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**Short Form
Return of Organization Exempt From Income Tax**

2008

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning Jul 1, 2008, and ending Jun 30, 2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE MEDIA MOBILIZING PROJECT Number and street (or P O box, if mail is not delivered to street address) Room/suite 4205 CHESTNUT STREET 2ND FL. City or town, state or country, and ZIP + 4 PHILADELPHIA PA 19104	D Employer identification number 26-0307123 E Telephone number (215) 821-9632 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.mediamobilizingproject.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

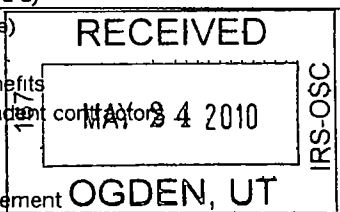
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 152,965.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

SCANNED JUL 20 2010

	1 Contributions, gifts, grants, and similar amounts received		142,739.
	2 Program service revenue including government fees and contracts		10,226.
	3 Membership dues and assessments		0.
	4 Investment income		0.
	5a Gross amount from sale of assets other than inventory	5a	0.
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	0.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.
	7a Gross sales of inventory, less returns and allowances	7a	0.
	b Less: cost of goods sold	7b	0.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	152,965.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	0.
	11 Benefits paid to or for members	11	0.
	12 Salaries, other compensation, and employee benefits	12	48,388.
	13 Professional fees and other payments to independent contractors	13	86,502.
	14 Occupancy, rent, utilities, and maintenance	14	6,213.
	15 Printing, publications, postage, and shipping	15	1,387.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	27,182.
	17 Total expenses (add lines 10 through 16)	17	169,672.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,707.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	132,598.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	115,891.



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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	121,772.	102,392.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ See L-24 Stmt)	10,826.	13,499.
25 Total assets	132,598.	115,891.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	132,598.	115,891.

24

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	X	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>Pennsylvania</u>		

42a The books are in care of ▶ M. Root Telephone no ▶ (215) 821-9632
 Located at ▶ 4205 Chestnut St., 2nd Fl. Philadelphia PA ZIP + 4 ▶ 19104

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		X
47		X
48		X
49a		X
49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Handwritten Signature]* Date: 5/17/10
 Type or print name and title: MAUREEN I. MCMAHON

Paid Preparer's Use Only
 Preparer's signature: *[Handwritten Signature]* Date: 5/15/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: MAUREEN I. MCMAHON, CPA
 518 GAINSBORO ROAD
 DREXEL HILL PA 19026-1302
 Check if self-employed:
 Preparer's Identifying Number (See instructions):
 EIN: Phone no: (610) 626-9526

May the IRS discuss this return with the preparer shown above? See instructions Yes No
 BAA Form 990-EZ (2008)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	0.	0.	0.	254,194.	142,739.	396,933.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.
3 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	0.	0.	0.	0.	0.	0.
4 Total. Add lines 1-3	0.	0.	0.	254,194.	142,739.	396,933.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						249,429.
6 Public support. Subtract line 5 from line 4						147,504.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0.	0.	0.	254,194.	142,739.	396,933.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0.	0.	0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						396,933.
12 Gross receipts from related activities, etc. (see instructions)					12	13,560.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

<u>Depreciation</u>	<u>3,164.</u>
<u>Media equipment and supplies</u>	<u>6,290.</u>
<u>Program events</u>	<u>5,140.</u>
<u>Travel</u>	<u>2,696.</u>
<u>Meeting expense</u>	<u>2,099.</u>
<u>Information technology consulting</u>	<u>1,875.</u>
<u>Contributions and gifts</u>	<u>1,875.</u>
<u>Miscellaneous expense</u>	<u>1,339.</u>
<u>Furniture and equipment</u>	<u>1,175.</u>
<u>Office supplies and expense</u>	<u>665.</u>
<u>Program supplies and expense</u>	<u>602.</u>
<u>Telephone</u>	<u>262.</u>
Total	<u><u>27,182.</u></u>

EQUIPMENT Description	Acq. Date	Yrs.	Method	Cost	Basis	Depr.	Accum.	Depr.	Accum.		
						Exp. 7/1/07 - 6/30/08	Depr. 6/30/08	Exp. 7/1/08 - 6/30/09	Depr. 6/30/09		
Media Equipment											
Projector	2/3/08	5	SL	675	675	56	56	135	191		
Microphone, adapter	11/27/07	5	SL	477	477	56	56	95	151		
3 audio recorders	1/1/08	5	SL	1,724	1,724	172	172	345	517		
3 Canon camcorder	1/2/08	5	SL	2,433	2,433	243	243	487	730		
Mini dvd camera	12/19/07	5	SL	284	284	31	31	57	88		
Bingo camera	4/6/09	5	SL	3,983	3,983			199	199		
						9,576	9,576	558	558	1,318	1,876
Furniture and Equipment											
Apple computer	2/3/08	5	SL	1,801	1,801	150	150	360	510		
3 MAC computers, used	2/1/08	3	SL	2,404	2,404	334	334	801	1,135		
MAC computer	1/9/08	5	SL	2,300	2,300	230	230	460	690		
Apple computer	2/4/09	5	SL	1,254	1,254			105	105		
iMAC G5	7/1/09	5	SL	600	600			120	120		
						8,359	8,359	714	714	1,846	2,560
						17,935	17,935	1,272	1,272	3,164	4,436

The Media Mobilizing Project

E.I.N. 26-0307123

· FORM 990EZ, Part III, line 28

In its second year of existence as an incorporated organization, the Media Mobilizing Project (MMP) trained 200 people in video and audio making, writing, computer literacy, leadership, and communications. MMP produced over 20 hours of pro-bono radio coverage and 200 minutes of pro-bono video work for other nonprofit organizations in Pennsylvania. MMP celebrated the one-year anniversary of Labor Justice Radio and Radio Tlacuache, English- and Spanish-language radio shows that air weekly on WPEB 88.1FM in Philadelphia; Labor Justice Radio attracted online listeners on 5 continents and in more than 20 countries. MMP provided strategy and support for 10 nonprofit organizations.

- 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. You 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 THE MEDIA MOBILIZING PROJECT	Employer identification number 26-0307123
	Number, street, and room or suite number If a P.O. box, see instructions 725 ELLSWORTH STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PHILADELPHIA PA 19147	

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

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

- The books are in care of M. Root
 Telephone No. (215) 962-3542 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
 - If this is for 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 May 17, 20 10.
- 5 For calendar year _____, or other tax year beginning Jul 1, 20 08, and ending Jun 30, 20 09.
- 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 in order to file an accurate 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	8a	\$	0.
8b 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	8b	\$	0.
8c 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 instrs	8c	\$	0.

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 Maurice M. M... Title CPA Date 01/15/10