

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2004

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 2004 calendar year, or tax year beginning July 01, 2004, and ending June 30, 2005

- 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

C Name of organization: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER. Address: 711 BRIDGE STREET NW, GRAND RAPIDS MI 49504

D Employer identification number: 38 ; 2386140. E Telephone number: () -. F Accounting method: Accrual

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: WWW.GRCMC.ORG

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: 2358529

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns. Rows 1-12: Revenue. Rows 13-17: Expenses. Rows 18-21: Net Assets. Columns include descriptions, sub-rows (a, b, c), and totals.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	113271	55295	57976
26	Other salaries and wages	26	677534	557643	117778
27	Pension plan contributions	27			
28	Other employee benefits	28	81073	63176	17897
29	Payroll taxes	29	46944	36378	10441
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	25310	17915	4883
34	Telephone	34	18249	15840	1272
35	Postage and shipping	35	4800	3835	135
36	Occupancy	36	7700	6576	1124
37	Equipment rental and maintenance	37	5456	3133	2116
38	Printing and publications	38	12934	10842	358
39	Travel	39	18648	9588	9060
40	Conferences, conventions, and meetings	40			
41	Interest	41	3513	105	3408
42	Depreciation, depletion, etc (attach schedule)	42	144310	101040	43270
43	Other expenses not covered above (itemize) a	43a			
	b Attachment #1: PART II OTHER EXPENSES	43b	336651	243306	50500
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	1496393	1124672	310890

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? **IQ.PROMOTE COMMUNITY THROUGH MEDIA**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a Attachment #2: PROGRAM SERVICE ACCOMPLISHMENTS	
(Grants and allocations \$ _____)	
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1124672

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	55331	45	34933	
	46 Savings and temporary cash investments	250050	46	201853	
	47a Accounts receivable	62980			
	b Less allowance for doubtful accounts	5000	20593	47c	57980
	48a Pledges receivable	287305			
	b Less allowance for doubtful accounts			48c	287305
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	8100	53		
	54 Investments—securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment basis				
	b Less accumulated depreciation (attach schedule)			55c	
56 Investments—other (attach schedule)			56		
57a Land, buildings, and equipment basis	2621576				
b Less accumulated depreciation (attach schedule)	1192430	659464	57c	1429146	
58 Other assets (describe ▶ _____)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)	993538	59		2011217	
Liabilities	60 Accounts payable and accrued expenses	66793	60	108994	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b	138460	
	65 Other liabilities (describe ▶ _____)	3331	65		
66 Total liabilities (add lines 60 through 65)	70124	66		247454	
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	923414	67	1628763	
	68 Temporarily restricted		68	135000	
	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)	923414	73		1763763	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	993538	74		2011217	

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

Part VI Other Information (See page 28 of the 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
81a	b If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<input type="checkbox"/>	<input type="checkbox"/>
81a	Enter direct and indirect political expenditures See line 81 instructions . . . 81a _____	<input type="checkbox"/>	<input type="checkbox"/>
81b	b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
82b	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 _____	<input type="checkbox"/>	<input type="checkbox"/>
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	<input type="checkbox"/>	<input type="checkbox"/>
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<input type="checkbox"/>	<input type="checkbox"/>
85c	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	<input type="checkbox"/>	<input type="checkbox"/>
85d	c Dues, assessments, and similar amounts from members. 85c _____	<input type="checkbox"/>	<input type="checkbox"/>
85e	d Section 162(e) lobbying and political expenditures. 85d _____	<input type="checkbox"/>	<input type="checkbox"/>
85f	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e _____	<input type="checkbox"/>	<input type="checkbox"/>
85g	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f _____	<input type="checkbox"/>	<input type="checkbox"/>
85h	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g _____	<input type="checkbox"/>	<input type="checkbox"/>
85h	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 _____	<input type="checkbox"/>	<input type="checkbox"/>
86a	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12. 86a _____	<input type="checkbox"/>	<input type="checkbox"/>
86b	b Gross receipts, included on line 12, for public use of club facilities 86b _____	<input type="checkbox"/>	<input type="checkbox"/>
87a	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a _____	<input type="checkbox"/>	<input type="checkbox"/>
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b _____	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
89b	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89c	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
89d	d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
90a	List the states with which a copy of this return is filed ▶ <u>Michigan</u>	<input type="checkbox"/>	<input type="checkbox"/>
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b <u>35</u>	<input type="checkbox"/>	<input type="checkbox"/>
91	The books are in care of ▶ <u>linda gellasch</u> Telephone no ▶ (<u>616</u>) <u>459-4788</u> Located at ▶ <u>711 bridge nw grand rapids, MI</u> ZIP + 4 ▶ <u>49504</u>	<input type="checkbox"/>	<input type="checkbox"/>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 92 _____	<input type="checkbox"/>	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the 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 service fee revenue					276398
b concert series					55778
c class fees					29005
d contract revenue					659561
e facility usage					17280
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					12385
95 Interest on savings and temporary cash investments			14	4073	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	13200	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-5116	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	3359	
103 Other revenue a _____					
b other income			01	491	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				16007	1050407
105 Total (add line 104, columns (B), (D), and (E))					1066414

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 page 34 of the 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)
▼	Attachment #4: RELATIONSHIP ACTIVITIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the 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).

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.

Please Sign Here

Signature of officer: **CHUCK PETERSON, interim ed** Date: **Nov 10, 2005**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: **BEENE GARTER LLP** Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **50 Monroe Ave Nw Suite 600 Grand Rapids, MI 49503-26** EIN: _____

Preparer's SSN or PTIN (See Gen Inst W): _____

Check if self-employed: Phone no: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2004

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

GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER

Employer identification number

38 : 2386140

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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	1	✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

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

Provide the following information about the supported organizations (See page 5 of the instructions)

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28).	935746	1013384	1049406	1053985	4052521
16 Membership fees received	12175	11821	10884	12874	47754
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	293748	234963	179898	165129	873738
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	2429	3947	8322	8622	23320
19 Net income from unrelated business activities not included in line 18.		2326		12000	12862
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	68935	10999	14467		94401
23 Total of lines 15 through 22.	1312710	1277440	1261836	1252610	5104596
24 Line 23 minus line 17.	1018962	1042477	1081938	1087481	4230858
25 Enter 1% of line 23.	13127	12774	12618	12526	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . ▶				26a	84617
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶				26b	0
c Total support for section 509(a)(1) test. Enter line 24, column (e). ▶				26c	4230858
d Add Amounts from column (e) for lines 18 <u>23320</u> 19 <u>12862</u> 22 <u>94401</u> 26b <u>0</u> ▶				26d	130583
e Public support (line 26c minus line 26d total) ▶				26e	4100275
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶				26f	96.9136 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2003) _____ (2002) _____ (2001) _____ (2000) _____ 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 (2003) _____ (2002) _____ (2001) _____ (2000) _____ c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶				27c	
d Add Line 27a total, _____ and line 27b total, _____ ▶				27d	
e Public support (line 27c total minus line 27d total). ▶				27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e). . . ▶				27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶				27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . ▶				27h	%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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 page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
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— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is—	The lobbying nontaxable amount is—														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		✓	
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			

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

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2004

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER

Form 990 Page 2

38-2386140

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	\$102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$410,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see page 3 of the instructions.	5	
6 (a) Description of property		(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29		7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9 Tentative deduction Enter the smaller of line 5 or line 8.		9	
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562		10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13 Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 ▶		13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	144310

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 8 of the instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	144310
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)							25	
26 Property used more than 50% in a qualified business use (see page 8 of the instructions)								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions)								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1.							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1.								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles—See page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions)					
43 Amortization of costs that began before your 2004 tax year.					43
44 Total. Add amounts in column (f) See page 12 of the instructions for where to report.					44

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

Return: 990

OTHER EXPENSES

Statement: 1

Page 1 of 2

DESCRIPTION	OTHER EXPENSES	OTHER EXPENSES (PROGRAM)	OTHER EXPENSES (MANAGEMENT)	OTHER EXPENSES (FUNDRAISING)
CONTRACT LABOR	69814	50478	2336	17000
CONSULTING EXPENSE	2710	1210	1500	
FACILITY MAINTENANCE	10166	9933	233	
PRODUCTION EXPENSE	26182	24662	1170	350
STAFF AND BOARD DEVELOPMENT	3352	1436	1856	60
UTILITIES	34118	33203	890	25
BANK CHARGES AND FEES	8018	7437	571	10
INSURANCE	29434	28722	712	
MEALS AND ENTERTAINMENT	4788	2791	1677	320
MEMBERSHIP AND DUES	4527	1624	2653	250
MISCELLANEOUS	1080	1319		50
LICENSE AND PERMITS	1077	877	200	
PROFESSIONAL FEES	81378	11738	35532	34108
PROMOTIONS	3396	2226	1170	
CONCERT EXPENSE	41330	41330		

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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OTHER EXPENSES

Statement: 1

Page 2 of 2

DESCRIPTION	OTHER EXPENSES	OTHER EXPENSES (PROGRAM)	OTHER EXPENSES (MANAGEMENT)	OTHER EXPENSES (FUNDRAISING)
VEHICLE EXPENSE	2537	2537		
BAD DEBT	5971	15010		
MINOR EQUIPMENT PURCHASES	6773	6773		

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

Return: 990

Program Service Accomplishments

Statement: 2

Page 1 of 8

Grants:

Expenses: 725226

Description:

GRTV IS A PLACE WHERE ANYBODY CAN TAKE AN IDEA CREATE A VIDEO AND PUT IT ON TV FOR EVERYONE ELSE IN THE COMMUNITY TO ENJOY VIA NON-COMMERCIAL PUBLICACCESS TELEVISION STATIONS 25 AND LIVEWIRE 24 IF A CITIZEN PRODUCER DOES NOT HAVE THE MEANS TO MAKE A TV PROGRAM GRTV CAN HELP BY LENDING OUT TV MAKING TOOLS FOR FREE THIS INCLUDES A STUDIO EDIT ROOM PORTABLE EDITING LAPTOPCOMPUTERS CAMERAS MICROPHONES AND A MOBILE MEDIA TRUCK - AT NO COST LOW COST CERTIFICATION CLASSES ARE OFFERED AS TRAINING OPPORTUNITIES FOR USING THE EQUIPMENT IN ADDITION GRTV IS PURSUING OPPORTUNITIES WHERE YOUTH CAN COME TO GRTV FOR EDUCATIONAL AND FUN ACTIVITIES WHILE PRODUCING THEIR OWN TV SHOWS

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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Statement: 2

Program Service Accomplishments

Page 2 of 8

Grants:

Expenses: 195747

Description:

WYCE IS NON-COMMERCIAL LISTENER SUPPORTED COMMUNITY RADIO FOR WEST MICHIGAN FEATURING A FORMAT THAT IS PRIMARILY MUSIC ON 88.1 FM THE STATION PROGRAMMED BY 80 VOLUNTEERS ALSO OFFERS TRAINING OPPORTUNITIES IN RADIO PRODUCTION WYCE SUPPORTS THE LOCAL MUSICIAN COMMUNITY BY AIRING THEIR MUSIC PRESENTING THEM IN CONCERT AND HOLDING THE ANNUAL JAMMIE AWARDS AN EVENT CELEBRATING THE BEST LOCAL MUSICIANS THE STATION ALSO CULTIVATES THE LIVE-MUSIC SCENE BY BRINGING MANY OF THE ARTISTS HEARD ON THE STATION FOR CONCERTS IN A VARIETY OF LOCAL VENUES aDDITIONALLY WYCE SUPPORTS THE LOCAL NON PROFIT COMMUNITY BY PROVIDING PUBLIC SERVICE ANNOUNCEMENTS ON-AIR INTERVIEW OPPORTUNITIES MEDIA SPONSORSHIPS BENEFIT CONCERT SERIES AND SPONSORSHIP OF TWO ANNUAL BLOOD DRIVES IN THE COMMUNITY

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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Program Service Accomplishments

Statement: 2

Page 3 of 8

Grants:

Expenses: 114162

Description:

GRANDNET PROVIDES TECHNOLOGY SERVICES EXCLUSIVELY TO THE LOCAL NON-PROFITCOMMUNITY INCLUDING ON-SITE TECHNICAL SUPPORT WORKING WITHIN THE STRICT STANDARDS OF ACCOUNTABILITY NON-PROFIT ORGANIZATIONS REQUIRE POSITIONED TO OFFER THE BEST POSSIBLE IT CONSULTING AND WEBSITE DESIGN SERVICES AVAILABLE IN THE AREA

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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Program Service Accomplishments

Statement: 2

Page 4 of 8

Grants:

Expenses: 60880

Description:

WEALTHY THEATRE IS THE COMMUNITY MEDIA CENTERS HISTORIC VAUDEVILLE THEATRE BUILT IN 1911 THE COMMUNITY MEDIA CENTER ACQUIRED THE BUILDING IN 2005 FOR COMMUNITY PRESENTATIONS CONCERTS FILMS FORUMS PLAYS Etc

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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Program Service Accomplishments

Statement: 2

Page 5 of 8

Grants:

Expenses:

Description:

GRAND RAPIDS INSTITUTE FOR INFORMATION DEMOCRACY -GRIID- EDUCATES IN THE USE

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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Program Service Accomplishments

Statement: 2

Page 6 of 8

Grants:

Expenses:

Description:

OF COMMUNITY MEDIA CENTER RESOURCES TO CREATE AND DISTRIBUTE YOUR OWN MEDIA

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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Program Service Accomplishments

Statement: 2

Page 7 of 8

Grants:

Expenses:

Description:

MESSAGE GRIID ALSO HELPS TO UNDERSTAND THE SIGNIFICANCE AND POWER OF

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

Return: 990

Program Service Accomplishments

Statement: 2

Page 8 of 8

Grants:

Expenses: 28657

Description:

CREATING A MESSAGE THAT HAS A COMMUNITY IMPACT

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 3

Page 1 of 3

Name	Chuck Peterson	Hours/ week	40	Compensation	49932	Contributions to Benefit Plans	13034	Expense Account
Title:	interim ex director							
Address:	711 Bridge Nw Grand Rapids MI 49504							
Name	Dirk Koning	Hours/ week	40	Compensation	63339	Contributions to Benefit Plans	6816	Expense Account
Title:	executive dir dece							3200
Address:	711 Bridge Nw Grand Rapids MI 49504							
Name	Mark Smith	Hours/ week	1	Compensation	0	Contributions to Benefit Plans		Expense Account
Title:	president							
Address:	711 Bridge Nw Grand Rapids MI 49504							
Name	John Hartel	Hours/ week	1	Compensation	0	Contributions to Benefit Plans		Expense Account
Title:	vice president							
Address:	711 Bridge Nw Grand Rapids MI 49504							
Name	Steve Marshall	Hours/ week	1	Compensation	0	Contributions to Benefit Plans		Expense Account
Title:	treasurer							
Address:	711 Bridge Nw Grand Rapids MI 49504							
Name	Deb Wickersing	Hours/ week	1	Compensation	0	Contributions to Benefit Plans		Expense Account
Title:	secretary							
Address:	711 Bridge Nw Grand Rapids MI 49504							

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 3

Page 2 of 3

Name	John Schmit	Hours/ week	1	Compensation	0	Contributions to Benefit Plans	Expense Account
Title:	trustee						
Address:	711 Bridge Nw Grand Rapids MI 49504						
Name	Mary K Kelly	Hours/ week	1	Compensation	0	Contributions to Benefit Plans	Expense Account
Title:	trustee						
Address:	711 Bridge Nw Grand Rapids MI 49504						
Name	Jane Jarlsberg	Hours/ week	1	Compensation	0	Contributions to Benefit Plans	Expense Account
Title:	trustee						
Address:	711 Bridge Nw Grand Rapids MI 49504						
Name	Rick Chapla	Hours/ week	1	Compensation	0	Contributions to Benefit Plans	Expense Account
Title:	trustee						
Address:	711 Bridge Nw Grand Rapids MI 49504						
Name	Rick Nicholson	Hours/ week	1	Compensation	0	Contributions to Benefit Plans	Expense Account
Title:	trustee						
Address:	711 Bridge Nw Grand Rapids MI 49504						
Name	Lawrence Beery	Hours/ week	1	Compensation	0	Contributions to Benefit Plans	Expense Account
Title:	trustee						
Address:	711 Bridge Nw Grand Rapids MI 49504						

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 3
Page 3 of 3

Name	Beverly Wall	Hours/ week	1	Compensation	0	Contributions to Benefit Plans	Expense Account
Title:	trustee						
Address:	711 Bridge Nw Grand Rapids MI 49504						
Name	Jessica Gladden	Hours/ week	1	Compensation	0	Contributions to Benefit Plans	Expense Account
Title:	trustee						
Address:	711 Bridge Nw Grand Rapids MI 49504						
Name	Kim E Beyer	Hours/ week	1	Compensation	0	Contributions to Benefit Plans	Expense Account
Title:	trustee						
Address:	711 Bridge Nw Grand Rapids MI 49504						
Name	Louis Barnes Iii	Hours/ week	1	Compensation	0	Contributions to Benefit Plans	Expense Account
Title:	trustee						
Address:	711 Bridge Nw Grand Rapids MI 49504						
Name		Hours/ week		Compensation		Contributions to Benefit Plans	Expense Account
Title:							
Address:							
Name		Hours/ week		Compensation		Contributions to Benefit Plans	Expense Account
Title:							
Address:							

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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Relationship Activities

Statement: 4

Page 1 of 1

Line Number

Relationship Statement

93A	video production services internet setup and maintenance fees
93A	educational presentations
93b	concert programming is intended to develop access to artists
93C	classes held to show individuals how to operate tv equipment
93D	revenues for contracted services PROVIDED BY A CITY TO SUPPORT THE
93D	PUBLIC ACCESS CABLE STATION
93E	THEATRE USE FEE-VARIETY OF LOCAL MEDIA EVENTS ARE HELD AT THE THEATRE
94	assessing fees for use of facilities and equipment and for services
94	to help individuals DEVELOP MEDIA SKILLS

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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ACTIVITY NOT REPORTED

Statement: 5

Page 1 of 1

See part iii d grand rapids cable access center started the new program as described in part iii d

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

Return: 990

DEPRECIATION AND DEPLETION

Statement: 6

Page 1 of 1

DESCRIPTION	AMOUNT
OFFICE EQUIPMENT	35272
RADIO TOWER	6727
VEHICLES	14794
LEASEHOLD IMPROVEMENTS	32270
PRODUCTION EQUIPMENT	48016
BUILDING	7231

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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LAND SCHEDULE

Statement: 7

Page 1 of 1

Category or Item	Cost or Other Basis	Accumulated Depreciation	Book Value	EOY Fair Market Value
OFFICE EQUIPMENT	352070	211966	140104	
RADIO TOWER	114704	58415	56289	
VEHICLES	237367	218272	19095	
LEASEHOLD IMPROVEMENTS	623766	269109	354657	
PRODUCTION EQUIPMENT	522669	427437	95232	
BUILDING	551000	7231	543769	
land	220000		220000	

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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Statement: 8

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Sale of Other Assets

Asset Name	Date	How	Date	Purchaser Name
equipment	Acquired	Acquired	Sold	
	Jun 1997	PURCHASED	Jun 2005	

Purchaser Business Name:

Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net
	355124	350008		-5116

Asset Name	Date	How	Date	Purchaser Name
	Acquired	Acquired	Sold	

Purchaser Business Name:

Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net

Asset Name	Date	How	Date	Purchaser Name
	Acquired	Acquired	Sold	

Purchaser Business Name:

Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net

Asset Name	Date	How	Date	Purchaser Name
	Acquired	Acquired	Sold	

Purchaser Business Name:

Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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Support Schedule – Other Income Schedule

Other Income Description	2003	2002	2001	2000	Total
other income	7356	10999	14467		32822
GROSS SPECIAL EVENT REVENUE	61579				61579

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: GRAND RAPIDS CABLE ACCESS CENTER INC DBA COMMUNITY MEDIA CENTER **EIN:** 38-2386140

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SCHEDULE A SELF-DEALING COMPENSATION

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SEE 990/990EZ