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Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

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

A For the 2002 calendar year, or tax year beginning _____, **2002**, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type See specific instructions.
AMERICAN DOCUMENTARY INC.
32 BROADWAY 14TH FLOOR
NEW YORK, NY 10004

D Employer Identification Number
13-3447752

E Telephone number
(212) 989-8121

F Accounting method: Cash Accrual
 Other (specify) _____

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

G Web site: N/A

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

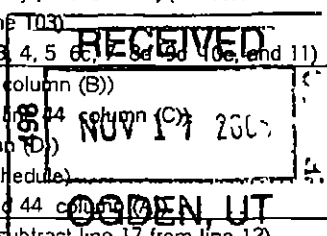
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **2,269,542.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)			
1 Contributions, gifts, grants, and similar amounts received			
a Direct public support	1a	537,235.	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 537,235 noncash \$ _____)	1d	537,235	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,525,875.	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	2,010	
5 Dividends and interest from securities	5	11,874	
6a 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		
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other
b Less cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
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		
10a 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	192,548.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 9c, 10c, and 11)	12	2,269,542.	
13 Program services (from line 44, column (B))	13	2,900,453.	
14 Management and general (from line 44, column (C))	14	118,995.	
15 Fundraising (from line 44, column (D))	15	46,477	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	3,065,925	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-796,383	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,534,384.	
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	2,738,001	

SCANNED DEC 01 2003



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Part I 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 \$ 25,668. non-cash \$)	22 25,668	25,668		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 251,858.	231,709.	12,593.	7,556
26 Other salaries and wages	26 715,882	658,948	39,673	17,261
27 Pension plan contributions	27 48,745	44,845.	2,437	1,463
28 Other employee benefits	28 116,882	107,616.	6,807.	2,459.
29 Payroll taxes	29 74,032	68,109	3,702.	2,221
30 Professional fundraising fees	30			
31 Accounting fees	31 6,000	5,940	36.	24
32 Legal fees	32 27,546	27,270.	165	111
33 Supplies	33 16,892	15,722.	269	901
34 Telephone	34 37,634	36,544.	643.	447
35 Postage and shipping	35 74,877	71,905	751.	2,221.
36 Occupancy	36 192,835	172,182	14,002.	6,651.
37 Equipment rental and maintenance	37 27,458	26,357	747.	354
38 Printing and publications	38 25,765	23,844	339.	1,582
39 Travel	39 87,752	85,611	728.	1,413
40 Conferences, conventions, and meetings	40 4,314	4,013.	35.	266
41 Interest..	41			
42 Depreciation, depletion, etc (attach schedule)	42 16,266		16,266	
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 2	43a 1,315,519	1,294,170	19,802.	1,547
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 3,065,925	2,900,453.	118,995	46,477

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation and fundraising 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 II Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 3 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)	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 \$ _____)	631,703
b P O V PROGRAMMING AND PRODUCTION: PRODUCTION OF SERIES OF INDEPENDENT DOCUMENTARY FILMS FOR PUBLIC TELEVISION (Grants and allocations \$ _____)	812,137.
c P O V TALKING BACK PROGRAM TO DEAL WITH VIEWERS COMMENTS ON P.O.V. SHOWS (Grants and allocations \$ _____)	164,272
d P O V INTERACTIVE BUILDS WEBSITES THAT SUPPORT P.O.V PROGRAMS WITH ADDITIONAL MATERIALS, RESOURCES AND VIEWER RESPONSE AREAS (Grants and allocations \$ _____)	398,829
e Other program services SEE STATEMENT 4 (Grants and allocations \$ _____)	893,512.
f Total of Program Service Expenses (should equal line 44, column (B) program services)	2,900,453✓

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)		(B)
		Beginning of year		End of year
ASSETS	45 Cash – non-interest-bearing		45	22,681
	46 Savings and temporary cash investments	842,675	46	629,531
	47a Accounts receivable	58,496		
	47b Less allowance for doubtful accounts		47c	58,496.
	48a Pledges receivable			
	48b Less allowance for doubtful accounts		48c	
	49 Grants receivable	2,550,033.	49	2,034,500.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	51b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	97,967.	53	259,038.
	54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments – land, buildings, & equipment basis			
	55b Less accumulated depreciation (attach schedule)		55c	
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment basis	214,040		
	57b Less accumulated depreciation (attach schedule) STATEMENT 5	117,492.	57c	96,548.
	58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 6)	2,620.	58	2,620.
59 Total assets (add lines 45 through 58) (must equal line 74)	3,678,344.	59	3,103,414.	
LIABILITIES	60 Accounts payable and accrued expenses.	113,960	60	312,338.
	61 Grants payable		61	
	62 Deferred revenue	30,000.	62	53,075.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	64b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	143,960	66	365,413.	
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	1,196,884	67	1,144,501
	68 Temporarily restricted	2,337,500	68	1,593,500
	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, column (B) must equal line 21)	3,534,384	73	2,738,001	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	3,678,344	74	3,103,414.	

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 I A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

a	Total revenue, gains, and other support per audited financial statements	a	2,269,542
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	2,269,542.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,269,542.

Part I B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,065,925
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	3,065,925.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,065,925

Part II List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(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 and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7				
		251,858.	29,517	0.

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

Part VI Other Information (See 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
	b If 'Yes,' enter the name of the organization ▶ <u>N/A</u>		
	and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
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
	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
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
	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?	85b	N/A
	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		
	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 on line 85f?	85g	N/A
	h 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?	85h	N/A
86	501(c)(7) organizations 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) organizations 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
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> .		
	b 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	89b	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>		
	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	19
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 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 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					1,275,625
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					250,250
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	2,010	
96 Dividends & interest from securities			14	11,874.	
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					192,548.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)).				13,884.	1,718,423.
105 Total (add line 104, columns (B), (D), and (E))					1,732,307.

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)
	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: Simon Kilmurry Date: 11/14/03

Type or print name and title: Simon Kilmurry, Chief Operating Officer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/12/03 Check if self-employed: Preparer's SSN or PTIN (see General instruction W): P00367475

Firm's name (or yours if self-employed) address and ZIP + 4: N CHENG & COMPANY
40 EXCHANGE PLACE, #1206
NEW YORK, NY 10005 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)

2002

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 AMERICAN DOCUMENTARY INC	Employer identification number 13-3447752
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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 and deferred compensation	(e) Expense account and other allowances
<u>CYNTHIA LOPEZ</u> ----- 32 BROADWAY, NY NY 10004	COMM DIR 40	74,462	4,195	0
<u>ELAINE SHEN</u> ----- 32 BROADWAY, NY NY 10004	DIR TRAINING 40	61,880	4,752.	0
<u>CHRIS WHITE</u> ----- 32 BROADWAY, NY NY 10004	DIR PRODUCTION 40	54,168	832	0
<u>THERESA RILEY</u> ----- 32 BROADWAY, NY NY 10004	DIR INTERACTIVE 40	54,000	5,077	0
<u>NAM KIM</u> ----- 32 BROADWAY, NY NY 10004	ACTIVEVOICE DIR 40	65,111	0	0.
Total number of other employees paid over \$50,000 ▶	0			

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
<u>NONE</u> -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

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. ▶ \$ N/A

(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

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

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

	Yes	No
1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3		X
4	X	

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)(ii) 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 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,536,715	3,156,773.	732,622	2,263,899	8,690,009.
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	1,187,183	636,800	612,000	818,952.	3,254,935.
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	34,189	57,213.	70,734.	61,146.	223,282
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 SJMT 9	229,166.	73,494.	46,728	20.	349,408.
23 Total of lines 15 through 22.	3,987,253.	3,924,280.	1,462,084	3,144,017.	12,517,634.
24 Line 23 minus line 17	2,800,070.	3,287,480.	850,084	2,325,065.	9,262,699.
25 Enter 1% of line 23	39,873.	39,243	14,621	31,440.	

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24

26a	185,254.
26b	2,884,238
26c	9,262,699
26d	3,456,928
26e	5,805,771
26f	62.68%

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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add Amounts from column (e) for lines 18 223,282. 19 2,884,238

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

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

(2001) _____ (2000) _____ (1999) _____ (1998) _____

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

(2001) _____ (2000) _____ (1999) _____ (1998) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____

17 _____ 20 _____ 21 _____

d Add Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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 IV 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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? 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?		
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		
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		

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

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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

CLIENT 178

AMERICAN DOCUMENTARY INC.

13-3447752

11/13/03

03 39PM

STATEMENT 1
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	MINI-GRANT	
DONEE'S NAME	MARYLAND PUBLIC TELEVISION	
DONEE'S ADDRESS	11767 OWING MILLS BLVD. OWING MILLS, MD 21171-1499	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		\$ 1,000
CLASS OF ACTIVITY	MINI-GRANT	
DONEE'S NAME	WILL-TV	
DONEE'S ADDRESS	300 N GOODWIN AVENUE URBANA, IL 61801	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		809
CLASS OF ACTIVITY	MINI-GRANTS	
DONEE'S NAME	WISCONSIN PUBLIC TELEVISION	
DONEE'S ADDRESS	821 UNIVERSITY AVENUE MADISON, WI 53706	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		2,000
CLASS OF ACTIVITY	MINI-GRANT	
DONEE'S NAME	KLRN	
DONEE'S ADDRESS	501 BROADWAY SAN ANTONIO, TX 78215	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN		1,000
CLASS OF ACTIVITY	MINI-GRANT	
DONEE'S NAME	YES PRODUCTIONS	
DONEE'S ADDRESS	P O. BOX 24026 NEW ORLEANS, LA 70184	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN		1,200
CLASS OF ACTIVITY	MINI-GRANT	
DONEE'S NAME	WXXI	
DONEE'S ADDRESS	280 STATE ST - P O. BOX 30021 ROCHESTER, NY 14603	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN		2,000
CLASS OF ACTIVITY	MINI-GRANT	
DONEE'S NAME	KCTS-TV	
DONEE'S ADDRESS	401 MERCER STREET SEATTLE, WA 98109	
RELATIONSHIP OF DONEE	NONE	
AMOUNT GIVEN		1,500
CLASS OF ACTIVITY	MINI-GRANT	
DONEE'S NAME	UNC-TV	
DONEE'S ADDRESS	10 T W ALEXANDER DRIVE DURHAM, NC 27709	
RELATIONSHIP OF DONEE	NONE	

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STATEMENT 1 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$	2,000
CLASS OF ACTIVITY	MINI-GRANT		
DONEE'S NAME:	HOUSTON PBS		
DONEE'S ADDRESS	4343 ELGIN HOUSTON, TX 77204		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN.			1,000
CLASS OF ACTIVITY	MINI-GRANT		
DONEE'S NAME:	NASHVILLE PUBLIC TELEVISION		
DONEE'S ADDRESS	161 RAINS AVENUE NASHVILLE, TN 37203		
RELATIONSHIP OF DONEE.	NONE		
AMOUNT GIVEN.			100
CLASS OF ACTIVITY	MINI-GRANT		
DONEE'S NAME	MONTANA PBS		
DONEE'S ADDRESS.	VISUAL COM BLDG 183 BOZEMA, MONTANA 59717		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN			850
CLASS OF ACTIVITY	MINI-GRANT		
DONEE'S NAME	KNPB		
DONEE'S ADDRESS.	1670 NORTH VIRGINIA STREET RENO, NV 89503		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN			2,500.
CLASS OF ACTIVITY	MINI-GRANT		
DONEE'S NAME	KUED-7		
DONEE'S ADDRESS	101 SOUTH WASATCH DR. RM 215 SALT LAKE CITY, VT 84112		
RELATIONSHIP OF DONEE.	NONE		
AMOUNT GIVEN.			3,680
CLASS OF ACTIVITY	MINI-GRANT		
DONEE'S NAME	KETC-CHANNEL 9		
DONEE'S ADDRESS	3655 OLIVE STREET ST. LOUIS, MO 63108		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN			1,999
CLASS OF ACTIVITY	MINI-GRANT		
DONEE'S NAME	KLRU		
DONEE'S ADDRESS	P O BOX 7158 AUSTIN, TX 78713		
RELATIONSHIP OF DONEE	NONE		
AMOUNT GIVEN			730
CLASS OF ACTIVITY	MINI-GRANT		
DONEE'S NAME	WNEB		
DONEE'S ADDRESS	140 LOWER TERRANCE BUFFALO, NY 14202		

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AMERICAN DOCUMENTARY INC.

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STATEMENT 1 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

RELATIONSHIP OF DONEE. AMOUNT GIVEN·	NONE		\$	1,000
CLASS OF ACTIVITY DONEE'S NAME· DONEE'S ADDRESS	MINI-GRANT DETROIT PUBLIC TELEVISION 7441 SECOND AVENUE DETROIT, MI 48202			
RELATIONSHIP OF DONEE AMOUNT GIVEN·	NONE			300.
CLASS OF ACTIVITY DONEE'S NAME· DONEE'S ADDRESS	MINI-GRANT WSKG P.O BOX 3000 BINGHAMTON, NY 13902			
RELATIONSHIP OF DONEE· AMOUNT GIVEN:	NONE			2,000.
TOTAL GRANTS AND ALLOCATIONS \$				<u>25,668</u>

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CALL FOR ENTRIES	29,894	29,894		
CLOSED CAPTIONING	11,027	11,027.		
DUBBING	40,455	40,455.		
DUES & SUBSCRIPTIONS	15,573	15,187.	135	251
E&O INSURANCE	12,449.	12,449		
EDITORIAL COMMITTEE	32,175.	32,175.		
EVENTS AND SCREENING	33,646.	33,646		
FESTIVAL AWARDS	14,435	14,435.		
FILMMAKERS INTERVIEWS	12,733	12,733.		
INSURANCE	8,287	7,627.	448	212
MATERIAL DEVELOPMENTS	28,386	28,386		
MISCELLANEOUS	13,186	13,186		
OTHER ADVERTISING & PROMOTION	3,528	3,528		
OUTSIDE PRODUCTION & PACKAGING	121,708	121,708		
PACKAGING OF PROMOTION	47,750	47,750.		
PHOTOGRAPHY	27,023	27,021	1	1
PRESS CLIPPING SERVICE	7,591	7,591		
PRESS KITS	25,963	25,963		
PROFESSIONAL FEES	462,962	444,431	18,018	513
PROGRAM ACQUISITION	273,202	273,202		
RE-EDITING	1,807	1,807.		
ROYALTY EXPENSE	10,305	10,305		
STATION RELATIONS	19,658	19,658		
STORAGE	3,620	3,620		
UTILITIES	15,001	13,231	1,200	570

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AMERICAN DOCUMENTARY INC.

13-3447752

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STATEMENT 2 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
VIEWERS GUIDE	43,155	43,155		
TOTAL	<u>\$ 1315519</u>	<u>\$ 1294170</u>	<u>\$ 19,802</u>	<u>\$ 1,547</u>

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
ACTIVE VOICE CREATES LONG-TERM COMMUNITY ENGAGEMENT PROGRAMS AROUND P O V. PROGRAMS AND OTHER PBS PROGRAMMING		497,426
TELEVISION RACE INITIATIVE CREATES LONG-TERM COMMUNITY ENGAGEMENT PROGRAMS AROUND P O V. PROGRAMS AND OTHER PBS PROGRAMMING		252,291
P O V COMMUNITY ENGAGEMENT CREATES LONG-TERM COMMUNITY ENGAGEMENT PROGRAMS AROUND P O V PROGRAMS AND OTHER PBS PROGRAMMING.		143,795
TOTAL	<u>\$ 0</u>	<u>\$ 893,512</u>

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
MACHINERY AND EQUIPMENT IMPROVEMENTS	\$ 187,891	\$ 113,570	\$ 74,321
	26,149	3,922	22,227
TOTAL	<u>\$ 214,040</u>	<u>\$ 117,492</u>	<u>\$ 96,548</u>

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AMERICAN DOCUMENTARY INC.

13-3447752

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STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

SECURITY DEPOSIT

TOTAL \$ 2,620.
\$ 2,620.

STATEMENT 7
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TAMMY ROBINSON 450 WEST 33RD ST NEW YORK, NY 10011	CHAIRMAN 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.
ELLEN SCHNEIDER 220 WEST 19TH STREET NEW YORK, NY 10011	VP EXEC DIR 40	88,653	10,620	0.
MARE MAZUR 4401 SUNSET BLVD LOS ANGELES, CA	MEMBER NONE	0	0	0
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
CARA MERTES 32 BROADWAY NEW YORK, NY 10004	VICE PRESIDENT 40	84,115.	11,000	0

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AMERICAN DOCUMENTARY INC.

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STATEMENT 7 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SIMON KILMURRY 32 BROADWAY NEW YORK, NY 10004	VICE PRESIDENT 40	\$ 79,090	\$ 7,897	\$ 0
TOTAL		\$ 251,858	\$ 29,517	\$ 0

STATEMENT 8
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
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

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
OTHER INCOME	\$ 229,166.	\$ 73,494	\$ 46,728	\$ 20	\$ 349,408
TOTAL	\$ 229,166.	\$ 73,494	\$ 46,728	\$ 20	\$ 349,408

Form **8868**
(December 2000)

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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 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 (Section 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 8/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20 02 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 Donald Robin Title Tax Accountant Date 5/15/2003

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)

• 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)

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

Type or print	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	For IRS Use Only
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10004	

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

Form 990
 Form 990-EZ
 Form 990-T (Section 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 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 organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11/15, 2003
- For calendar year 2002, or other tax year beginning _____, 20____ and ending _____, 20____
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension AUDIT OF FINANCIAL RECORDS IS IN PROGRESS. THE INFORMATION NEEDED TO PREPARE AN ACCURATE RETURN IS BEING COMPILED

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 [Signature] Title ASST ACCOUNTANT Date 8/14/03

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 filed 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 _____

Director _____ By _____ 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	Name N. CHENG & COMPANY
	Number and street (include suite, room, or apartment number) or a P.O. box number 40 EXCHANGE PLACE, #1206
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10005