line depreciation was used enter 0 on line 26g except for a corporation subject to section 291				
a	Additional depreciation after 1975 (see instructions)	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b			
c	Subtract line 26a from line 24 if residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27	If section 1252 property Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)				
a	Soil, water, and land cleaning expenses	27a			
b	Line 27a multiplied by applicable percentage (see instructions)	27b			
c	Enter the smaller of line 24 or 27b	27c			
28	If section 1254 property				
a	Intangible drilling and development costs expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a			
b	Enter the smaller of line 24 or 28a	28b			
29	If section 1255 property				
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b	Enter the smaller of line 24 or 29a (see instructions)	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30

30	Total gains for all properties Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	31	
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 33 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (See instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation See instructions	34
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report	35

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
EASLE	09/30/1989	12/31/2001	NONE	300.	300.	
DELUX ULTRA TASK CHR	07/01/1993	12/31/2001	NONE	201.	201.	
PANASONIC COLOR TV	10/10/1989	12/31/2001	NONE	200.	200.	
TRIPOD	03/04/1992	12/31/2001	NONE	120.	120.	
COMPUTER	12/09/1992	12/31/2001	NONE	3,999.	3,999.	
PANASONIC VCR	11/07/1993	12/31/2001	NONE	262.	262.	
STEREO TV & VCR	12/08/1993	12/31/2001	NONE	775.	775.	
HP LASERJET 4MV	06/30/1995	12/31/2001	NONE	2,749.	2,749.	
LITHIUM BATTERY	08/24/1995	12/31/2001	NONE	154.	154.	
LITHIUM BATTERY	08/23/1995	12/31/2001	NONE	139.	139.	
KONNEX PORTABLE TELE	08/23/1995	12/31/2001	NONE	159.	159.	
EXTERNAL MODEM	09/21/1995	12/31/2001	NONE	217.	232.	-15
EXTERNAL MODEM	09/12/1995	12/31/2001	NONE	218.	232.	-14
IBM PS VALUE POINT	10/11/1995	12/31/2001	NONE	113.	121.	-8
PRINTER	04/05/1998	12/31/2001	NONE	258.	300.	-42
DELL P6266	05/06/1998	12/31/2001	NONE	1,556.	1,832.	-276
DELL P6266X	05/26/1998	12/31/2001	NONE	1,536	1,832.	-296
BELL ATLANTIC CELL P	05/19/1998	12/31/2001	NONE	110.	159.	-49
FAX MODEM	10/01/1998	12/31/2001	NONE	106.	131.	-25
FAX BROTHER	11/17/1998	12/31/2001	NONE	229.	290.	-61
NOKIA 918 PHONE	03/29/1999	12/31/2001	NONE	101.	169.	-68
NEXTEL TELEPHONE	03/20/1999	12/31/2001	NONE	222.	370.	-148
2-LINE DIG ANS MACH	06/02/2000	12/31/2001	NONE	49	120.	-71
SEAGATE EXC SER B/U	03/18/1998	12/31/2001	NONE	520.	520.	
BACKUP EXEC 7.3	10/29/1999	12/31/2001	NONE	299.	414.	-115
Totals						-1,188

COMMUNICATIONS CONSORTIUM MEDIA CENTER
 FORM 990 - PART IV BALANCE SHEETS, LINES 57A, B, C

2001

52-1524972

ASSET CLASSIFICATION	BEGINNING OF YEAR			CURRENT YEAR ACTIVITY						END OF YEAR			
	Cost	Accum Dep/Amort	Book Value	Purchases	Dispositions	Cost	Dep/Amort	Dispositions	Accum Dep/Amort	Adjustment	Cost	Accum Dep/Amort	Book Value
Furniture & Fixtures	45,428	27,153	18,275	7,684	501	501	7,420	501	0	0	52,611	34,072	18,539
Equipment	197,665	124,879	72,786	26,413	14,346	14,346	34,817	13,272	0	0	209,732	146,424	63,308
Software	9,491	6,505	2,986	8,778	934	934	3,246	819	0	0	17,335	8,932	8,403
Leasehold Improvements	473	278	195	0	0	0	50	0	0	-8	473	320	153
Totals	253,057	158,815	94,242	42,875	15,781	15,781	45,533	14,592	-8	-8	280,151	189,748	90,403

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
- Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization COMMUNICATIONS CONSORTIUM MEDIA CENTER	Employer identification number 52-1524972
	Number, street, and room or suite no. If a P O box, see instructions 1200 NEW YORK AVENUE, NW, SUITE 300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20005-1754	

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

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

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- 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 is for

4 I request an additional 3-month extension of time until 11/15/2002

5 For calendar year 2001, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN

8a 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. \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____

c Balance Due Subtract line 8b from line 8a. 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. \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, 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 *Linda Weiskopf* Title CPA Date 8-1-02

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

EXTENSION APPROVED
AUG 14 2002

Director _____ By LINDA WEISKOPF, FIELD DIRECTOR
SUBMISSION PROCESSING OGDEN
Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print JSA	Name GILBERT & WOLFAND, P C
	Number and street (include suite, room, or apt. no.) Or a P O box number 2201 WISCONSIN AVE, NW SUITE 320
	City or town, province or state, and country (including postal or ZIP code) WASHINGTON, DC 20007

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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	Name of Exempt Organization COMMUNICATIONS CONSORTIUM MEDIA CENTER	Employer identification number 52-1524972
	Number, street, and room or suite no. If a P O box, see instructions 1200 NEW YORK AVENUE, NW, SUITE 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20005-1754	

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

<input checked="" 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 (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input 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 08/15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 2001 or
 ▶ tax year beginning _____, and ending _____

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. \$ _____

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. \$ _____

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. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, 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 ▶ [Signature] Title ▶ CPA Date ▶ 5.1.02

For Paperwork Reduction Act Notice, see instruction

Form 8868 (12 2000)