Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A Fo	r the	e 2022 cal	endar year, or tax year beginning	<u> </u>	and ending						
B Check if a		pplicable:	C Name of organization MULTICULTURAL MEDIA, TELECOM & INTERNET					D Emplo	oyer identif	ication n	umber
			COUNCIL								
Address change		s change	Doing business as					52-1880677			
Ш'	Name o	change					iite	E Telephone number			
\rightarrow	Initial r		1250 CONNECTICUT AVE. NW, 7TH FLOOR City or town, state or province, country, and ZIP or foreign postal code					(202	2)261-	6543	
		eturn/terminated						G Gross receipts \$			
\perp		ation pending	WASHINGTON, DC 20036						1,	708,8	11.
	Applica		Name and address of principal officer: ROBERT E. BRANSON PRES. & C					I(a) Is this a group return for subordinates?		Yes	X No
			1250 CONNECTICUT AVE	. NW, 7TH, WASHINGTO	N, DC 20	0036	H(b) Are al		tes included?	Yes	No
I T	ax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "	No," attac	h a list. See i	nstructions.	
J W	/ebsi	te: WV	WW.MMTCONLINE.ORG				H(c) Group	exemptio	on number		
K F	orm (of organization	on: X Corporation Trust	Association Other	L Ye	ear of forma	tion: 1994	4 M Sta	ate of legal	domicile:	DC
Pai	rt I	Summ	nary								
	1	Briefly describe the organization's mission or most significant activities: THE COUNCIL IS DEDICATED TO PROMOTING AND									
မွ		PRESERVING EQUAL OPPORTUNITY AND CIVIL RIGHTS IN THE MASS MEDIA, TELE-									
Governance	COMMUNICATIONS & BROADBAND INDUSTRIES AND CLOSING THE DIGITAL DIVIDE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its new continued.										
Je I										its net assets.	
g ဗ	3	Number of				3		14			
			f independent voting members of t						4		14
Activities &		Total num				5		6			
Ξ					• • –	6		<u>_</u>			
Act		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12							'a		
		b Net unrelated business taxable income from Form 990-T, Part I, line 11							b		
-		NCC UITICIE	ated business taxable income from	i omi 550-1,1 arti, ilie 11			Prior Ye			urrent Y	ear
	8	Contributions and grants (Part VIII. line 1b)								1,219	
ne	9		tributions and grants (Part VIII, line 1h)					1,515,355.			
Revenue				nes 3, 4, and 7d)				394,550.			,325.
						35,933.				,017.	
	11			Sd, 8c, 9c, 10c, and 11e) equal Part VIII, column (A), line 12)			NONE			1 (()	NONE
_	12			1,945,838.			1,669				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)					NONE			109	,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					NONE 810,067.				NONE
Se (911	,923.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)					. NONE				NONE
Ä			Iraising expenses (Part IX, column (
_ .				a-11d, 11f-24e)			433,075.			427,097.	
		Total expe	enses. Add lines 13-17 (must equal	l Part IX, column (A), line 25)			1,243,142.			1,448,020.	
	19	Revenue I	ss expenses. Subtract line 18 from line 12				702,696.			221,622.	
SOL						Begir	nning of Cur	rrent Yea	ar E	End of Yea	ar
Net Assets or Fund Balances	20		ets (Part X, line 16)				2,287,561.			2,175	,293.
걸	21		lities (Part X, line 26)				734	4,349).	493	<u>,860.</u>
		Net assets	s or fund balances. Subtract line 21	from line 20	<u> </u>		1,553	3,212	١.	1,681	,433.
Par	t II	Signat	ture Block								
Unde	er per	nalties of pe	rjury, I declare that I have examined th plete. Declaration of preparer (other than	is return, including accompanying so	hedules and s	tatements,	and to the b	pest of m	ny knowled	ge and b	elief, it is
True,		ct, and com	piete. Deciaration of preparer (other than	Tomcer) is based on an imormation of	willon prepar	ei ilas ally k	Trowledge.				
٥.											
Sign		Signature of	gnature of officer					Э			
Here	•										
		Type or prir	nt name and title								
		Print/Type	preparer's name	Preparer's signature	Date		Check	k if	PTIN		
Paid					111	15/202		mployed		37270	
Prepa		Firm's name CPODSKY CADOPPINO & KAHEMAN LID					Firm's EIN 46-2774291				
Use (Jnly	Firm's add	•	GLE, SUITE 110 JERICHO, NY 11	 L753		Phone no.		516-8		 59
Mav	the		iss this return with the prepare						x	Yes	No
			uction Act Notice, see the separat								0 (2022)