Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2017 calendar year, or tax year beginning and ending	9	
В	Check if applicable	C Name of organization	D Employer identif	ication number
	Addres	ALLIED MEDIA PROJECTS, INC.		
	Name change		01-0	559608
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone numbe	er
	Final return/	1126 TUTON CODEET	(313	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,125,277.
	Ameno	DEIROII, MI 40201	H(a) Is this a group r	
	Applic tion pendir		for subordinate	—
		SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
		empt status: X 501(c)(3) 501(c) ()		a list. (see instructions)
		e: ALLIEDMEDIA. ORG	H(c) Group exemption	
			Year of formation: 2001	M State of legal domicile: M 1
P	art I	Summary		, OE
Se	1	Briefly describe the organization's mission or most significant activities: TO SUPPOMEDIA-BASED ORGANIZING MODELS.	OKI THE GROWIN	l Or
nan	1 .	Check this box if the organization discontinued its operations or disposed of	mara than OEO/ of its not a	an ata
ver		Number of voting members of the governing body (Part VI, line 1a)		6
ၓ		Number of voting members of the governing body (Part VI, line 1b)		6
Š		Total number of individuals employed in calendar year 2017 (Part V, line 2a)	······	19
jŧį.		Total number of volunteers (estimate if necessary)		250
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34	•	0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	2,178,071.	
ent	1	Program service revenue (Part VIII, line 2g)	512,739.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,894.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,693,704.	4,125,277. 384,303.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	743,720.	-
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per	b.	Total fundraising expenses (Part IX, column (D), line 25) 217,119.		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,526,231.	2,090,267.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,498,242.	3,495,050.
	1	Revenue less expenses. Subtract line 18 from line 12	195,462.	630,227.
Net Assets or Find Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	1,740,762.	2,415,421.
A A	21	Total liabilities (Part X, line 26)	142,166.	
		Net assets or fund balances. Subtract line 21 from line 20	1,598,596.	2,228,823.
	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	•	ly knowledge and belief, it is
uut	, correc	t, and complete. Deciaration of preparer (other than officer) is based on an information of which pre	Parer has any knowledge.	
e:	<u> </u>	Signature of officer	I Date	
Sig He		JEANETTE LEE, EXECUTIVE DIRECTOR		
116	•	Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	MICHAEL B. BOISVENU	if self-emplo	P01355707
Pre	parer	Firm's name BOISVENU & COMPANY, P.C.	Firm's EIN	38-2857129
Use	Only	Firm's address 30600 TELEGRAPH ROAD, SUITE 1300		
		BINGHAM FARMS, MI 48025	Phone no. (2	48)647-7200
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ALLIED MEDIA PROJECTS CULTIVATES MEDIA STRATEGIES FOR A MORE JUST,
	CREATIVE, AND COLLABORATIVE WORLD. WE SERVE A NETWORK OF MEDIA MAKERS,
	ARTISTS, EDUCATORS, AND TECHNOLOGISTS WORKING FOR SOCIAL JUSTICE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	2.000.425
	THROUGH THE ANNUAL ALLIED MEDIA CONFERENCE WE INNOVATE AND EXCHANGE
	MODELS FOR USING MEDIA FOR TRANSFORMATIVE SOCIAL CHANGE. OUT OF THE
	CONFERENCE EMERGE NEW PROJECTS, CAMPAIGNS, AND COLLABORATIONS THAT
	CONTINUE YEAR ROUND. THROUGH OUR SPONSORED PROJECTS PROGRAM, AMP OFFERS
	THESE PROJECTS ACCESS TO A RANGE OF SUPPORTIVE SERVICES INCLUDING
	FISCAL MANAGEMENT, PROJECT PLANNING, FUNDRAISING SUPPORT, AND
	COMMUNICATIONS STRATEGY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Librarius 9 Incidents 9 Inc
4c	(Code:) (Expenses \$
	/ (Linkships of the state of th
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3,060,435.
	Form 990 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ا ۔۔
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			ا ۔۔
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ \ •
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			\ \ •
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ _V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			. v
	complete Schedule G, Part III	19		X

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule If 20b If 1 Yes 1 one 20a, of the organization acts or copy of its audited inancial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or somestic government on Part IX, column (A), intel 1 If "Yes," complete Schedule I, Part I and If 2 If "Parts I and If If 2 If "Parts I If 2 If If If 2 If If 2 If If If 2 If If 2 If If If 2 If If If 2 If If If 2 If If If If 2 If				Yes	No
21 bill the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 27 if Yes, "complete Schedule I, Parts I and III 22 X 24 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 if Yes, "complete Schedule I, Parts I and III 22 X 24 Did the organization never Yes* to Part XI is extent in A III and III 24 X 25 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, "answer lines 24b through 24d and complete Schedule V. If Yes," to part VI is exempted by the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, "answer lines 24b through 24d and complete Schedule V. If Yes," to the Very Interest Ve	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and injected compensated employees If "Yes," complete Schedule I Part IV II and IV II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I" No. 17, go to line 25a	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III 2 22 IX 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III list of the organization have a tax-exempt bord issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If I'm is 25 is a list of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b IV 25 ID the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c ID the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds 20 (1)(24), 501(24), and 501(c)(29) organizations. Did the organization eages in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I I 25a Section 501(24), 501(24), and 501(c)(29) organizations. Did the organization eages in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I I 25b IX Is the organization was not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II 25b IX IV III IN		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If "No", go to line 25s 24a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Docomber 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person on in a prior year, and that the transaction was not been reported on any of the organization of the organization of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 28 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former formers, differiors, director, trustees, levy employees, indigent or any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). 29 A Current or former officer, director, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule I, Part IV instructions? If "Yes," complete Schedule I, Part IV instr	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', 'go to line 25a 24b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit and that the transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b			23		X
Schedule K. If "No"; go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Se," complete Schedule L, Part I 25a X 25b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E7/If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee; substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV b A family or director or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV d) Did the organization releve more than \$250,000 in non cash contributions of "I"Yes," complete Schedule L, Part II 14 (1	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d					
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any tax-exempt bonds? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I			24b		
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 25a X 25b Is the organization avance that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 LA family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 LA carrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 LA can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 LA can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 LA can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 LA can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 LA can entity of which a current or former officer, director, trustee, or key employee					
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sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b 3 35b 3 35b 3 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35b 3 36 If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Y 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			34		Х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36					
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			35b		
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			36		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part V					Ш
			1 2 4		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	134 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and recombline) winnings to prize winners?			4.		
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I I		1c		
Za		2a	19			
h	filed for the calendar year ending with or within the year covered by this return			2b	Х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction			20		
32	D. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		T T	0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial	-		4a		х
b	If "Yes," enter the name of the foreign country:	accounty.				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (F	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer		T T	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		T T	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t		Ī			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provid	led to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		1	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		T T	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		T T	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
_				8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100				
''	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?		ľ	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	 				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Ганна	990	(0017

732005 11-28-17

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b		X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х				
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37				
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	Х				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v			
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401					
800	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17 10	List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an erganization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)/3)s only of	wailah	lo.				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	ıvallaD	ii C				
	X Own website X Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial				
13	statements available to the public during the tax year.	midil	oiai				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:						
	MICHAEL MEDOW - (313) 718-2267						
	4126 THIRD STREET, DETROIT, MI 48201						

Form **990** (2017)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Compension of the organization (W-2/1099-MISC) Compension of the organization (W-2	(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
1		(list any hours for related organizations below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	High est compensated amployee	-ormer	the	organizations	compensation from the organization and related organizations
(2) EMI KANE		2.00					_			_	
X X X X X X X X X X			X		X				0.	0.	0
(3) SASHA COSTANZA-CHOCK PREASURER (4) CEZANNE CHARLES SECRETARY (5) GARLIN GILCHRIST, II DIRECTOR (6) ALICIA ALVAREZ DIRECTOR (7) JEANETTE L. LEE 2.00 X X X 0. 0. 0. 0. 0. 0. 0.		2.00	١								
X X X X X X X X X X		2 00	X		X				0.	0.	0
(4) CEZANNE CHARLES SECRETARY (5) GARLIN GILCHRIST, II DIRECTOR (6) ALICIA ALVAREZ DIRECTOR (7) JEANETTE L. LEE 2.00 X X 0. 0. 0. 0. 0. 0. 0. 0		2.00	↓		v					_	, ا
X X 0.		2 00	Δ		Δ				0.	0.	0
(5) GARLIN GILCHRIST, II DIRECTOR (6) ALICIA ALVAREZ DIRECTOR (7) JEANETTE L. LEE 2.00 X 0. 0. 0. 0.		2.00	v		Y		1		0	<u> </u>	C
DIRECTOR		2.00	122		12					•	
(6) ALICIA ALVAREZ DIRECTOR (7) JEANETTE L. LEE (8) 0. (9) 0.		2.00	x						0.	0.	(
DIRECTOR		2.00								•	
			x						0.	0.	(
EXECUTIVE DIRECTOR X 67,319. 0. 5,1	(7) JEANETTE L. LEE	50.00									
	EXECUTIVE DIRECTOR				Х				67,319.	0.	5,150
			$\frac{1}{1}$								
			$\frac{1}{1}$								
			\vdash		_			_			
			-								

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both ar) than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation	, T	(F) Estimate amount			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer B	Key employee	Highest compensated http://demail.com/varee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS6		other compensation from the organization and related organizations		
				4	9								
1b Sub-total								67,319.		0.		5,15	50.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							ho r	67,319. eceived more than \$100	,000 of reportable	0.		5,1	
compensation from the organization											П	Yes	0 N o
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J t	for such individual			4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-		elat	ed organization or indivi	dual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of comp	pensa	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	rithir 	n the organization's tax y	year.		(C	:)	
Name and business	address	N	ONE	3				Description of s	ervices	Co		nsation	1
Total number of independent contractors (i \$100,000 of compensation from the organic)	-	ot li	mite	d to		se li:	stec	d above) who received m	nore than				
<u>-</u>										F	Form 9	990 (2	2017)

	rt VII	II Statement of Revenue	III INCOLOID	, 11101		01 0333	ooo rage o
			nno or noto to any li	no in this Dort VIII			
		Check if Schedule O contains a response	nise or note to any ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f REGISTRATION & PROGRA	3,518,985. Business Code 611420	3,518,985.	602,483.		
		Total. Add lines 2a-2f		602,483.			
	3 4 5	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt be Royalties	nterest, and ond proceeds	3,809.			3,809.
	С	Less: rental expenses Rental income or (loss)					
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securit					
Other Revenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (no including \$	>				
Other F	С	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising eve Gross income from gaming activities. See Part IV, line 19	b				
	С	Less: direct expenses Net income or (loss) from gaming activitie Gross sales of inventory, less returns and allowances	b				
	С	Less: cost of goods sold Net income or (loss) from sales of invento Miscellaneous Revenue	. b				
	11 a b c d						
		Total. Add lines 11a-11d Total revenue. See instructions.	•	4,125,277.	602,483.	0.	3,809.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
- Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	204 202	204 202		
	and domestic governments. See Part IV, line 21	384,303.	384,303.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	72 460	26 224	7 247	20 000
	trustees, and key employees	72,469.	36,234.	7,247.	28,988
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	770 561	F01 01F	141 200	115 064
7	Other salaries and wages	778,561.	521,915.	141,382.	115,264
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00 416	61 506	16 560	11 211
9	Other employee benefits	92,416. 77,034.	61,506.	16,569. 13,489.	14,341
10	Payroll taxes	//,034.	50,596.	13,489.	12,949
11	Fees for services (non-employees):				
а	Management				
b					
	Accounting				
d	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	` '	1 102 760	1 072 422	12 170	10 150
	column (A) amount, list line 11g expenses on Sch O.)	1,103,760.	1,073,432.	12,170.	18,158
12	Advertising and promotion	38,719.	25 420	6 700	<i>6</i>
13	Office expenses	183,337.	25,430. 164,087.	6,780. 9,166.	6,509 10,084
14	Information technology	103,33/•	104,00/.	9,100.	10,004
15	Royalties	65,715.	58,815.	3,286.	3,614
16	Occupancy	286,889.		3,200.	3,014
17	Travel	400,009.	286,889.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10/ 056	101 056		
19	Conferences, conventions, and meetings	184,956.	184,956.		
20	Interest				
21	Payments to affiliates	14,438.	12,922.	722.	794
22	Depreciation, depletion, and amortization	14,430.	14,344.	144.	194
23	Other evenesses Itemize evenesses not severed				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) ACTIVITIES & MATERIALS	174,273.	174,273.		
a b	PRINTING	38,180.	25,077.	6,685.	6,418
		30,100	23,0110	0,003.	0,410
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,495,050.	3,060,435.	217,496.	217,119
26	Joint costs. Complete this line only if the organization	-, -20,000	-,,		==:,==3
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
72201	0 11-28-17				Form 990 (2017

Part X Balance Sheet

ı uı	πX	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	135,613.	1	132,998.		
	2	Savings and temporary cash investments			1,384,953.	2	2,199,879.
	3	Pledges and grants receivable, net			1=0 ==0	3	
	4	Accounts receivable, net			178,559.	4	56,721.
	5	Loans and other receivables from current and for	rmer o	fficers, directors,			
		trustees, key employees, and highest compensa	ated en	nployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		` ` ` `			
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			7		
٩	8	Inventories for sale or use		4.6.000	8	10.00	
	9	Prepaid expenses and deferred charges			16,908.	9	13,063.
	10a	Land, buildings, and equipment: cost or other		150 130			
		basis. Complete Part VI of Schedule D	10a	158,139.	01 464		0 405
	b	Less: accumulated depreciation		148,644.	21,464.	10c	9,495.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			2 265	14	2 265
	15	Other assets. See Part IV, line 11			3,265.	15	3,265.
	16	Total assets. Add lines 1 through 15 (must equa			1,740,762.	16	2,415,421.
	17	Accounts payable and accrued expenses	142,166.	17	186,598.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former					
bilid		key employees, highest compensated employee	1				
Lia		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		T T		24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines	,				
				•		25	
	26	T. 12 122 A 112 474 105			142,166.	26	186,598.
	20	Organizations that follow SFAS 117 (ASC 958		k here X and	112/1000	20	200/3301
s		complete lines 27 through 29, and lines 33 an		Kiloro P Land			
JCe	27	Unrestricted net assets			418,746.	27	623,906.
Fund Balances	28	Temporarily restricted net assets			1,179,850.	28	1,604,917.
ЯB	29	Permanently restricted net assets	, -,	29	, , , , ,		
<u>.</u>		Organizations that do not follow SFAS 117 (A					
or F		and complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,598,596.	33	2,228,823.
	34	Total liabilities and net assets/fund balances			1,740,762.	34	2,415,421.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,12					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	3,49	5,0 0,2				
3									
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	2	2,22	8,8	23.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D .						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit						
	Act and OMB Circular A-133?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	ıdit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ALLIED MEDIA PROJECTS, INC. 01-0559608 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	666,844.	982,674.	1739145.	2178071.	3518985.	9085719.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	666 011	000 654	4500445	04.50.54	254225	0005540
4	Total. Add lines 1 through 3	666,844.	982,674.	1739145.	2178071.	3518985.	9085719.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						4405460
	column (f)						4195168.
	Public support. Subtract line 5 from line 4.						4890551.
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2013 666, 844.	(b) 2014 982,674.	(c) 2015 1739145.	(d) 2016 2178071.	(e) 2017 3518985.	(f) Total 9085719.
	Amounts from line 4	000,044.	902,074.	1/39145.	21/00/1.	3310903.	9005719.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	363.	490.	1,782.	2,894.	3,809.	9,338.
_	and income from similar sources	303.	490.	1,704.	2,094.	3,003.	9,330.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	·						
11	assets (Explain in Part VI.)						9095057.
12	Gross receipts from related activities,	etc (see instructi	one)			12 2	,042,788.
13						L .	702277000
	organization, check this box and stop						
Se	ction C. Computation of Publ						
14	Public support percentage for 2017 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	53.77 %
	Public support percentage from 2016					15	47.12 %
	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			► X
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		and see instruction	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(6) 2015	(4) 2016	(a) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
'	membership fees received. (Do not						
	. ,						
•	include any "unusual grants.")		+				
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			_			
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						1
	endar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
		· ·				. , . ,)
Se	ction C. Computation of Publi						,
15	Public support percentage for 2017 (li	ne 8. column (f) c	divided by line 13.	column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					1	
17						17	%
						18	%
	18 Investment income percentage from 2016 Schedule A, Part III, line 17						
.50	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2016. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	a.c .caaddom n and organization	. ala liot officer a	~ ~ ~ ~ · · · · · · · · · · · · · · · ·	, J. 100, OHOOK L	2011 4114 300 111		

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Pai	t IV S	Supporting Organizations (continued)			
				Yes	No
11	Has the	organization accepted a gift or contribution from any of the following persons?			
а	A perso	n who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, t	he governing body of a supported organization?	11a		
b	A family	member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B.	Type I Supporting Organizations			
		ŗ		Yes	No
1		directors, trustees, or membership of one or more supported organizations have the power to			
		proposition appoint at least a majority of the organization's directors or trustees at all times during the			
	-	? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		ed the organization's activities. If the organization had more than one supported organization,			
		e how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
_		tions and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		organization operate for the benefit of any supported organization other than the supported			
	•	ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
800		red, or controlled the supporting organization.	2		
Sec	uon C.	Type II Supporting Organizations		V	Na
	Moro o	majority of the expenientian's divertors by twisters duving the tay year also a majority of the divertors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		gement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sec		All Type III Supporting Organizations	•		<u> </u>
		The type in capperaing enganizations		Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiza	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were ar	y of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiza	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the orga	nization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason	on of the relationship described in (2), did the organization's supported organizations have a			
	significa	nt voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ed organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		he box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
а		ne organization satisfied the Activities Test. Complete line 2 below.			
b		ne organization is the parent of each of its supported organizations. Complete line 3 below.		. 1	
C		ne organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		NI -
2		s Test. Answer (a) and (b) below.		Yes	No
а		stantially all of the organization's activities during the tax year directly further the exempt purposes of corted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		upported organizations and explain how these activities directly furthered their exempt purposes,			
		organization was responsive to those supported organizations, and how the organization determined			
		se activities constituted substantially all of its activities.	2a		
b		activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
-		rganization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		for the organization's position that its supported organization(s) would have engaged in these			
		but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		of each of the supported organizations? Provide details in Part VI.	За		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		pported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	¹t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must com-	nplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιν	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total a	annual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provid	de details in Part VI). See instructions.			
9	Distrib	utable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	utable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able ca	ause required- explain in Part VI). See instructions.			
3	Excess	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i		over from 2012 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib line 7:	utions for 2017 from Section D,			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5	Remai	ning underdistributions for years prior to 2017, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Remai	ning underdistributions for 2017. Subtract lines 3h			
	and 4b	o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions.			
7	Exces	s distributions carryover to 2018. Add lines 3j			
	and 4d				
8		down of line 7:			
		s from 2013			
		s from 2014			
		s from 2015			
		s from 2016			
е	Excess	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

ALLIED MEDIA PROJECTS, INC.

01-0559608

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

ALLIED MEDIA PROJECTS, INC.

01-0559608

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATHAN CUMMINGS FOUNDATION 475 TENTH AVENUE, 14TH FLOOR NEW YORK, NY 10012	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$850,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KRESGE FOUNDATION 3215 W. BIG BEAVER ROAD TROY, MI 48084	\$166,250 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	KNIGHT FOUNDATION 440 BURROUGHS ST #380 DETROIT, MI 48202	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MIAMI FOUNDATION 40 NW 3RD STREET, SUITE 305 MIAMI, FL 33128	\$ 157,964.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PROTEUS FUND 15 RESEARCH DRIVE AMHERST, MA 01002	\$ <u>123,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ALLIED MEDIA PROJECTS, INC.

01-0559608

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4 ARTPLACE AMERICA, LLC	Total contributions	Person X Payroll		
	195 MONTAGUE ST., ROOM 1211 BROOKLYN, NY 11201	\$ 250,000.	Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN 333 W. FORT STREET, STE. 2010 DETROIT, MI 48226	\$ 219,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	CALIFORNIA WELLNESS FOUNDATION 515 S. FLOWER STREET, SUITE 1100 LOS ANGELES, CA 90071	\$ 200,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	CEL EDUCATION FUND 1330 BROADWAY, 3RD FLOOR OAKLAND, CA 94612	\$ 99,675.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	MACARTHUR FOUNDATION 140 S. DEARBORN STREET, #1200 CHICAGO, IL 60603	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	NEW ECONOMY INITIATIVE 333 WEST FORT STREET, SUITE 2010 DETROIT, MI 48226	\$ 102,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

ALLIED MEDIA PROJECTS, INC.

01-0559608

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization				Employer identification number	er	
ALLTED	MEDIA PROJECTS, INC.			01-0559608		
Part III	Exclusively religious, charitable, etc., con	tributions to organizations desc	ribed in section	501(c)(7), (8), or (10) that total more than \$1,00	0 for	
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	COIUMNS (a) IMFOUGH (e) and IMB is, charitable, etc., contributions of \$1,	000 or less for the	III y. For organizations vear. (Enter this info. once.)		
- () NI	Use duplicate copies of Part III if addition					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
:			:			
-		(e) Transfer o	of gift			
	Transferee's name, address, a			ationship of transferor to transferee		
-						
(a) Na						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-						
-		(e) Transfer of	of gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
-	,			·		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			-			
_						
	(e) Transfer of gift					
_	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee		
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-						
-						
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee		
-						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALLIED MEDIA PROJECTS, INC.

Employer identification number 01-0559608

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	_		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Pai				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e		orically important land area	
	Protection of natural habitat	Preservation of a cer	tified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last	
	day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re-			
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?	Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year	
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?		Yes	
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	e statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for	
_	conservation easements.			
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.	
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,	
	the text of the footnote to its financial statements that descri	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ıblic service, provide the following amounts	
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical tre		al gain, provide	
	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1			
h	Assets included in Form 990, Part X		\$	

732051 10-09-17

Schedule D (Form 990) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	dule D (Form 990) 2017 ALLIED	MEDIA PROJ	ECTS, IN	C.		01-05	59608	} P:	age 2
	rt III Organizations Maintaining C				Other S				<u></u>
3	Using the organization's acquisition, accessi								 1S
	(check all that apply):	,	,	3	3				
а	Public exhibition	c	Loan or	exchange programs					
b	Scholarly research	e		0.0					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how thev furth	er the organization's	exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma		,	*			Yes		No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa		· ·			, ,	,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribu	tions or other assets	s not incl	uded			
	on Form 990, Part X?						Yes		□No
b	If "Yes," explain the arrangement in Part XIII								
	, ,	•	Ü		Γ		Amount		
С	Beginning balance				F	1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					•	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanation has b	een provided on Par	t XIII				
	t V Endowment Funds. Complete i								
	•	(a) Current year	(b) Prior year	(c) Two years ba	ick (d)	Three years back	(e) Four	years	back
1a	Beginning of year balance	•							
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, colum	n (a)) held as:	•				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	7						
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are he	d and administered	for the o	organization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11	a. See Form 990, Pa	art X, line	10.			
	Description of property	(a) Cost or o	other (b) C	ost or other	(c) Accur	mulated	(d) Book	valu	<u>—</u>
		basis (investr		sis (other)	deprec				
1a	Land								
	Buildings								
	Landa de la lacación de la constante			1					

59,094.

89,550.

Schedule D (Form 990) 2017

e Other

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment

67,373. 90,766.

Schedule D (F	form 990) 2017 ALLIED MEDIA	PROJECTS	, INC.	0	1-0559608	Page 3
	nvestments - Other Securities.					
	Complete if the organization answered "Yes" o	n Form 990, Part IV	, line 11b. See For	m 990, Part X, line 12.		
	n of security or category (including name of security)	(b) Book value		nod of valuation: Cost or e	nd-of-year market v	/alue
(1) Financial	derivatives					
	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	must equal Form 990, Part X, col. (B) line 12.)					
	nvestments - Program Related.					
	_	n Form 000 Dort IV	line 11e Coe For	m 000 Dort V line 10		
	Complete if the organization answered "Yes" of (a) Description of investment	(b) Book value		nod of valuation: Cost or e	nd-of-vear market v	/alue
	(a) Bescription of investment	(b) Book value	(c) Wear	Od of Valuation. Oost of C	nd or year marker v	raido
(1)						
(2)						
(3)						
(4)						
<u>(5)</u>						
<u>(6)</u>			, i			
(7)						
(8)						
(9)						
	must equal Form 990, Part X, col. (B) line 13.)					
	Other Assets.					
	Complete if the organization answered "Yes" o		, line 11d. See For	m 990, Part X, line 15.	1	
	(a) D	escription			(b) Book va	llue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line	15.)			>	
Part X	Other Liabilities.					
	Complete if the organization answered "Yes" o	n Form 990, Part IV	, line 11e or 11f. S	ee Form 990, Part X, line 2	25.	
1.	(a) Description of liability		(b) Book valu			
	al income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Schedule D (Form 990) 2017

(8)

Sche	dule D (Form 990) 2017 ALLIED MEDIA PROJECTS,	INC.	01-0)559608 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,125,277.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,125,277.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	,	4b		0
	Add lines 4a and 4b			V .
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,125,277.
Par	Reconciliation of Expenses per Audited Financial Sta		enses per Retui	m.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			3,495,050
1	Total expenses and losses per audited financial statements		1	3,493,030
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 0- 1		
	Donated services and use of facilities			
b	, , , , , , , , , , , , , , , , , , , ,			
q	Other losses Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,495,050
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			-,,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			3,495,050.
Par	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		Part V, line 4; Part 2	X, line 2; Part XI,
ines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ALLIED MEDIA PROJECTS, INC.

Employer identification number

	ADDIED WE	DIA PROOF	CIO, INC.					01-0333000			
Part I	General Information on Grants a	nd Assistance									
1 Doe	es the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec	tion			
crite	eria used to award the grants or assis	stance?						X Yes No			
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any										
	recipient that received more than	\$5,000. Part II ca	n be duplicated if addit	ional space is need	ded.	4					
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
4126 TH	CE MEDIA, LLC IRD ST. , MI 48201	26-2176009		20,970.	0.			FOR THE PRODUCTION AND PRESENTATION OF THE "COMPLEX MOVEMENTS" MUSIC PERFORMANCE AND ART			
1725 LA	N ACTION COLLECTIVES WNDALE ST. , MI 48209	46-2588340	501(C)(3)	118,397.	0.			FOR THE DETROIT COMMUNITY TECHNOLOGY PROJECT			
COALITI	ND WOODWARD COMMUNITY ON (NEWCC) - 7700 SECOND TE. 500 - DETROIT, MI 48202	46-4008664	501(C)(3)	110,897.	0.			FOR THE DETROIT COMMUNITY TECHNOLOGY PROJECT			
BLVD HA	OF THE MESSIAH ON BEHALF OF RAMBEE - 231 EAST GRAND DETROIT, MI 48207	38-3100064	501(C)(3)	127,862.	0.			FOR THE DETROIT COMMUNITY TECHNOLOGY PROJECT			
	COMMUNITY DEVELOPMENT - P.O. BOX 34102 - DETROIT,	38-3031512	501(C)(3)	5,178.	0.			FOR THE CREATE NORTHEAST DETROIT PROJECT			
0 5-1				line 4 Aphle				▶ 4.			
	er total number of section 501(c)(3) a er total number of other organization:		1 table								
	c. iciaaiiiboi oi oliioi oigailizatioii							······ = ·			

30

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			X		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
ALL GRANT EXPENDITURES ARE ACCOUNT	ED FOR,	REVIEWED A	ND APPROVE	D BY THE	
BOARD OF DIRECTORS.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: EMERGE	NCE MEDIA,	LLC		
(H) PURPOSE OF GRANT OR ASSISTANCE	: FOR TH	E PRODUCTI	ON AND PRE	SENTATION	
OF THE "COMPLEX MOVEMENTS" MUSIC F	ERFORMAN	CE AND ART	INSTALLAT	ION	

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ALLIED MEDIA PROJECTS, INC. **Employer identification number** 01-0559608

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO MAKE

DECISIONS INDEPENDENT OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING

FIRM TO PREPARE THE FORM 990. BEFORE FILING, THE RETURN IS REVIEWED BY THE

EXECUTIVE DIRECTOR/TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS ARE PROVIDED A COPY OF THE ORGANIZATION'S BYLAWS WHICH REQUIRES

THEM TO DISCLOSE ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS

WHO REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

REQUESTS FOR ACCESS TO DOCUMENTS, WHICH BY LAW ARE OPEN TO PUBLIC ACCESS,

MAY BE MADE BY APPLICATION TO THE ORGANIZATION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONSULTANTS & SERVICES:

PROGRAM SERVICE EXPENSES

133,149.

MANAGEMENT AND GENERAL EXPENSES

12,170.

FUNDRAISING EXPENSES

18,158.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization ALLIED MEDIA PROJECTS, INC.	Employer identification number 01-0559608
TOTAL EXPENSES	163,477.
PROGRAM CONSULTANTS & SERVICES:	
PROGRAM SERVICE EXPENSES	940,283.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	940,283.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,103,760.