

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

This Form is Open  
to Public Inspection

A For the 1995 calendar year, OR tax year period beginning 1995, and ending 19

B Check if:  
 Change of address  
 Initial return  
 Final return  
 Amended return (required also for late reporting)

C Name of organization: **INTERNET MULTICASTING SERVICE, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address): **31 MADISON STREET**  
 City, town, or post office, state, and ZIP code: **CAMBRIDGE, MA 02138**

Employer identification number: **52-1827912**

F Check  if exemption application is pending

G Type of organization:  Exempt under 501(c) ( **3** ) (insert number) OR  section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates?  Yes  No  
 (b) If "Yes," enter the number of affiliates for which this return is filed: \_\_\_\_\_  
 (c) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN): \_\_\_\_\_  
 J Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_

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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

**Part I Statement of Revenue, Expenses, and Changes in Net Assets**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	927,850.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 927,850. noncash \$ _____)		STMT 1	1d	927,850.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	
	6	Gross rents	6a		6a	
	b	Less: rental expenses	6b		6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe _____)			7		
8	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	8a		
b	Less: cost or other basis and sales expenses	8b		8b		
c	Gain or (loss) (attach schedule)	8c		8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d		
9	Special events and activities (attach schedule):					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		9a		
b	Less: direct expenses other than fundraising expenses	9b		9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c		
10	Gross sales of inventory, less returns and allowances	10a		10a		
b	Less: cost of goods sold	10b		10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
11	Other revenue (from Part VII, line 103)			11	11,883.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	939,733.	
Expenses	13	Program services (from line 44, column (B))		13	734,415.	
	14	Management and general (from line 44, column (C))		14		
	15	Fundraising (from line 44, column (D))		15		
	16	Payments to affiliates (attach schedule)		16		
	17	Total expenses (add lines 13 and 14, column (A))		17	917,896.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	21,837.	
	19	Net assets at beginning of year (from line 73, column (A))		19	208,733.	
	20	Other changes in net assets (attach explanation)		20		
	21	Net assets at end of year (combine lines 18, 19, and 20)		21		

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return.

Name: INTERNET MULTICASTING SERVICE, INC.
Employer identification number: 52 1827912
Number, street (or P.O. box no. if mail is not delivered to street address): 31 MADISON STREET
City, town, or post office, state, and ZIP code: CAMBRIDGE, MA 02138

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8738 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until 11/15, 19 96, to file (check only one):
Form 706-GS (D)
Form 706-GS (T)
[X] Form 990 or 990-EZ
Form 990-BL
Form 990-PF
Form 990-T (401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041 (estate)
Form 1041-A
Form 1042
Form 1120-ND (4951 taxes)
Form 3520-A
Form 4720
Form 5227
Form 6069
Form 8612
Form 8613
Form 8725
Form 8804
Form 8831

2a For calendar year 95, or other tax year beginning and ending
b If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period [X] Yes [ ] No
3 Has an extension of time been previously granted for this tax year? [ ] Yes [X] No

4 State in detail why you need the extension
AN ADDITIONAL EXTENSION OF TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. \$
b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$
c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. \$ N/A

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: Kimberly A. Harmon Title: Kimberly A. Harmon, CPA
SSN: 224-15-0364
3201 S. STAFFORD ST., #A-1 ARLINGTON, VA 22206
Date: 8/12/96

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved. Return the copy.

Notice to Applicant - To Be Completed by IRS

[ ] We HAVE approved your application. Please attach this form to your return.
[ ] We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
[ ] We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
[ ] We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
[ ] Other:

Director By: Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print Name: KIMBERLY A. HARMON, CPA
Number, street (or P.O. box no. if mail is not delivered to street address): 3201 S. STAFFORD ST., NO. A-1
City, town, or post office, state, and ZIP code: ARLINGTON, VA 22206

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return.

Name: INTERNET MULTICASTING SERVICE, INC.
Employer identification number: 52 1827912
Number, street (or P.O. box no. if mail is not delivered to street address): THE NATIONAL PRESS BUILDING, NO. 1155
City, town, or post office, state, and ZIP code: WASHINGTON, DC 20045

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8738 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until 08/15, 19 96, to file (check only one):
Form 706-GS (D)
Form 706-GS (T)
[X] Form 990 or 990-EZ
Form 990-BL
Form 990-PF
Form 990-T (401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041 (estate)
Form 1041-A
Form 1042
Form 1120-ND (4951 taxes)
Form 3520-A
Form 4720
Form 5227
Form 6069
Form 8612
Form 8613
Form 8725
Form 8804
Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year 95 or other tax year beginning and ending
b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
3 Has an extension of time been previously granted for this tax year? Yes [X] No

4 State in detail why you need the extension
THE FINANCIAL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits.
b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made.
c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required.

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.

224-15-0364
KIMBERLY A. HARMON, CPA
3201 S. STAFFORD ST., A-1
ARLINGTON, VA 22206

Signature: Kimberly A. Harmon CPA Title: Date: 5/8/96

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

We HAVE approved your application. Please attach this form to your return.
We HAVE NOT approved your application. However, we have granted a 10-day grace period from the date of the notice shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
Other:

IRS RECEIVED
MAY 14 1996
PSC #11A, PA 257

Joseph A. [Signature] Director By: 387 Date:

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print Name: KIMBERLY A. HARMON, CPA
Number, street (or P.O. box no. if mail is not delivered to street address): 3201 S. STAFFORD ST., NO. A-1
City, town, or post office, state, and ZIP code: ARLINGTON, VA 22206

APPROVED 3-MONTH EXTENSION GRANTED

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.			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	72,000.	5,760.	0.
26	Other salaries and wages	26	6,941.	555.	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	5,963.	477.	
30	Professional fundraising fees	30			
31	Accounting fees	31	8,428.	8,428.	
32	Legal fees	32	9,347.	9,347.	
33	Supplies	33			
34	Telephone	34	32,296.	32,296.	
35	Postage and shipping	35	11,811.	945.	
36	Occupancy	36	66,047.	66,047.	
37	Equipment rental and maintenance	37			
38	Printing and publications	38	14,112.	1,129.	
39	Travel	39	87,375.	6,990.	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	52,274.	52,274.	
43	Other expenses (itemize):				
a	_____	43a			
b	_____	43b			
c	_____				
d	_____				
e	<b>SEE STATEMENT 2</b>		551,302.	31,529.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 12-15	44	917,896.	734,415.	183,481.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  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		Program Service Expenses
What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a	ONLINE GOVERNMENT DATABASES-INVESTIGATION OF METHODS OF EFFICIENTLY POSTING AND ACCESSING KEY GOVERNMENT RESOURCES, SUCH AS THE PATENT OFFICE AND THE SEC. (Grants and allocations \$ _____)	244,805.
b	MEDIA AND THE INTERNET-RESEARCH IN REAL TIME MULTICAST TECHNOLOGIES FOR DELIVERY OF AUDIO AND VIDEO. (Grants and allocations \$ _____)	244,805.
c	INTERNET WORLD EXP0 - SEVENTY COUNTRY WORLD'S FAIR ENDORSED BY U.S. AND WORLD LEADERS. (Grants and allocations \$ _____)	244,805.
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)	734,415.

**Part IV Balance Sheets**

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
45	Cash - non-interest-bearing	8,171.	45,312.
46	Savings and temporary cash investments		
47 a	Accounts receivable		
b	Less: allowance for doubtful accounts		
48 a	Pledges receivable		
b	Less: allowance for doubtful accounts		
49	Grants receivable		
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		22,846.
51 a	Other notes and loans receivable		
b	Less: allowance for doubtful accounts		
52	Inventories for sale or use		
53	Prepaid expenses and deferred charges		
54	Investments - securities (attach schedule)		
55 a	Investments - land, buildings, and equipment: basis		
b	Less: accumulated depreciation (attach schedule)		
56	Investments - other (attach schedule)		
57 a	Land, buildings, and equipment: basis	264,868.	
b	Less: accumulated depreciation	100,589.	
58	Other assets (describe ► <b>PAYROLL TAX REFUND RECEIVABLE</b> )		129.
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>221,182.</b>	<b>232,566.</b>
60	Accounts payable and accrued expenses		
61	Grants payable		
62	Deferred revenue		
63	Loans from officers, directors, trustees, and key employees	12,449.	
64 a	Tax-exempt bond liabilities		
b	Mortgages and other notes payable		
65	Other liabilities (describe ► <b>PAYROLL W/H &amp; TAXES PAYABLE</b> )		1,996.
66	<b>Total liabilities (add lines 60 through 65)</b>	<b>12,449.</b>	<b>1,996.</b>
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted		
68	Temporarily restricted		
69	Permanently restricted		
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds	0.	0.
71	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.
72	Retained earnings, accumulated income, endowment, or other funds	208,733.	230,570.
73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)</b>	<b>208,733.</b>	<b>230,570.</b>
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	<b>221,182.</b>	<b>232,566.</b>

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

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

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

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

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CARL A. MALAMUD 31 MADISON STREET, CAMBRIDGE, MA	DIRECTOR 40+ HRS/WK	72,000.	0.	0.
STEPHANIE FAUL 4110 JENNIFER, NW, WASHINGTON, DC	DIRECTOR 0	0.	0.	0.
MARTIN LUCAS, ESQ. 307 LANE STREET, N. JUDSON, IN	DIRECTOR 0	0.	0.	0.
DR. ANNE-MARIE O'KEEFE, JD 9514 EDGELEY RD., BETHESDA, MD	DIRECTOR 0	0.	0.	0.
DR. MARSHALL T. ROSE 420 WHISMAN CT., MT. VIEW, CA	DIRECTOR 0	0.	0.	0.

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

**Part VI Other Information**

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III)	82b	250,000.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	Section 501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	Section 501(c)(7) organizations. - Enter:			
a	Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 a	Section 501(c)(12) organizations. - Enter: Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88		X
89	Public interest law firms. - Attach information described in the instructions.			
90	List the states with which a copy of this return is filed		DISTRICT OF COLUMBIA	
91	The books are in care of		CARL A. MALAMUD	
	Located at		31 MADISON STREET, CAMBRIDGE, MA	
	Telephone no		(617) 864-6017	
	ZIP Code		02138	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041, U.S. Income Tax Return for Estates and Trusts, check here			<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A	

**Part VII Analysis of Income-Producing Activities**

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) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
(a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
(f) _____					
(g) Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
a <b>SPEECHES</b>					11,883.
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		0.	11,883.
<b>105</b> TOTAL (add line 104, columns (B), (D), and (E))					11,883.

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**

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).
103A	SPEECHES - DIRECTLY RELATED TO PROMOTING THE INTERNET.

**Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)**

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

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: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's social security no. \_\_\_\_\_

Preparer's Use Only: Firm's name (or yours if self-employed) and address: **KIMBERLY A. HARMON, CPA**  
**3201 S. STAFFORD ST., A-1**  
**ARLINGTON, VA** ZIP code: **22206**



**SCHEDULE A  
(Form 990)**

**Organization Exempt Under 501(c)(3)**  
(Except Private Foundation), and Section 501(e), 501(f), 501(k), or Section 4947(a)(1)  
Nonexempt Charitable Trust  
**Supplementary Information**

OMB No. 1545-0047

**1995**

Department of the Treasury  
Internal Revenue Service

▶ Must be completed by the above organizations and attached to their Form 990 (or Form 990-EZ).

Name of the organization

**INTERNET MULTICASTING SERVICE, INC.**

Employer identification number  
**52 1827912**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>CARL A. MALAMUD</b> ----- 31 MADISON STREET, CAMBRIDGE, MA	40+ HRS/WK	72,000.	0.	0.
Total number of other employees paid over \$50,000 ▶	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>LUTHER BROWN, JR.</b> ----- 3181 APPLE RD., NE, WASHINGTON, DC	PROFESSIONAL	57,692.
<b>MARTIN LUCAS, ESQ.</b> ----- 307 LANE ST., NORTH JUDSON, IN	LEGAL	103,343.
Total number of others receiving over \$50,000 for professional services ▶	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the instructions to Form 990 (or Form 990-EZ).

Schedule A (Form 990) 1995

**Part III Statement About Activities**

		Yes
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. ▶ \$ _____ 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.	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:	
a	Sale, exchange, or leasing of property? _____	X
b	Lending of money or other extension of credit? _____	X
c	Furnishing of goods, services, or facilities? _____	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>SEE PART V, FORM 990</u>	X
e	Transfer of any part of its income or assets? _____ If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	X
4	Attach a statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)	

**Part IV Reason for Non-Private Foundation Status** (See instructions for definitions.)

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, page 4.)
- 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: (a) 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, and (b) 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. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions on page 4.)

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

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

Support Schedule (Complete only if you checked a box on lines 10, 11, or 12 above.) 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) 1994	(b) 1993	(c) 1992	(d) 1991	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	801,191.	316,550.			1,117,741.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
19					
21					
22					
23	801,191.	316,550.	0.	0.	1,117,741.
	801,191.	316,550.			1,117,741.
	8,012.	3,166.			

1 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	22,355.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1991 through 1994 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (a)	26c	1,117,741.
d Add: Amounts from column (a) for lines: 18 \$ _____ 19 \$ _____	26d	
22 \$ _____ 26b \$ _____	26e	1,117,741.
e Public support (line 26c minus line 26d total)	26e	1,117,741.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	100%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts, received in each year from each "disqualified person." Enter the sum of such amounts for each year. N/A	(1994)	(1993)	(1992)	(1991)	
For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, b 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.) 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: N/A	(1994)	(1993)	(1992)	(1991)	
c Add: Amounts from column (a) for lines: 15 \$ _____ 16 \$ _____	17 \$ _____	20 \$ _____	21 \$ _____	27c	N/A
d Add: Line 27a total \$ _____ and line 27b total \$ _____				27d	
e Public support (lines 27c, total minus line 27d total)				27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	\$	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g		N/A	%	
h Investment income percentage (line 18 column (a) (numerator) divided by line 27f (denominator))	27h		N/A	%	

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1991 through 1994, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

NONE

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 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.)

\_\_\_\_\_

\_\_\_\_\_

- 34 a 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 .....

		Yes	No
29			
30			
31			
32a			
32b			
32c			
32d			
33a			
33b			
33c			
33d			
33e			
33f			
33g			
33h			
34a			
34b			
35			

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here  a If the organization belongs to an affiliated group.  
 Check here  b If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
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 -		
	<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
	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, file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 1995	(b) 1994	(c) 1993	(d) 1992	(e) Total
45	Lobbying nontaxable amount .....				0.
46	Lobbying ceiling amount (150% of line 45(e)) .....				0.
47	Total lobbying expenditures .....				0.
48	Grassroots nontaxable amount .....				0.
49	Grassroots ceiling amount (150% of line 48(e)) .....				0.
50	Grassroots lobbying expenditures .....				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers .....
- b Paid staff or management (include compensation in expenses reported on lines c through h) .....
- c Media advertisements .....
- d Mailings to members, legislators, or the public .....
- e Publications or published or broadcast statements .....
- f Grants to other organizations for lobbying purposes .....
- g Direct contact with legislators, their staffs, government officials, or a legislative body .....
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....
- i Total lobbying expenditures (add lines c through h) .....

Yes	No
	0.

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



FORM 990 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1  
 INCLUDED ON PART I, LINE 1D

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	AMOUNT
AT&T BELL LABS.	101 CRAWFORDS CORNER RD., HOLMDEL, NJ 07733	5,699.
	OLD ORCHARD RD., ARMONK, NY 10504	100,000.
JAPAN WIDE RESEARCH CONSORTIUM	KEIO UNIVERSITY, SOUTH FUJISAWA CAMPUS, JAPAN	50,000.
NATIONAL BROADCASTING CO., INC.	30 ROCKEFELLER PLAZA, NY, NY 10112	50,000.
SOFTBANK (ZIFF DAVIS)	303 VINTAGE PARK DR., FOSTER CITY, CA	104,738.
UUNET COMM. SERVICES	31 MADISON ST., CAMBRIDGE, MA 02138	200,000.
SUN MICROSYSTEMS	2550 GARCIA AVE., MT. VIEW, CA	100,000.
BAY NETWORKS, INC.	4401 GREAT AMERICA PARKWAY, SANTA CLARA, CA	100,000.
CISCO SYSTEMS	170 WEST TASMAN DR., SAN JOSE, CA	20,000.
	2100 RESTON PARKWAY, RESTON, VA 22091	150,000.
NEW YORK UNIV.	44 W 4TH ST., STE. 9-82, NY, NY 10012	41,200.
DR. ERNEST MALAMUD	3S710 RIVER RD., WARRENVILLE, IL 60555	5,000.

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FORM 990 OTHER EXPENSES STATEMENT 2

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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	334.		334.	
BOOKS	100.		100.	
COMMUNICATIONS	6,000.	6,000.		
COMPUTER	25,916.	23,843.	2,073	
CONTRACTORS	382,270.	382,270.		
DATA	95,300.	95,300.		
DUES & PUBLICATIONS	1,215.		1,215.	
INSURANCE	2,609.		2,609.	
MISCELLANEOUS	5,643.		5,643.	
OFFICE EXPENSES	7,681.		7,681.	
PARKING	439.		439.	
PROFESSIONAL SERVICES	16,253.	7,186.	9,067.	
UTILITIES	572.		572.	
SERVICES	250.	230.	20.	
SOFTWARE	1,346.		1,346.	
SOUND	5,374.	4,944.	430.	
<b>TOTAL TO FM 990, LN 43</b>	<b>551,302.</b>	<b>519,773.</b>	<b>31,529</b>	

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FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
PART III

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## EXPLANATION

DEVELOPMENT OF GLOBAL MULTIMEDIA SERVICE PROVIDING PUBLIC, TECHNICAL,  
AND EDUCATIONAL INFORMATION OVER THE INTERNET FOR PUBLIC BENEFIT.