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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

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)

► 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

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Inspection

A For the 2008 calendar year, or tax year beginning		Jul 1	, 2008, and ending	Jun 30	, 2009
B Check if applicable		C Name of organization		D Employer identification number	
<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		THE MEDIA MOBILIZING PROJECT Number and street (or P O box, if mail is not delivered to street address) 4205 CHESTNUT STREET City or town, state or country, and ZIP + 4 PHILADELPHIA PA 19104		26-0307123 E Telephone number (215) 821-9632	
• 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
I Website: ► www.mediamobilizingproject.org		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) □ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> 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.)		
REVENUE 2010 JUL 20	1 Contributions, gifts, grants, and similar amounts received	1 142, 739.
	2 Program service revenue including government fees and contracts	2 10, 226.
	3 Membership dues and assessments	3 0.
	4 Investment income	4 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 2010 JUL 20	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.
	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)			
ASSETS 2010 JUL 20	22 Cash, savings, and investments	(A) Beginning of year 121, 772.	(B) End of year 102, 392.
	23 Land and buildings	0.	23 0.
	24 Other assets (describe ► See L-24 Stmt)	10, 826.	24 13, 499.
	25 Total assets	132, 598.	25 115, 891.
	26 Total liabilities (describe ► _____)	0.	26 0.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	132, 598.	27 115, 891.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

What is the organization's primary exempt purpose? Increase media/tech.literacy to low-income communities

What is the organization's primary exempt purpose? Increase media/tech-literacy to low-income communities
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See attached

(Grants \$

0.) If this amount includes foreign grants, check here

28

127, 313.

29

— — — — —
(Grants \$

2

30

— — — — (Grants \$

38

31 Other program services (attach schedule)

(Grants \$

3

32 Total program service expenses (add lines 28a through 31a)

31

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

Part IV | **LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES.** (List each one even if not compensated. See the instructions.)

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33	X	
34		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

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.

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

b Did the organization file **Form 1120-POL** for this year?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities ► **39a** **39b**

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.

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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►

d Enter amount of tax on line 40c reimbursed by the organization ►

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

41 List the states with which a copy of this return is filed ► **Pennsylvania**

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**

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: ►

	Yes	No
42b	X	

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

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: ►

	Yes	No
42c	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
43		

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44	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

	Yes	No
45	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

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

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?

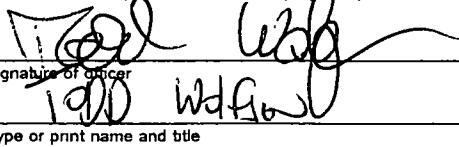
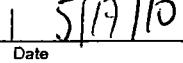
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

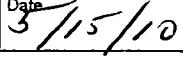
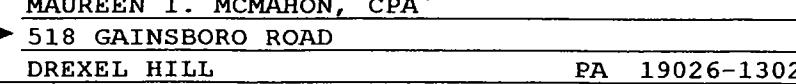
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000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

Paid Preparer's Use Only	Preparer's signature ► 	Date 	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 		EIN ►	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2008)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE MEDIA MOBILIZING PROJECT

Employer identification number
26-0307123

Part I **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 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 exempt 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)**. (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
h

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

Total

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

Schedule A (Form 990 or 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 ► **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>	3,164.
<u>Media equipment and supplies</u>	6,290.
<u>Program events</u>	5,140.
<u>Travel</u>	2,696.
<u>Meeting expense</u>	2,099.
<u>Information technology consulting</u>	1,875.
<u>Contributions and gifts</u>	1,875.
<u>Miscellaneous expense</u>	1,339.
<u>Furniture and equipment</u>	1,175.
<u>Office supplies and expense</u>	665.
<u>Program supplies and expense</u>	602.
<u>Telephone</u>	262.
Total	<u>27,182.</u>

FORM 990EZ, Part II, line 24

**The Media Mobilizing Project
E.I.N. 26-0307123**

EQUIPMENT	Description	Acq. Date	Yrs.	Method	Cost	Basis	Depr.		Depr.	
							7/1/07 -	6/30/08	7/1/08 -	6/30/09
<u>Media Equipment</u>										
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
<u>Furniture and Equipment</u>										
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 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.

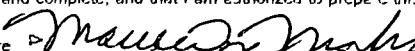
- The books are in care of **M. Root** _____
Telephone No. **(215) 962-3542** _____ FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If 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 FTB 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  Title CPA

Date 01/15/10