## Form **990**

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 black lung benefit trust or private foundation)

2012

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

Open to Public Inspection

OMB No 1545-0047

Α	Fo	or the 2	012 calendar year, or tax year beginning		<u>anđ</u>	ending				
В	Ch	eck if plicable.	C Name of organization				D Employer i	dentifica	tion number	
		Address change	ALLIED MEDIA PROJECTS,	INC.						
		Name change	Doing Business As				C	1-05	59608	
		initial return	Number and street (or P 0. box if mail is not deli-	vered to street a	ddress)	Room/suite	E Telephone			
Ĺ		Termin- ated	4126 THIRD STREET				ļ	313)	645-276	
Ļ		Amended return	City, town, or post office, state, and ZIP code	1			G Gross receipts		1,069,	824.
L		Applica- tion pending	DETROIT, MI 48201	INDI MOI	2011		H(a) Is this a g			
			F Name and address of principal officer:MICI	AEL MEI	OW		for affiliat			X No
	_	<del></del>	SAME AS C ABOVE	4 (4)	1047(-)(4)		H(b) Are all affil			No
+			pt status: X 501(c)(3) 501(c)( ) ◆ ALLIEDMEDIA.ORG	(insert no )	4947(a)(1)	or 527	- · · · · · · · · · · · · · · · · · · ·		t. (see instructi	ons)
				sociation	Other 📐	I Voor	of formation 20			nata OH
			Summary	ooiation	Other P.	L Toal	OF TOTHIALION 20	O I M S	state of legal dom	ICHO OTI
_			efly describe the organization's mission or most	significant acti	vities: TO S	UPPORT	THE GRO	WTH (	OF	
	2		EDIA-BASED ORGANIZING MOI		VIII.03. <u>10 D</u>		^			
_ [	5		eck this box   if the organization discon		rations or dispo	sed of more	than 25% of its	net asse	ets.	
			imber of voting members of the governing body (	•		/_		3		5
		4 Nu	imber of independent voting members of the gov	erning body (F	Part VI, line 1b)			4		5
<u> </u>	3	<b>5</b> To	tal number of individuals employed in calendar ye	ear 2012 (Part	V, line 2a)		" JE	5		20
Activities &		<b>6</b> To	tal number of volunteers (estimate if necessary)			ENED	1012	6		150
	ا جُ	<b>7 a</b> To	tal unrelated business revenue from Part VIII, col	umn (C), line 1	2 / 💖	8	`/\\\ /	7a		0.
)	1	b Ne	t unrelated business taxable income from Form 9	990-T, line 34	<u> </u>	<u> </u>		7b		0.
)	-					CT S	Prior Year		Current Ye	
9	2		entributions and grants (Part VIII, line 1h)	-	14		302,1			154.
Dovernie			ogram service revenue (Part VIII, line 2g)			$^{\circ}O^{\triangleright}$	140,4		233,	849.
á			restment income (Part VIII, column (A), lines 3, 4,			\		53.	-	821.
			her revenue (Part VIII, column (A), lines 5, 6d, 8c,		•	<b>~</b> .  -	$\frac{5,9}{1,128,7}$	86.	1,069,	0.
	-		tal revenue - add lines 8 through 11 (must equal f		nn (A), line 12)		49,2			909.
	- 1		ants and similar amounts paid (Part IX, column (A nefits paid to or for members (Part IX, column (A)			-	47,2	0.		0.
u			laries, other compensation, employee benefits (P	.	366,5		582.	887.		
Fynancoc	2		ofessional fundraising fees (Part IX, column (A), lir		(-ty, iii ics o 10)			0.	3027	0.
Š			tal fundraising expenses (Part IX, column (D), line		79,0	30.				
ú	1.		her expenses (Part IX, column (A), lines 11a-11d,				403,6	32.	412,	581.
	-		tal expenses. Add lines 13-17 (must equal Part IX		ine 25)		819,4		1,055,	
			venue less expenses. Subtract line 18 from line 1				309,3	38.	14,	447.
t Assets or	88					Be	ginning of Curren	Year	End of Yea	3F
sets		<b>20</b> To	tal assets (Part X, line 16)				<u>487,4</u>			007.
A A			tal liabilities (Part X, line 26)				82,4			<u>539.</u>
Set			t assets or fund balances. Subtract line 21 from I	ine 20			405,0	21.	419,	468.
-			Signature Block	<del></del>						
			s of perjury, I declare that I have examined this return, it					-	nowledge and be	lief, it is
tru	10, C	orrect, a	nd complete Declaration of preparer (other than officer	) is based on all	information of w	nicii preparei	r nas any knowledg	<u>β</u>	2 /2	<del></del>
e:	~~		Signature of officer	·			Date	10/0	2/2019	<u> </u>
	gn ere		MICHAEL MEDOW, CO-DIREC	TOR			24.5			
-	51 6		Type or print name and title							
_		Pı	nnt/Type preparer's name	Prepareds, signa	ntura		Date	heck	PTIN	
Pa	id		ICHAEL B. BOISVENU	MIR	65	2.	10/1/13	elf-employed	P013557	07
	ера	_	rm's name BOISVENU & COMPAN	Y, P.C.	6		Firm's E		8-28571	
	e 0		rm's address 30600 TELEGRAPH F			0				
			BINGHAM FARMS, MI	48025			Phone	10 (24	18)647-7	200
M	ay t	he IRS	discuss this return with the preparer shown above	/e? (see instru	ctions)				X Yes	No
232	2001	12-10-1	LHA For Paperwork Reduction Act Notice	e, see the sep	arate instructi	ons.	•		Form <b>99</b>	0 (2012)

	990 (2012) ALLIED MEDIA PROJECTS, INC.	01-0559608	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO SUPPORT THE GROWTH OF MEDIA-BASED ORGANIZING MODELS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.	162	LAY NO
_	· · · · ·		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	L <u>A</u> 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	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 906,715 · including grants of \$ 59,909 · ) (Revenue	ie\$233,	<u>849.</u> )
	TO SUPPORT THE GROWTH OF MEDIA-BASED ORGANIZING MODELS A		
	THEM THROUGH THE ANNUAL ALLIED MEDIA CONFERENCE, AN ANNU		
	SOCIAL JUSTICE ORGANIZERS AND ALTERNATIVE MEDIA MAKERS.		D
	IMPLEMENTED THE DETROIT FUTURE MEDIA, DETROIT FUTURE SCH		
	DETROIT FUTURE YOUTH PROGRAMS. ALSO CULTIVATED A COMMUNI		
	ECONOMY ROOTED IN ACCESS, PARTICIPATION AND COMMON OWNER	RSHIP.	
		<del></del>	
4b	(Code) (Expenses \$		
70	(Code // Cxpenses 3 // Chavenu	.6.9	
		<del></del>	
		<del></del>	
			<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e\$	)
			····
			<del></del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 906,715.		
22200		Form 9	<b>90</b> (2012)

Dart IV	Checklist	of Regi	uired Sc	hadulae
1 241 4 T	OHOOKHIJE	OI IIOQ	un ou ou	nicualo3

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
	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		X
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.	1	,	1
	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	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		Х
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		Х
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	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	i
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	l
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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 assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? 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,			
	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			<del></del> -
	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,"			<del></del>
-	complete Schedule G, Part III	19	ŀ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{x}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990 /	2012)
				:2/

Part IV Checklist of Required Schedules (continued)

		L	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	i		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ł		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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 highest compensated employees? If "Yes," complete			
	Schedule J	_23_		X
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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	,,,,			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	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-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		<u>X</u>
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 35% controlled entity or family member			.,
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-	- 1	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		$\frac{\Lambda}{X}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
٠.	If "Yes," complete Schedule N, Part I	31	ı	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>"</del>		
_	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<del></del> -
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III. or IV, and	-		<del></del>
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	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	35ь	l	
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	37		X
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	
		E	990 //	2040

Form	990 (2012) ALLIED MEDIA PROJECTS, INC. 01-0559	608	Ρ	age <b>5</b>
Par				
7	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 18			
b	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 reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	if "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		<del></del>
7	Organizations that may receive deductible contributions under section 170(c).		1,	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	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 was required	_		v
	to file Form 8282?	7c		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	l _		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
_	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7g 7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<del>/'n</del>		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			<del></del>
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	. [		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- 1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the	, [	1	
	organization is licensed to issue qualified health plans	, [	1	
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

232005 12-10-12

5 2012.03011 ALLIED MEDIA PROJECTS, INC. AMPI

Form **990** (2012)

Form 990 (2012)

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.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question 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 . 1a 5			
	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	]		
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		Х
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_		X
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
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	_8a_	X	
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
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Diddle acceptation to an local characters bused to a self-listed		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
D	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 filling the form?	11a		X
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			
	taxable entity during the year?	16a	1	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			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MI			
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) and 990-T (Section 501(c)(3)s only) are	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website 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, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion: 🕨	<b>'</b>	
	MICHAEL MEDOW - (313) 645-2765			
23200	4126 THIRD STREET, DETROIT, MI 48201			

#### Form 990 (2012) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

#### 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)  Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one than	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DANI MCCLAIN	0.50									
SECRETARY	1	X	<u> </u>	X	ļ	ļ.,	_	0.	0.	0.
(2) HANNAH J. SASSAMAN	0.50	ļ							_	
TREASURER	<u> </u>	X.	<u> </u>	X	_		<u> </u>	0.	0.	0.
(3) ADRIENNE MAREE BROWN FORMER PRESIDENT	0.50	X		x				0.	0.	0.
(4) EMI KANE	0.50									
PRESIDENT		X		X		<u> </u>	Ĺ	0.	0.	0.
(5) SASHA COSTANZA-CHOCK DIRECTOR	0.50	X						0.	0.	0.
(6) CHANCELLAR WILLIAMS	0.50	-								<u></u>
DIRECTOR	0.30	Х	i					0.	0.	0.
(7) MICHAEL MEDOW	50.00				<u> </u>		-			<u> </u>
CO-DIRECTOR	30100	1		х	l			53,021.	0.	2,864.
(8) JEANETTE L. LEE	50.00				<u> </u>	<del>                                     </del>	-	33,021	0.	2,004.
CO-DIRECTOR		ĺ		Х				53,021.	0.	2,864.
(9) DIANA J. NUCERA	50.00	-								270010
CO-DIRECTOR			_	X		_		53,021.	0.	2,864.
<del> </del>										
						<u> </u>				
	<u> </u>	Щ.	ш					<u> </u>		- 000

232007 12-10-12

Fal	(¥ ¥≸E] Section A. Officers, Directors, Trus (A)	stees, Key Em (B)	ploy	<u>/ees</u>		<u>d Hi</u> C)	ighe	st C	Compensated Employe (D)	es (continued) (E)		/E\	—
	Name and title	Average	_ر ا		Pos	rtior			Reportable	(E) Reportable	E	(F) stimate	ed
		hours per week	box	, unie	check ess pe nd a d	erson	is bo	th an	compensation	compensation		mount	of
		(list any			T		T	100,	from the	from related organizations	cor	other npensa	
		hours for	or director				<u>B</u>			(W-2/1099-MISC)		from the	
		related organizations	8	truste		 	bensa		(W-2/1099-MISC)			ganızat	
		below	de la de	Institutional trustee	_	Кеу етріоуев	St co	   5				nd relat janizati	
		line)	Individual	insti	<u>B</u>	Š	Highest compensated employee	퉏					
-			ł										
							T				<del>                                     </del>		
			-	<del> </del>	<u> </u>	_	$\vdash$	_			+		
											+		
			_	_				_			+		
					<u> </u>						1		
			_		ļ	$\vdash$	-	_					
	Sub-total						▶		159,063.	0		8,5	
	Total from continuation sheets to Part V								159,063.	0		0 E	0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but r	ot limited to th		lista	ed al	bov	e) w	00 F	<del></del>		•	8,5	92.
	compensation from the organization						o,		-				0
•	Dutable and desired by		4 -						h!-hh	. •	l	Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			Θ, Κέ	у ег	пріс	oyee	, or	nignest compensated e	mployee on	3		х
4	For any individual listed on line 1a, is the si			omp	ensa	atior	n and	d ot	her compensation from	the organization			
	and related organizations greater than \$15										4		X
5	Did any person listed on line 1a receive or							elat	ted organization or indivi	idual for services	_		v
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	прівте Ѕспеаці	<del>0</del> <i>J</i> 1	or s	uçn	per	<u>son</u>			- <del></del>	5	<b>—</b> —	<u> </u>
1	Complete this table for your five highest co									•	nsation	from	
	the organization. Report compensation for (A)	the calendar y	ear (	endı	ng v	<u>vith</u>	or w	ıthir	n the organization's tax y (B)	year.			
	Name and business	address	N	INC	Ξ				Description of s	ervices	Compe	C) ensation	n
									·				_
					_						<del></del>	<u>.                                    </u>	
2	Total number of independent contractors (	including but a	ot lu	mite	d to	tho	ا مو	ster	d above) who received m	ore than			
	\$100,000 of compensation from the organi		J. 161				0						
											Form	990 (2	2012)

ALLIED MEDIA PROJECTS, INC. Form 990 (2012) ALLIED
Part VIII Statement of Revenue

			Check if Schedule O conf	tains a response	to any question	in this Part VIII			🗀
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns .	. 1a					
E DO		b	Membership dues	. 1b					
A, (		C	Fundraising events .	1c					
ig ig	ĺ	d	Related organizations	. 1d					
ž.E		8	Government grants (contribut	tions) 1e					
i i i		f	All other contributions, gifts, gran	nts, and					
혈美			similar amounts not included abo	ve 1f	835,154.				
Contributions, Gifts, Grants and Other Similar Amounts		9	Noncash contributions included in lines	3 1a-1f \$					
<u>0 g</u>		h	Total. Add lines 1a-1f	· · ·	<u> </u>	835,154.			
	١ ,		REGISTRATION &	DDOCDAM	Business Code 611420	233,849.	233,849.		1
ဋိ	2	a	REGISTRATION &	PROGRAM	011420	233,049.	233,043.		
Program Service Revenue		b						· · · · · ·	
E		c							
g S		a							·
5		e	All all and an analysis and a	<del></del>					<del></del>
_		f -	All other program service reve	enue , .	<u> </u>	233,849.		······	
	3	9	Total. Add lines 2a-2f Investment income (including	dividende inter	<del></del>	233,043.		·····	
	3			dividends, inter	est, and	821.			821.
		other similar amounts)  Income from investment of tax-exempt bond pro			•	021.	· · · · · · · · · · · · · · · · · · ·		021.
	5		Royalties	w-exempt bond p	broceeds >			<del></del>	
	3		noyaties	(i) Real	(ii) Personal				
	6	2	Gross rents	(I) Neal	(i) reisona				
	ľ	a b	Less: rental expenses						
		c							
			Net rental income or (loss)		<u> </u>				
	ľ		Gross amount from sales of	(i) Securities	(ii) Other				
	•	_	assets other than inventory	W 0000111100	<u> </u>				
		ь	Less: cost or other basis						
		_	and sales expenses						
		c	Gain or (loss)				<i>'</i>		
		d	Net gain or (loss)		. •			•	
ě	8	а	Gross income from fundraisin	g events (not					,
			including \$	of					
eve			contributions reported on line	1c). See					
F			Part IV, line 18	. a					
Other Reven		b	Less: direct expenses	<b>b</b>					
		C	Net income or (loss) from fund	draising events	▶				
	9	a	Gross income from gaming ad	ctivities. See					
			Part IV, line 19	. а					
		b	Less: direct expenses	. <b>b</b>					
		C	Net income or (loss) from gam	ning activities					
	10	a	Gross sales of inventory, less	returns					
			and allowances	а					
		b	Less: cost of goods sold	. <b>b</b>	L		,		1
		c	Net income or (loss) from sale		<u> </u>				
			Miscellaneous Revenu	18	Business Code				
	11	a			<b></b>				
		b			<b> </b>		···		<u> </u>
		C							<del></del>
			All other revenue		L			· · · · · · · · · · · · · · · · · · ·	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
			Total. Add lines 11a-11d	•		1 060 024	222 040		~~~
23200 12-10-	<u>12</u>		Total revenue. See instructions		<b>•</b>	1,069,824.	233,849.	0.	821.
12-10	12								Form <b>990</b> (2012)

Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respon-	//	(B)	(C)	<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and	44 500	44.500		
	organizations in the United States. See Part IV, line 21	44,680.	44,680.		·····
2	Grants and other assistance to individuals in	15 000	15 000		
	the United States. See Part IV, line 22	15,229.	15,229.		·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			,	
	United States. See Part IV, lines 15 and 16				·····
4	Benefits paid to or for members				····
5	Compensation of current officers, directors,	167 655	. 02 027	22 520	F 0 004
	trustees, and key employees	167,655.	83,827.	33,532.	50,296
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	252 600	202 040	10.050	
7	Other salaries and wages	353,688.	323,849.	19,052.	10,787
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12 125	15 000		
9	Other employee benefits .	17,175.	15,976.	837.	362
0	Payroll taxes	44,369.	34,905.	4,401.	5,063
1	Fees for services (non-employees):				
а	Management				· .
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	103,856.	94,540.	4,659.	4,657
2	Advertising and promotion				
3	Office expenses	7,845.	7,021.	392.	432
4	Information technology	30,176.	27,008.	1,509.	1,659
5	Royalties				
6	Occupancy	44,808.	40,103.	2,241.	2,464
7	Travel	36,772.	36,772.		<del></del>
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	70,102.	70,102.		
0	Interest .	_			
11	Payments to affiliates				
2	Depreciation, depletion, and amortization	44,350.	39,693.	2,218.	2,439
3	Insurance .				
4	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		and the second s		
а	ACTIVITIES & MATERIALS	58,839.	58,839.		
b	PRINTING	15,833.	14,171.	791.	871
c					
d				<del></del>	
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,055,377.	906,715.	69,632.	79,030
6	Joint costs. Complete this line only if the organization			37,332.	1,5,030
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet				
	Check if Schedule O contains a response to any qu	estion in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		63,400.	1	4,500
2	Savings and temporary cash investments		222,036.	2	228,893
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		94,907.	4	105,881
5	Loans and other receivables from current and form	er officers, directors.			
	trustees, key employees, and highest compensated	· · · · · · · · · · · · · · · · · · ·			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified	persons (as defined under	·····		
	section 4958(f)(1)), persons described in section 49	•			
	employers and sponsoring organizations of section	•			
	employees' beneficiary organizations (see instr). Co		:	6	
2 7	Notes and loans receivable, net			7	
7 8	Inventories for sale or use	· · ·		8	
9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·		9	7,334
i -	Land, buildings, and equipment: cost or other	"i			7,7551
""		198,419.			
Ь	•	оь 65,520.	104,642.	100	132,899
11	Investments · publicly traded securities			11	132/033
12	Investments - other securities. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·		12	· · · · · · · · · · · · · · · · · · ·
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,500.	15	2,500
16	Total assets. Add lines 1 through 15 (must equal lin	39.34)	487,485.	16	482,007
17	Accounts payable and accrued expenses	10 04)	41,123.	17	62,539
18	Grants payable	. 1	11/1200	18	02/333
19	Deferred revenue	41,341.	19	0	
20	Tax-exempt bond liabilities	F	11/541.	20	
	Escrow or custodial account liability. Complete Part			21	<del></del>
21 22	Loans and other payables to current and former off			21	
	key employees, highest compensated employees, a				
ן בּ	Complete Part II of Schedule L	and disqualified persons.		22	
23	Secured mortgages and notes payable to unrelated	third parties		22	
24	Unsecured notes and loans payable to unrelated th	· · · · · · · · · · · · · · · · · · ·		24	
25	Other liabilities (including federal income tax, payab			24	
	parties, and other liabilities not included on lines 17				
	Schedule D	24). Complete Fait X of		25	
26	Total liabilities. Add lines 17 through 25	· · · · ·	82,464.	26	62,539
<del> </del>	Organizations that follow SFAS 117 (ASC 958), c	heck here X and	02/101	20	02,333
,	complete lines 27 through 29, and lines 33 and 3				
27 28 29 30 31 32	Unrestricted net assets	·	121,505.	27	209,151.
28	Temporarily restricted net assets	· · · · · ·	283,516.	28	210,317
29	Permanently restricted net assets	· · · · · ·	200/310.	29	210,317
	Organizations that do not follow SFAS 117 (ASC	958) check here			······································
	and complete lines 30 through 34.	300), Check here			
30	Capital stock or trust principal, or current funds			20	
31	Paid-in or capital surplus, or land, building, or equip	ment fund		30 31	
32	Retained earnings, endowment, accumulated incom			32	
33	Total net assets or fund balances	io, or other fullus	405,021.	33	110 160
34	Total liabilities and net assets/fund balances	·  -	487,485.	34	419,468.
	Total nationed and not assets/fully balances	<del></del>	<u> </u>	34	482,007. Form <b>990</b> (2012)

		1-0559	608	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>			
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  1  1  1  1  1  1  1  1  1  1  1  1  1	2 1		5,3 4,4	77. 47. 21.
9	Other changes in net assets or fund balances (explain in Schedule O)	)			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	419	9,4	68.
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			
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.	<del></del>		Yes	No X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	 1 a	2a		
b	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate be consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis	 asis,	2b	Х	<del></del>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the autreview, or compilation of its financial statements and selection of an independent accountant?		2c		<u>x</u>
За	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3ь		

Form **990** (2012)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Tressus 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. ► See separate instructions.

OMR No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** ALLIED MEDIA PROJECTS, INC. 01-0559608 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated a Type I **b** Type II Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iv) is the organization (v) Did you notify the (i) Name of supported (II) EIN (III) Type of organization (vii) Amount of monetary in col (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the above or IRC section governing document? (i) of your support? (see instructions)) Yes No · Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2012

232021

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	100,949.	78,523.	228,889.	982,140.	835,154.	2225655.
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				l		
	the organization without charge						
4	Total. Add lines 1 through 3	100,949.	78,523.	228,889.	982,140.	835,154.	2225655.
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			,			
	on line 1 that exceeds 2% of the				,		
	amount shown on line 11,						
	column (f)						766,696.
6	Public support. Subtract line 5 from line 4			***************************************	····	***************************************	1458959.
	ction B. Total Support	<u> </u>	<u> </u>		<u> </u>	<u> </u>	
_	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	100,949.	78,523.	228,889.		835,154.	2225655.
8	Gross income from interest.			<u> </u>		330,20	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,172.			153.	821.	3,146.
9	Net income from unrelated business	· ·					
•	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain			······································	<del></del>		
••	or loss from the sale of capital						
	assets (Explain in Part IV.)				:		
11	Total support. Add lines 7 through 10		, ,,,,,,,,			· · · · · · · · · · · · · · · · · · ·	2228801.
12		etc. (see instruction	ons)			12	577,555.
13	First five years. If the Form 990 is for		· ·	d. fourth, or fifth ta	x vear as a section		
	organization, check this box and stop						. ▶□
Sec	tion C. Computation of Publi	ic Support Pe	rcentage		-		
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	65.46 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	72.81 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						. <b>▶</b> X
b	33 1/3% support test - 2011. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	rfies as a publicly s	supported organiza	ation .		•	▶□
17a	10% -facts-and-circumstances test	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. ▶□
b	10% -facts-and-circumstances test	t - <b>2011.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization of	ualifies as a public	cly supported orga	ınızatıon	. ▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	▶□
				· <del></del>		dule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
gualify under the tests listed below, please complete Part II )

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		Ì				
	include any "unusual grants.")				1		
2	Gross receipts from admissions,						
	merchandise sold or services per-			1		<b>,</b>	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				İ		
3	Gross receipts from activities that						<del></del>
_	are not an unrelated trade or bus-		İ			1	
	iness under section 513						
4	Tax revenues levied for the organ-				†	<del> </del>	
•	ization's benefit and either paid to			<u> </u>			
	or expended on its behalf				Ì	}	
5	The value of services or facilities		<del> </del>			<del> </del>	<u> </u>
5	furnished by a governmental unit to				İ		
	· . ·			ļ	ļ		[
_	the organization without charge				<del> </del>	<del>                                     </del>	
6	Total. Add lines 1 through 5		-			<del> </del>	<del></del>
78	Amounts included on lines 1, 2, and					•	
	3 received from disqualified persons	<u> </u>			<del></del>	<del></del>	
	Amounts included on lines 2 and 3 received from other than disqualified persons that					İ	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					<del> </del>	
•	Add lines 7a and 7b			······		· · · · · · · · · · · · · · · · · · ·	
	Public support (Subtract line 7c from line 6)	<u></u>	<u></u>	<u> </u>	<u> </u>	<u></u>	
	ction B. Total Support					<del></del>	<del></del>
Cale	indar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6		ļ <u>.</u>		ļ <u> </u>	<del> </del>	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income			Ì			! !
	(less section 511 taxes) from businesses		1	1			
	acquired after June 30, 1975				ļ		
c	Add lines 10a and 10b						
11	Net income from unrelated business	ľ			İ		
	activities not included in line 10b, whether or not the business is	Ì					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)	1_					
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization'	s first, second, the	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ration
	check this box and stop here			.,,		(0)(0) 0. 902 112	<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			<del></del>	
	Public support percentage for 2012 (			column (fl)		15	%
	Public support percentage from 2011		•		•	16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from	•	•	,	•	18	
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than:	<del></del> _	
	more than 33 1/3%, check this box a						<b>▶</b> □
h	33 1/3% support tests - 2011. If the	-		•		• • • • • • • • • • • • • • • • • • • •	and
~	line 18 is not more than 33 1/3%, che					•	<b>▶</b> □
20	Private foundation. If the organization					•	<b>[</b>  -
<u>-v</u>	vate roundation. ii tile organizatio	and flot officer a	200 011 mile 17, 18	a, or 190, offock t	THE POY GITT SEE III	30000010118	

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	ALLIED MEDIA PROJE	CTS, INC.	01-0559608
Pa	★ Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
		<del></del>	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Impermissible private benefit?		Yes No
Pa	THE Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of a certification	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
	day of the taryour		Held at the End of the Tax Year
	Total number of conservation easements		2a
, ,	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic st		
C		• • • • • • • • • • • • • • • • • • • •	2c
ď	Number of conservation easements included in (c) acquired	arter 6/17/06, and not on a historic structur	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	<u> </u>	
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		<del></del>
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservat		•
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
	conservation easements.		
Pa	TIII Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran-	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:	·	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	•	► \$ ► \$
2	If the organization received or held works of art, historical tre	assures or other similar assets for financial	nain provide
-	the following amounts required to be reported under SFAS 1		gain, provide
_	Revenues included in Form 990, Part VIII, line 1	To Moo and relating to these items.	► ¢
a			► \$
b	Assets included in Form 990, Part X	• •	. •
- L L A	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990	Schodule D./T 000: 2010
	TO Paperwork neuronomact Nouse, see the instruction	3 IVI I UIIII 00V.	Schedule D (Form 990) 2012

232051 12-10-12

<u>Sche</u>	dule D (Form 990) 2012 ALLIED I	MEDIA PROJ	ECTS	, INC.			_	01-0	559608	3 P	age 2
Pa	<b>代間 Organizations Maintaining C</b>	ollections of Ar	t, Hist	torical Tr	easures, c	or Oth	er Si				
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following that	t are a s	signific	ant use of it	s collection	ı item	s
	(check all that apply):										
а	Public exhibition	d			hange progra	ams					
ь	Scholarly research	е	<u> </u>	Other							
c	Preservation for future generations										-
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizatı	on's exe	empt p	urpose in Pa	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical trea	sures, or oth	er simila	ur asse	ts			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?				Yes		No
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par	•	te if the	organizatio	n answered	"Yes" to	Form	990, Part IV	, line 9, or 		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets no	t inclu	ded			
	on Form 990, Part X?							. [	Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:			_				
							L		Amount		
c	Beginning balance							c			
đ	Additions during the year						. [_1	d			
е	Distributions during the year							e			
f	Ending balance					-	Ŀ	<u> </u>			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217					. [	Yes		] No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has been	provided in	Part XIII		<u>-</u>			<u>]                                    </u>
Par	t V Endowment Funds. Complete it	the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line	10.				
	·	(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Th	ree years bac	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions								<u> </u>		
C	Net investment earnings, gains, and losses										
đ	Grants or scholarships								<u> </u>		
е	Other expenditures for facilities	į			į						
	and programs										
f	Administrative expenses										
g	End of year balance				L		L				
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment ►	%									
c	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation the	at are held a	nd administe	ered for t	the org	anization	_	,	
	by:									Yes	No
	(i) unrelated organizations					-			3a(i)		
	(ii) related organizations	•			•				3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?	•				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm			line 10.							
	Description of property	(a) Cost or of			or other		ccumi	1	(d) Book	: valu	9
		basis (investn	nent)	basis	(other)	de	precia	tion			
1a	Land	ļ									
b	Buildings	<u></u>									
C	Leasehold improvements				- 0-0						
d	Equipment				7,379.			,347.		3,0	
	Other .				1,040.		46	,173.		1,8	
Total	Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. colur	nn (B), line 1	10(c).)			▶	132	2,8	99.

Schedule D (Form 990) 2012

232053 12-10-12 Schedule D (Form 990) 2012

,		•	
Sche	edule D (Form 990) 2012 ALLIED MEDIA PROJECTS, INC.	01-	0559608 Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	
1	Total revenue, gains, and other support per audited financial statements	1	1,075,724.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 5,900	.]	
c	Recoveries of prior year grants	7	
d		1	
ė	Add lines 2a through 2d		5,900.
3	Subtract line 2e from line 1	3	1,069,824.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
a	A STANDARD TOWN OOD DAAVIII IS TO		
b	Other (Describe in Part XIII.)	7 '	
-	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,069,824.
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe		
1	Total expenses and losses per audited financial statements	1	1,061,277.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	·····•	
a	5 900	.  '	·
h	Prior year adjustments 2b	<b>i</b>	
c		1	
d		-[	
_			5,900.
е 3	Subtract line 2e from line 1	3	1,055,377.
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1/033/3/74
4	Investment expenses not included on Form 990, Part VIII, line 7b		
a		-	
b	Add lines 4a and 4b	┪╻╴╵	ĺ
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	1,055,377.
5	rt XIII Supplemental Information		1,033,377.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	1b and	2h: Port V. line 4: Port
	ne 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa-		20, ran v, iiii 4, ran
	RT X, LINE 2: THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX		TTTONS.
17	KI A) HIND 21 THE ONCHWIENTION HOOCHID TOX CHOENTIAN THE		11101107
IF	ANY, IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFIC	דיתמי	ON SECTION
11	ANTY IN ACCORDINGE WITH THE INCOMPLING BIRNDINGS CODITION		ON BECTTON
740	0. IN ACCORDANCE WITH THESE STANDARDS, THE ORGANIZATION	RECO	GNIZES TAX
/ 3 \	V. IN ACCORDANCE WITH THEBE DIRECTED THE CROSSITENTION	THE CO	GHIBLD IAK
PO9	SITIONS ONLY TO THE EXTENT THAT THE ORGANIZATION BELIEVES	TΨ	IS "MORE
	DITIOND ONLY TO THE ENTENT THE THE ONORMEDITION DEPTH AND		TO HORE
T. T 1	KELY THAN NOT" THAT ITS TAX POSITIONS WILL BE SUSTAINED U	ON	TRS
EX/	AMINATION. THE ORGANIZATION BELIEVES THAT IT HAS NO UNCE	(TAI	N TAX
DOS	STOTONS FOR THE VEAR ENDED DECEMBER 31, 2012.		

Schedule D (Form 990) 2012

Employer identification number 01-0559608 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. INC. ALLIED MEDIA PROJECTS, Parti General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047

Open to Public Inspection

criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance?	 toring the use of grant	· · · · · · · · · · · · · · · · · · ·	: Septeto:		on format funds in the United States	X Yes No
둢	Governments and	Organizations in the	e United States	Complete if the org	/* begewere noitezine	100 min to Earm 000 Day	V 100 04 for 000
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addit	ional space is need	ded.		163 (O O III 330, Fall	1V, IIII 6 2 1, 101 dily
1 (a) Name and address of organization or government	<b>(b)</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 non-cash assistance	(h) Purpose of grant or assistance
EMERGENCE MEDIA, LLC							FOR THE PRODUCTION AND PRESENTATION OF THE
4126 THIRD ST. DETROIT WI AR201	9176000			•			"COMPLEX MOVEMENTS" MUSIC
DEIOLI, MI 40201	26-21/6009		42,180.	0.			PERFORMANCE AND ART
	nd government org	suor	listed in the line 1 table				•
~	listed in the line 1	table					• 1.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  SEE PART IV FOR COLUMN (H) 1	see the Instruction IV FOR CO.	ons for Form 990. LUMN (H) DE	Form 990. (H) DESCRIPTIONS	ശ			Schedule I (Form 990) (2012)

01-0559608

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 non-cash assistance
TRAVEL/MEALS TO PARTICIPATE IN THE COMPERENCE AND WORKSHOPS.	31	9,229.	.0		
STIPEND TO PARTICIPATE IN DETROIT FUTURE MEDIA PROGRAM	9	6,000.	.0		
Part IV Supplemental Information. Complete this part to provide the I	de the information	required in Part I, li	ine 2, Part III, columi	information required in Part I, line 2, Part III, column (b), and any other additional information.	ormation.
SCHEDULE I, PART I, LINE 2: ALL GRANT	ANT EXPE	NDITURES A	EXPENDITURES ARE ACCOUNTED FOR,	ED FOR,	
REVIEWED AND APPROVED BY THE BOARD OF		DIRECTORS.			

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: EMERGENCE MEDIA, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PRODUCTION AND PRESENTATION

OF THE "COMPLEX MOVEMENTS" MUSIC PERFORMANCE AND ART INSTALLATION

Schedule I (Form 990) (2012)

#### **SCHEDULE O** (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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ALLIED MEDIA PROJECTS, INC.	01-0559608
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION E	OCES NOT HAVE ANY
COMMITTEES WITH AUTHORITY TO MAKE DECISIONS INDEPENDENT OF	F THE BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIREC	TORS ENGAGES AN
INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM TO PREPARE T	HE FORM 990.
BEFORE FILING, THE RETURN IS REVIEWED BY THE CO-DIRECTOR/	TREASURER.
FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS ARE PROVI	DED A COPY OF THE
ORGANIZATION'S BYLAWS WHICH REQUIRES THEM TO DISCLOSE ANY	CONFLICTS OF
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COM	MITTEE MAKES
RECOMMENDATIONS TO THE BOARD OF DIRECTORS WHO REVIEW AND	APPROVE THE
CO-DIRECTORS' SALARIES.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	

Form 8868 (R	ev 1-2013)				Page 2	
If you are	e filing for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Part I	I and check this box		
	complete Part II if you have already been gra					
• If you are	e filing for an Automatic 3-Month Extension,	complete d	only Part I (on page 1)	_		
Part II	Additional (Not Automatic) 3-Month Ex	xtension o	of Time. Only file the orig	inal (no copies needed).		
			E	nter filer's identifying number, see	instructions	
	Name of exempt organization or other filer, see in	structions.		Employer identification number (El	N) or	
Type or						
print	ALLIED MEDIA PROJECTS, INC.		_	X 01-0559608		
•	Number, street, and room or suite no If a P O. bo	x, see instru	ctions.	Social security number (SSN)		
File by the due date for	4126 THIRD STREET					
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
instructions	DETROIT, MI 48201					
Enter the R	eturn code for the return that this application	is for (file a	a separate application for ea	ach return)	0 1	
Application		Return	Application		Return	
ls For		Code	is For		Code	
Form 990 c	or Form 990-EZ	01	具有自己素 · 人 更 多品质	The second of the second	13-15-14	
Form 990-E	BL	02	Form 1041-A		08	
Form 4720	(individual)	03	Form 4720		09	
Form 990-P	PF	04	Form 5227		10	
Form 990-1	(sec 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-1	(trust other than above)	06	Form 8870		12	
STOP! Do r	not complete Part II if you were not already	granted ar	automatic 3-month exter	sion on a previously filed Form	8868.	
The book	ks are in the care of ► ALLIED MEDIA PR	OJECTS	INC.			
Telephor	ne No ▶ <u>313-645-2765</u>		FAX No ▶		_	
• If the org	janization does not have an office or place of l	business ir	the United States, check th	nis box	. ▶ 🔲	
• If this is f	for a Group Return, enter the organizati <u>on's</u> foi	ur digit Gro	oup Exemption Number (GEI	N) If this	s is	
for the who	le group, check this box ▶ 🔛 II	f it is for pa	art of the group, check this I	box ▶ 💹 and atta	ich a	
list with the	names and EINs of all members the extension	n is for.				
4 1 reque	est an additional 3-month extension of time ur	ntil <u>NOVEM</u>	BER 15	, 20 <u>13</u>		
	alendar year 2012 , or other tax year beginni			id endi <u>ng</u> , 2	20	
6 If the t	tax year entered in line 5 is for less than 12 m	onths, ched	ck reason: Initial re	turn Final return	•	
	Change in accounting period					
7 State	in detail why you need the extension $\_{ t WE}$ ${ t AF}$	RE AWAI	TING ADDITIONAL IN	FORMATION NECESSARY T	0	
PREI	PARE A COMPLETE AND ACCURATE RE	ETURN.				
		- 4700		<del> </del>		
	application is for Form 990-BL, 990-PF, 99	10-1, 4720	, or 6069, enter the tent	`		
	fundable credits. See instructions	4700	0000	8a \$	<del></del>	
	application is for Form 990-PF, 990-T,		•	(444)		
	ated tax payments made Include any pri	or year o	iverpayment allowed as	· <del>  </del>		
	nt paid previously with Form 8868.		and with the face of account	8b \$		
	ce Due. Subtract line 8b from line 8a Include		ent with this form, if requir	· · · · · · · · · · · · · · · · · · ·		
(Electi	ronic Federal Tax Payment System) See instruc		at he completed for D	8c \$		
	Signature and Verifica		•	•		
	s of perjury, I declare that I have examined this form, in it, and complete, and that I am authorized to prepare this for		companying schedules and statem	ents, and to the best of my knowledge	e and belief,	
15 1.00, 001160	and sometimes and the state of	•••				
Signature >	Milles		Title ► CPA	Data - 0 / 0 / 1 3		
Orginatule	3		THE P CPA	Date ► 8/9/13 Form <b>8868</b> (	Rev 1-2013)	
	<del>-</del>			1 Olli 2000 (		