

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public

ΑI	or th	ie 2020 calendar year, or tax year beginning and ei	ending			
В	Check it applicat	C Name of organization		D Employer identifi	cation number	
	Addr					
	Nam- chan	Doing business as		85-08959	77	
X	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r	
	Final	4126 3RD ST.		(313) 64		
	termi ated			G Gross receipts \$	658,043.	
Г	Amer	nded DEMPOTM MT 19201		H(a) Is this a group re		
F	Appl			for subordinator	? Yes X No	
_	⊥ltiön pend	SAME AS C ABOVE				
_				H(b) Are all subordinates in		
		tempt status: \square 501(c)(3) \square 501(c) (4) \blacktriangleleft (insert no.) \square 4947(a)(1) or	r 527	1	list. See instructions	
		ite: ► WWW.ALLIEDMEDIA.ORG		H(c) Group exemptio		
		f organization: X Corporation Trust Association Other	L Year	of formation: 2020 N	√ State of legal domicile; MI	
Pa	art I					
0	1	Briefly describe the organization's mission or most significant activities: EDUCA	TE LE	GISLATORS A	ND THE	
Governance		GENERAL PUBLIC ON ISSUES FACING MICHIGAN	AND T	HE UNITED S	TATES.	
na	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.	
ĕ	3	The second secon		3	5	
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	2	
∞	1				0	
ţį	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	
Activities	6	Total number of volunteers (estimate if necessary)		6		
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.	
Revenue				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)			595,000.	
	9	Program service revenue (Part VIII, line 2g)			63,043.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			658,043.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			19,000.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			64,278.	
Expenses	15				0.	
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e)	8.		0.	
Ϋ́	b				16 571	
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			16,571.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			99,849.	
	19	Revenue less expenses. Subtract line 18 from line 12			558,194.	
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)			641,172.	
t As	21	Total liabilities (Part X, line 26)			82,978.	
Electric Services	22	Net assets or fund balances. Subtract line 21 from line 20			558,194.	
Pa	art II	Signature Block				
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	y knowledge and belief, it is	
true	. corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.		
Sig	n	Signature of officer		Date		
		JEANETTE LEE, CO-EXECUTIVE DIRECTOR				
Hei	е	Type or print name and title				
_		<u> </u>	П	Date Check	PTIN	
Designation of the property of the party of						
Paid MICHAEL B. BOISVENU, CPA self-employed PUL						
	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	RS discuss this return with the preparer shown above? See instructions			X Yes No	

ALLIED MEDIA ACTION FUND

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	\neg
1	Briefly describe the organization's mission: EDUCATE LEGISLATORS AND THE GENERAL PUBLIC ON ISSUES FACING MICHIGAN	
	AND THE UNITED STATES.	
		_
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.	0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
	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. (Code:) (Expenses \$ 73,940 • including grants of \$ 19,000 •) (Revenue \$ 63,043 •)	
70	TO EDUCATE LEGISLATORS AND THE GENERAL PUBLIC ON ISSUES FACING MICHIGAN AND THE UNITED STATES.	
		_
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4b	(Code:) (Expenses \$	_)
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		_
4c	(Code:) (Expenses \$	_)
		_
		—
		_
		_
		_
		_
		_
	Other program services (Describe on Schedule O.)	_
 u	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 73,940.	_
	Form 990 (20)	20)

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)?			x
_	If "Yes," complete Schedule A	2		X
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			- 25
3	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		
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	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,	_		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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		X
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	37	X
	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			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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			
	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,			,,
	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
40	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,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Part IV Checklist of Required Schedules (continued)

			Yes	No
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	22	Х	
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			7.7
04 -	Schedule J	23		X
24 a	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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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 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			7.7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			Х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
0.5	Part V, line 1	34	Х	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
α	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			╚
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Center the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No			
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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	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?	За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
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		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			. v			
	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?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	_		Х			
a	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					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b					
С	to file Form 8282?	70		Х			
٦		7c		22			
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	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.	40					
а	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.						
D	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 Enter the amount of reserves on hand						
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	15 DV 11 1 15 CU 1 5 700 L LU L	14a					
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i-tu					
	excess parachute payment(s) during the year?	15		х			
	If "Yes," see instructions and file Form 4720, Schedule N.	.5					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
		Eorm	990	(2020			

Form **990** (2020

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 on 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			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 on Schedule O.			
b	Enter the number of voting members included on 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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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		Х
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 on 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		Х
	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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		Х
b	Other officers or key employees of the organization	15b		Х
	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		Х
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		
Sec	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MICHAEL MEDOW - (313) 645-2765			
	4126 3RD ST., DETROIT, MI 48201			

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization n		orga	aniza			nper	nsat			
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average	(do	(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	rot						the	organizations	compensation
	hours for	direct	Individual trustee or director Institutional trustee Officer Key employee					organization	(W-2/1099-MISC)	from the
	related	tee or				ensate		(W-2/1099-MISC)	,	organization
	organizations	Itrus	nal tru		oyee	omp.				and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
77	line)	밀	lus	#5	Ke	Hig	- F			
(1) MARIANNE RUIZ	0.00					37		_	104 450	11 000
KAIROS FELLOWSHIP DIRECTOR	40.00					X		0.	124,450.	11,828.
(2) CAYDEN MAK	0.00					v			106 222	6 025
18MR DIRECTOR	40.00				/	Х		0.	106,222.	6,035.
(3) JEANETTE LEE	2.00	Х		37				0.	07 607	0 014
PRESIDENT	2.00	Δ		Х				0.	97,687.	9,914.
(4) MICHAEL MEDOW		X		Х				0.	79,735.	8 035
TREASURER (5) KRIS MILLER	2.00	^		Λ				0.	19,133.	8,935.
SECRETARY		Х		x				0.	62,447.	8,243.
(6) CEZANNE CHARLES	2.00	Δ		Δ				0.	02,447.	0,243.
DIRECTOR		Х						0.	0.	0.
(7) DANA BRITTO	2.00	^						0.	•	•
DIRECTOR	2.00	Х						0.	0.	0.
<u> </u>	2.00								•	•
		1								
		1								
		L	L_	L_						
						l				

Part VII Section A. Officers, Directors, To	rustees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)	(C) (D) (E)				(E)			(F)				
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation from	compensation from related			ount o	of
	(list any	į						the	organization			ounei oensat	tion
	hours for	r direc				ted		organization	(W-2/1099-MI			om the	
	related	stee o	trustee			bensa		(W-2/1099-MISC)			_	anizati	
	organizations below	ual tru	ional t		ployee	t com	١.					l relate nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				orga	ııızatı	7113
					_								
_		H											
		Ш											
		-											
		-											
		\Box											
						L							
		-											
		丌			4								
		H											
									470 5	41	4	4 01	
1b Subtotal c Total from continuation sheets to Part	WI Continu					.)		0.	470,5	41. 0.	4	4,9!	0.
d Total (add lines 1b and 1c)								0.	470,5		4	4,9	
Total number of individuals (including but								eceived more than \$100					
compensation from the organization		_										Yes	No
3 Did the organization list any former offic	er, director, trust	ee, k	ey e	empl	loye	e, o	r hig	ghest compensated emp	oloyee on			162	NO
line 1a? If "Yes," complete Schedule J fo	or such individual										3		X
4 For any individual listed on line 1a, is the	•							•	the organization				
and related organizations greater than \$											4		X
5 Did any person listed on line 1a receive	•				•			ed organization or indiv	idual for services	5	_		v
rendered to the organization? If "Yes," c Section B. Independent Contractors	ompiete Scheaui	e J to	or si	ucn _l	pers	son					5		<u> </u>
1 Complete this table for your five highest										npens	ation f	rom	
the organization. Report compensation	for the calendar y	ear e	endi	ng v	vith	or w	/ithir	n the organization's tax (B)	year.		(C	4	
(A) Name and busine	ess address	NC	NI	3				Description of s	ervices	С	omper		า
		•											•
2 Total number of independent contractor	rs (including but r	not lir	nite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the org	anization >				(U					Form 9	200 (2	2020)

Pa	πv	<u>/ IIII</u>			as in this Dort VIII			
			Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Federated campaigns 1a					000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a Membership dues 1b					
ي ۾ ق			Fundraising events 1c					
ifts ar A			Related organizations 1d					
a,s His			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
her		•	similar amounts not included above 11	595,000.				
호텔		a	Noncash contributions included in lines 1a-1f					
Cor		_	Total. Add lines 1a-1f	•	595,000.			
_			Totally lad in loo fa 11	Business Code				
ø	2	а	PROGRAM INCOME	611420	63,043.	63,043.		
Program Service Revenue	_	b			, ,	,		
Ser		c						
an		d						
ogr.		e						
Ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f		63,043.			
	3		Investment income (including dividends, inter					
			other similar amounts)					
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties	<u></u>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
Φ		b	Less: cost or other basis					
Revenue			and sales expenses					
eve		С	Gain or (loss) 7c					
e. R	_		Net gain or (loss)	<u></u>				
Oth	8	а	Gross income from fundraising events (not including \$ of					
O								
			contributions reported on line 1c). See Part IV. line 18					
		h	Part IV, line 18 8a Less: direct expenses 8a					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See	<u></u>				
			Part IV, line 19	,				
		b	Less: direct expenses 9t					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances10	a				
		b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory	>				
S				Business Code				
eon e	11	а						
lane		b						
Miscellaneous Revenue		С						
Mis			All other revenue					
_		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		658,043.	63,043.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	19,000.	19,000.		
3	Grants and other assistance to foreign	13,000.	15,000.		
3	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,				
5	trustees, and key employees	8,779.	999.	7,780.	
6	Compensation not included above to disqualified	0 7 7 7 3 0	3330	7 7 7 0 0 0	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	45,392.	36,845.	8,271.	276
8	Pension plan accruals and contributions (include	-0,002.	30,013.	· / = / = •	2,0
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,240.	4,359.	1,849.	32
9 10	Payroll taxes	3,867.	2,702.	1,145.	20
10 11	Fees for services (nonemployees):	3,007.	24,102.	-,	20
	Management				
a					
b	Legal				
C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	6,669.	2,529.	4,140.	
40	column (A) amount, list line 11g expenses on Sch 0.)	0,000.	2,525.	7,170.	
12	Advertising and promotion	1,623.	1,134.	481.	8
13	Office expenses	5,256.	3,672.	1,557.	27
14	Information technology	3,230.	3,072.	1,337.	
15 16	Royalties	2,998.	2,683.	150.	165
16 17	Occupancy	9.	6.	3.	103
17	Travel	J.	0.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	16.	11.	5.	
19	Conferences, conventions, and meetings	10.	11.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	99,849.	73,940.	25,381.	528
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	578,139.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	63,033.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	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		15	641 172
	16	Total assets. Add lines 1 through 15 (must equal line 33)		 	641,172.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
bili		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Lia	00	controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties		24	
	2 4 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		• • • • • • • • • • • • • • • • • • • •	0.	25	82,978.
	26	of Schedule D Total liabilities. Add lines 17 through 25			82,978.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X X			02/07/07
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions		27	85,500.
Bal	28	Net assets with donor restrictions		28	472,694.
nd		Organizations that do not follow FASB ASC 958, check here			
.Fu		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Asi	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances		32	558,194.
	33	Total liabilities and net assets/fund balances		33	641,172.
					Form 990 (2020)

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		8,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,8		
3	Revenue less expenses. Subtract line 2 from line 1	3	55	8,1	94.	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4					
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 on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	55	8,1	94.	
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	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	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	e basis,				
	consolidated basis, or both:					
	Separate basis X 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 th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
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 Audit				
	Act and OMB Circular A-133?	-	За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990 (2020)	

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 ACTION FUND

Employer identification number 85-0895977

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Simila	r Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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	_		
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	•	•	
Da				Yes No
Par			orm 990, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (for example, recrea			cally important land area
	Protection of natural habitat	Presei	vation of a certifie	ed historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in	the form of a cons	
	day of the tax year.		-	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic str			2c
a	Number of conservation easements included in (c) acquired		1	
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or termina	ted by the organiz	ation during the tax
	year Number of states where a second subject to consequential as			
4	Number of states where property subject to conservation ea		adlina af	
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,			
6	Starr and volunteer riodrs devoted to monitoring, inspecting,	mandling of violations, and emol	cing conservation	reasements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing	conservation easy	ements during the year
•	S	aming of violations, and emoreing	conscivation cast	smertis during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of se	ction 170(h)(4)(R)(i)
·	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the footi		•	
	organization's accounting for conservation easements.	Total to the organization of imano	ar otatornomo tria	
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasure	s, or Other Si	imilar Assets.
	Complete if the organization answered "Yes" on Form	•	·	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue st	atement and balar	nce sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or rese	earch in furtherand	ce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes	these items.	·
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	·		•
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				\$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A		5 /1	
а	Revenue included on Form 990, Part VIII, line 1	•		> \$
b	Assets included in Form 990, Part X			> \$

032051 12-01-20

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

Schedule D (Form 990) 2020

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total Add lines 1a through 1e (Column (d) must equ	al Form 990 Part X colu	mn (R) line 10c)		0.

Schedule D (Form 990) 2020

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	INTRA-ORGANIZATION PAYABLE	82,978.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	82,978.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

	dule D (Form 990) 2020 ALLIED MEDIA ACTION FU			95977 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial S	Statements With Rever	nue per Return.	_
	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	658,043.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)	2d		0
	Add lines 2a through 2d			<u>().</u>
	Subtract line 2e from line 1		3	658,043.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		4.	0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1			658,043.
	t XII Reconciliation of Expenses per Audited Financial S		5 nses ner Return	
ı uı	Complete if the organization answered "Yes" on Form 990, Part IV,	-	nises per rictum	•
1	Total expenses and losses per audited financial statements		1	99,849.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			33,013
	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1			99,849.
	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			99,849.
	t XIII Supplemental Information.		•	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	•	Part V, line 4, Part A,	ille 2, Part AI,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization							Employer identification number
	ALLIED ME		N FUND					85-0895977
Part I								
	oes the organization maintain records							
Cr	riteria used to award the grants or assi	stance?						X Yes No
	escribe in Part IV the organization's pro							
Part II	Granto ana Otnor Addictance to	_				anization answered "\	es" on Form 990, Part	t IV, line 21, for any
	recipient that received more than					(f) Method of	(a) December of	(h) Dumaga of sugar
I (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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a			ne line 1 table			•	<u> </u>
3 Fr	nter total number of other organization	s listed in the line	1 table					

(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
GRANTED AWARDS	4	19,000.	0.		
		5			
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, column	n (b); and any other a	dditional information.	
PART I, LINE 2:					
ALL GRANT EXPENDITURES ARE ACCOUN	TED FOR,	REVIEWED A	ND APPROVE	D BY THE	
BOARD OF DIRECTORS.					

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

ALLIED MEDIA ACTION FUND	85-0895977
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHOR	ITY 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 P	UBLIC ACCOUNTING
FIRM TO PREPARE THE FORM 990. UPON COMPLETION, IT IS REVI	EWED BY THE
ORGANIZATION'S PRESIDENT AND TREASURER. A COPY OF FORM 9	90 IS PROVIDED TO
ALL BOARD MEMBERS PRIOR TO BEING FILED WITH THE INTERNAL	REVENUE SERVICE.
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 C, LINE 19:	
REQUESTS FOR ACCESS TO DOCUMENTS, WHICH BY LAW ARE OPEN T	O PUBLIC ACCESS,
MAY BE MADE BY APPLICATION TO THE ORGANIZATION.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization
ALLIED MEDIA ACTION FUND

Employer identification number 85-0895977

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)		(d) Total income		(e) End-of-year assets		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line	e 34, becau	use it had on	e or more	related tax-exe	empt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt C section	n stat	(e) Iblic charity us (if section		(f) et controlling entity	cont	g) 512(b)(13) rolled tity?	
ALLIED MEDIA PROJECTS, INC 01-0559608	TO SUPPORT THE GROWTH OF				501(c)(3))			Yes	No	
4126 THIRD STREET DETROIT, MI 48201	MEDIA-BASED ORGANIZING MODELS.	MICHIGAN	501(C)(3)	LINI	z 7	N/A			x	
						.,				

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	allocatio		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
				4						Ш	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr enti	o)(13) rolled ity?
		country)						Yes	No
	1								
	1								
	1	21		ı					

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with or	ne or more re	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
b	Gift, grant, or capital contribution to related organization(s)				1b		X	
С	b Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets to related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Naring of facilities, equipment, and includes organization or related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of paid employees with related organization(s) Paid includes the services or membership or fundraising solicitations by related organization(s) Dividends from related organization(s) The performance of services or membership or fundraising solicitations by related organization(s) Paid includes from related organization(s) Dividends from related organization(s) The performance of services or membership or fundraising solicitations by related organization(s) Dividends from							
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e		X	
					1f		X	
					1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
- 1	Performance of services or membership or fundraising solicitations for related organization((s)			11		X	
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1p	Х		
					1q		X	
	q Reimbursement paid by related organization(s) for expenses							
r	Other transfer of cash or property to related organization(s)				1r		X	
					1s		X	
	Name of related organization Tran	nsaction			lved			
(1) 2	ALLIED MEDIA PROJECTS, INC.	0	64,278.	ACTUAL CASH TRANSFERS				
(2)								
(3)								
(4)								
(5)								
(6)								
	3 10-28-20	22		Schedule R	(Forr	n 990\	2020	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	()	j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	total	end-of-year	allocation	ons?	of Schedule K-1	parti	ner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
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