Form	9	9	0

Department of the Treasury

## EXTENDED TO NOVEMBER 15, 2022

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

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

OMB No. 1545-0047 **Open to Public** 

Interr	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the	he latest	information.	Inspection
AF	or th	e 2021 calen	dar year, or tax year beginning and end	ding		
B	heck if pplicab	C Name	of organization		D Employer identific	ation number
	Addre chang		IED MEDIA PROJECTS, INC.			
	Name Chang	ge Doing	business as		01-055960	)8
	Initial return			om/suite	E Telephone number	
	Final return termir		6 THIRD STREET		(313) 718	
	ated Amen	City or	town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	40,891,643.
	_lreturn		ROIT, MI 48201		H(a) Is this a group ret	
	Applie tion pendi		and address of principal officer: TONI MOCERI		for subordinates?	
			AS C ABOVE	507	H(b) Are all subordinates inc	
			X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) or IEDMEDIA.ORG	527		ist. See instructions
			Image: A constraint of the state of th		H(c) Group exemption	State of legal domicile: <b>MI</b>
	art I	Summar		L Year o		State of legal domicile: MIL
			be the organization's mission or most significant activities: TO SUP		THE CROWTH	OF
Activities & Governance	'	MEDTA –	BASED ORGANIZING MODELS.			01
nar			ox      if the organization discontinued its operations or disposed	d of more	than 25% of its not as	sete
ver			oting members of the governing body (Part VI, line 1a)			8
ß			dependent voting members of the governing body (rat v), and ray			8
ې د			r of individuals employed in calendar year 2021 (Part V, line 2a)			100
itie			r of volunteers (estimate if necessary)			250
cti			ed business revenue from Part VIII, column (C), line 12			-71,144.
◄			d business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
Ð	8	Contribution	s and grants (Part VIII, line 1h)		19,487,670.	38,552,310.
Revenue			vice revenue (Part VIII, line 2g)		1,710,142.	2,297,187.
eve			ncome (Part VIII, column (A), lines 3, 4, and 7d)		24,977.	20,903.
Œ	11	Other revenue	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-74,687.	-71,144.
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,148,102.	40,799,256.
	13	Grants and s	similar amounts paid (Part IX, column (A), lines 1-3)		1,727,464.	3,813,540.
	14	Benefits paid	d to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10) $\ldots$		4,619,214.	6,219,207.
sue	16a	Professional	fundraising fees (Part IX, column (A), line 11e) sing expenses (Part IX, column (D), line 25) ▶377,604		64,130.	117,465.
Expenses	b	Total fundra	sing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 377,604	<u>ı.                                    </u>		
ш	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,139,228.	8,445,560.
			ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,550,036.	18,595,772.
	19	Revenue les	s expenses. Subtract line 18 from line 12		9,598,066.	22,203,484.
Net Assets or Fund Balances					jinning of Current Year	End of Year
sset. Jalar	20		(Part X, line 16)		21,909,153.	44,433,468.
atAs	21		es (Part X, line 26)		2,516,609.	2,837,440.
			r fund balances. Subtract line 21 from line 20		19,392,544.	41,596,028.
Pa	art II	Signatu	re Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer TONI MOCERI, CO-EXECUT Type or print name and title	IVE DIRECTOR		Date
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	MICHAEL B. BOISVENU, CPA			self-employed P01355707
Preparer	Firm's name 🕒 BOISVENU & COMPA			Firm's EIN 🖌 38-2857129
Use Only	Firm's address 30600 TELEGRAPH	ROAD, SUITE 1300		
	BINGHAM FARMS, M			Phone no. (248)647-7200
May the II	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form <b>990</b> (2021)

Form	ALLIED MEDIA PROJECTS, INC.	01-0559608 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: ALLIED MEDIA PROJECTS CULTIVATES MEDIA STRATEGIES F	
	CREATIVE, AND COLLABORATIVE WORLD. WE SERVE A NETWO	
	ARTISTS, EDUCATORS, AND TECHNOLOGISTS WORKING FOR S	
2	Did the organization undertake any significant program services during the year which were not listed o	on the
-	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program so	ervices? Yes X No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	• •
	revenue, if any, for each program service reported.	, i ,
4a	(Code: ) (Expenses \$ 15,775,185. including grants of \$ 3,813,540.	) (Revenue \$ 2,297,187.)
	THROUGH THE ANNUAL ALLIED MEDIA CONFERENCE WE INNOV	
	MODELS FOR USING MEDIA FOR TRANSFORMATIVE SOCIAL CH.	ANGE. OUT OF THE
	CONFERENCE EMERGE NEW PROJECTS, CAMPAIGNS, AND COLL	
	CONTINUE YEAR ROUND. THROUGH OUR SPONSORED PROJECTS	•
	THESE PROJECTS ACCESS TO A RANGE OF SUPPORTIVE SERV	
	FISCAL MANAGEMENT, PROJECT PLANNING, FUNDRAISING SU	PPORT, AND
	COMMUNICATIONS STRATEGY.	
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$ )
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
_4e	Total program service expenses ► 15,775,185.	
		Form <b>990</b> (2021)
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Form	990	(2021)

Part IV Checklist of Required Schedules

ALLIED MEDIA PROJECTS, INC.

			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			x
E	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 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	5		
U	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	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	110		x
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
<u>م</u>	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	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	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 other assistance to or for any			
40	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			x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i> . See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	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,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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ALLIED MEDIA PROJECTS, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	N
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	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		2
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\vdash$
	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		$\vdash$
	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		2
	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	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? <i>If "Yes," complete Schedule L, Part II</i>	26		x
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	-
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
	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
	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par		38	X	L
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
1.0	Enter the number reported in box 3 of Form 1096 Enter 0 if not applicable			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 416	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
b		-		

Form 990	(2021)
Part V	Sta

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	†
	filed for the calendar year ending with or within the year covered by this return 2a 100	)		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	I
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	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" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		
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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		
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).			
	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1.0		
	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	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	<b>Note:</b> 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			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand <b>13c</b>	140		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		-
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		-
		15		
	excess parachute payment(s) during the year?	13		-
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
6	-	10		j
7	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	activities that would result in the imposition of an excise tax under section 4301, 4302 of 4303?	<b>–</b> "		-
	If "Yes," complete Form 6069.			

Form 990	(2021)	)
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ALLIED MEDIA PROJECTS, INC.

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				
ect	tion A. Governing Body and Management			1	-
		1.1	0	Yes	
	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	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.		0		
	Enter the number of voting members included on line 1a, above, who are independent		8		L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with any other			ł
_	officer, director, trustee, or key employee?		2		╀
	Did the organization delegate control over management duties customarily performed by or under the	-			
	of officers, directors, trustees, or key employees to a management company or other person?		3		ł
	Did the organization make any significant changes to its governing documents since the prior Form		4		∔
	Did the organization become aware during the year of a significant diversion of the organization's a		5		∔
	Did the organization have members or stockholders?		6		∔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or				
	more members of the governing body?		7a		ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			l
	persons other than the governing body?		7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
iect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such				I
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х	1
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				1
	on Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	Х	1
	Did the organization have a written document retention and destruction policy?		14	Х	1
	Did the process for determining compensation of the following persons include a review and appro				1
U	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				I
а	The organization's CEO, Executive Director, or top management official		15a	x	1
	Other officers or key employees of the organization		15b	x	1
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		150		ł
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	omont with a			
			16a		l
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		104		┨
					I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org exempt status with respect to such arrangements?		1Ch		1
	exempt status with respect to such arrangements?		16b		4
					_
	List the states with which a copy of this Form 990 is required to be filed <b>MI</b>		<u></u>	、 ··	-
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-1 (section 501(c)(	3)s only	) avai	ič
	for public inspection. Indicate how you made these available. Check all that apply.				
		in on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest policy, a	nd fina	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 b				
20	ASTA PETKEVICIUTE - (313) 718-2267				_
20	State the name, address, and telephone number of the person who possesses the organization's b ASTA PETKEVICIUTE - (313) 718-2267 4126 THIRD STREET, DETROIT, MI 48201				_
20	ASTA PETKEVICIUTE - (313) 718-2267		Form	1 <b>990</b>	-

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	ndividual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	idual	Institutional trustee	5	Key employee	est co oyee	er	, i		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) MARIANNE RUIZ	40.00									
KAIROS EXECUTIVE DIRECTOR				4		X		137,850.	0.	8,429.
(2) RASHID SHABAZZ	40.00									
CRITICAL MINDED EXECUTIVE DIRECTOR						X		132,630.	0.	9,153.
(3) JENIFER DANIELS	40.00									
CO-EXECUTIVE DIRECTOR	2.00					Х		118,538.	0.	9,907.
(4) IRAM ALI	40.00									
KAIROS INTERIM DIR. OF CAMPAIGNS						Х		117,777.	0.	9,856.
(5) SANDHYA ANANTHARAMAN	40.00									
KAIROS INTERIM DIR. OF PROGRAMS						Х		117,315.	0.	10,021.
(6) JEANETTE L. LEE	50.00									
EXECUTIVE DIRECTOR	3.00			Х				107,867.	0.	10,007.
(7) SASHA COSTANZA-CHOCK	1.00									
DIRECTOR		Х						45,377.	0.	0.
(8) HANNAH J. SASSAMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) EMI KANE	2.00									
DIRECTOR		Х						0.	0.	0.
(10) CEZANNE CHARLES	2.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(11) MOYA BAILEY	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(12) HELIXX ARMAGEDON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DANA BRITTO	2.00									
TREASURER	2.00	Х		Х				0.	0.	0.
(14) ELENA ROSE VERA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ANNE CHOIKE	1.00									
DIRECTOR		X						0.	0.	0.
(16) KIM HUNTER	1.00									_
DIRECTOR		х						0.	0.	0.
										<b>000</b> (0001)

132007 12-09-21

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7 2021.04014 ALLIED MEDIA PROJECTS, INC. ALLIEDC1

Form 990 (2021)

orm 990 (2021) ALLIED MEDIA PROJECTS, INC. 01-0559608 Page 8									age <b>8</b>				
Part VII Section A. Officers, Directors, Tr		ploy	ees,			ghe	st C	1					
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s botl	h an				on amount of		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	pensa om the anizati d relate	e ion ed
		-											
1b Subtotal		<u> </u>						777,354.		0.	5	7,3	73.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)			<u></u>					0. 777,354.		0.	5	7,3	0. 73.
2 Total number of individuals (including bu compensation from the organization ►	t not limited to th	nose	liste	ed ab	ove	e) wh	io r	eceived more than \$100	),000 of reportab	le			7
3 Did the organization list any <b>former</b> office			key e	emple	oye	e, or	hig	phest compensated emp	bloyee on			Yes	No
<ul> <li>line 1a? If "Yes," complete Schedule J fo</li> <li>For any individual listed on line 1a, is the and related organizations greater than \$</li> </ul>	sum of reportab	le co	ompe	ensa	tion	and	d otl		the organization		3		X X
5 Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," co</i> Section B. Independent Contractors	-				-			-			5		X
1 Complete this table for your five highest	-	-								npens	ation f	rom	
the organization. Report compensation for (A) (A) Name and busine		ear e	endi	ng w	<u>ith c</u>	or w	ithir	n the organization's tax (B) Description of s		c	(C compe		n
MIG EAST, LLC, 422 W CONGRESS ST., STE. 400, DETROIT, MI 48226							_	GENERAL CONT	RACTING	3	,96	9,4	99.
LEVERAGE PHILANTHROPIC 328 W. 19TH ST., NEW YO		-		-			_	CONSULTING			27	8,0	33.
MUSLIM ARC 8780 19TH ST., RANCHO CUCAMONGA, CA 91701 CONSULTIN AMB LLC											27	2,6	36.
725 W TOWN & COUNTRY RD., ORANGE, CA 92868PRESENTATION FEES17QUINN EVANS, 4219 WOODWARD AVE., STE. 301,									8,2				
DETROIT, MI 48201 2 Total number of independent contractors \$100,000 of compensation from the orga		not lii	mite	d to	thos 7	-		ARCHITECT d above) who received n	nore than		15	1,2	82.
	~								1		Form	<b>990</b> (2	2021)

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7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         7 a       7a       7a         b Less: cost or other basis       1       1	
Sector       Total revenue       Related or exempt function revenue       Unrelation business re- business re- business re- truction revenue       Unrelation business re- business re- truction revenue       Unrelation business re- truction revenue         Sector       1 a       1 a       1 a       1 a         b       Membership dues       1 b       1 a       1 a         c       Fundraising events       1 a       1 a       1 a         d       Related organizations       1 a       1 a       1 a         e       Government grants (contributions, gifts, grants, and similar amounts not included above generation and similar amounts included above assess the reprogram service revenue       3 8, 552, 310.       1 a         g       Noncash contributions included in lines 1a · 1f       1 a       3 8, 552, 310.       1 a         b	
set of the second se	ed Revenue excluded
Business Code       Business Code         b       611420       2,297,187.       2,297,187.         c       611420       2,297,187.       2,297,187.         d       e       611420       2,297,187.         g       Total. Add lines 2a-2f       2,297,187.       2,297,187.         g       Total. Add lines 2a-2f       2,297,187.       2,297,187.         g       Total. Add lines 2a-2f       2,297,187.       20,903.         g       Investment income (including dividends, interest, and other similar amounts)       20,903.       20,903.         4       Income from investment of tax-exempt bond proceeds       5       6       21,243.         g       Investment income or (loss)       6       92,387.       6       6         g cross rents       6       92,387.       6       -71,144.       -71         g cross amount from sales of assets other than inventory       60 92,387.       -71,144.       -71         g cross amount from sales of assets other than inventory       00 Securities (ii) Other assets other than inventory       -71,144.       -71         g cross of or other basis       10 Securities (ii) Other assets other than inventory       -71,144.       -71	evenue from tax under
Business Code       Business Code         b       611420       2,297,187.       2,297,187.         c       611420       2,297,187.       2,297,187.         d       e       611420       2,297,187.         g       Total. Add lines 2a-2f       2,297,187.       2,297,187.         g       Total. Add lines 2a-2f       2,297,187.       2,297,187.         g       Total. Add lines 2a-2f       2,297,187.       20,903.         g       Investment income (including dividends, interest, and other similar amounts)       20,903.       20,903.         4       Income from investment of tax-exempt bond proceeds       5       6       21,243.         g       Investment income or (loss)       6       92,387.       6       6         g cross rents       6       92,387.       6       -71,144.       -71         g cross amount from sales of assets other than inventory       60 92,387.       -71,144.       -71         g cross amount from sales of assets other than inventory       00 Securities (ii) Other assets other than inventory       -71,144.       -71         g cross of or other basis       10 Securities (ii) Other assets other than inventory       -71,144.       -71	sections 512 - 514
Business Code         Business Code         Business Code         C         C         C         G         C         G         C         G         C         G         G         G         G         G         G         G         G         G         J         J         J         J         J         J         J         J         J         J         J       J         J       J         J       J         J       J         J       J         J       J       J         J       J       J         J       J       J       J         J       J       J       J       J         J       J       J       J       J       J       J       J       J       J       J       J       J <thj< th="">       J       <thj< th="">       &lt;</thj<></thj<>	
Business Code         Business Code         Business Code         C         C         C         G         C         G         C         G         C         G         G         G         G         G         G         G         G         G         J         J         J         J         J         J         J         J         J         J         J       J         J       J         J       J         J       J         J       J         J       J       J         J       J       J         J       J       J       J         J       J       J       J       J         J       J       J       J       J       J       J       J       J       J       J       J       J <thj< th="">       J       <thj< th="">       &lt;</thj<></thj<>	
Business Code         Business Code         C       611420       2,297,187.       2,297,187.         C       611420       2,297,187.       2,297,187.         G       C       C       C       C         d       C       C       C       C         d       C       C       C       C         d       C       C       C       C         g       Total. Add lines 2a.2f       D       2,297,187.       C         g       Local fination of tax-exempt bond proceeds       D       D       D       D         g       Royalties       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D </td <td></td>	
Business Code         Business Code         C       611420       2,297,187.       2,297,187.         C       611420       2,297,187.       2,297,187.         G       C       C       C       C         d       C       C       C       C         d       C       C       C       C         d       C       C       C       C         g       Total. Add lines 2a.2f       D       2,297,187.       C         g       Local fination of tax-exempt bond proceeds       D       D       D       D         g       Royalties       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D </td <td></td>	
Business Code       Business Code         b       611420       2,297,187.       2,297,187.         c       611420       2,297,187.       2,297,187.         d       e       611420       2,297,187.         g       Total. Add lines 2a.2f       2,297,187.       2,297,187.         3       Investment income (including dividends, interest, and other similar amounts).       20,903.         4       Income from investment of tax-exempt bond proceeds       20,903.         5       Royalties       6a         c       c       611420         f       All other program service revenue       20,903.         4       Income from investment of tax-exempt bond proceeds       5         5       Royalties       5         6       a Gross rents       6a       21,243.         6       92,387.       6b       92,387.         c       Rental income or (loss)       6c       -71,144.         d       Net rental income or (loss)       -71,144.       -71         7       a Gross amount from sales of assets other than inventory       10       Securities       (ii) Other         b       Less: cost or other basis       10       Securities       (ii) Other       -71<	
Business Code         Business Code         C       611420       2,297,187.       2,297,187.         C       611420       2,297,187.       2,297,187.         G       C       C       C       C         d       C       C       C       C         d       C       C       C       C         d       C       C       C       C         g       Total. Add lines 2a.2f       D       2,297,187.       C         g       Local fination of tax-exempt bond proceeds       D       D       D       D         g       Royalties       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D </td <td></td>	
Business Code       Business Code         b       611420       2,297,187.       2,297,187.         c       611420       2,297,187.       2,297,187.         d       e       611420       2,297,187.         g       Total. Add lines 2a.2f       2,297,187.       2,297,187.         3       Investment income (including dividends, interest, and other similar amounts).       20,903.         4       Income from investment of tax-exempt bond proceeds       20,903.         5       Royalties       6a         c       c       611420         f       All other program service revenue       20,903.         4       Income from investment of tax-exempt bond proceeds       5         5       Royalties       5         6       a Gross rents       6a       21,243.         6       92,387.       6b       92,387.         c       Rental income or (loss)       6c       -71,144.         d       Net rental income or (loss)       -71,144.       -71         7       a Gross amount from sales of assets other than inventory       10       Securities       (ii) Other         b       Less: cost or other basis       10       Securities       (ii) Other       -71<	
Business Code       Business Code         b       611420       2,297,187.       2,297,187.         c       611420       2,297,187.       2,297,187.         d       e       611420       2,297,187.         g       Total. Add lines 2a.2f       2,297,187.       2,297,187.         3       Investment income (including dividends, interest, and other similar amounts).       20,903.         4       Income from investment of tax-exempt bond proceeds       20,903.         5       Royalties       6a         c       c       611420         f       All other program service revenue       20,903.         4       Income from investment of tax-exempt bond proceeds       5         5       Royalties       5         6       a Gross rents       6a       21,243.         6       92,387.       6b       92,387.         c       Rental income or (loss)       6c       -71,144.         d       Net rental income or (loss)       -71,144.       -71         7       a Gross amount from sales of assets other than inventory       10       Securities       (ii) Other         b       Less: cost or other basis       10       Securities       (ii) Other       -71<	
2 a       REGISTRATION & PROGRAM FEES       611420       2,297,187.       2,297,187.         b	
Description       2	
g Total. Add lines 2a-2f   3   3   Investment income (including dividends, interest, and other similar amounts)   4   4   1   5   7   a   6   a   6   a   6   a   6   a   6   a   6   a   6   a   b   b   b   b   b   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c    c   c	
g Total. Add lines 2a-2f   3   Investment income (including dividends, interest, and other similar amounts)   4   1   5   7   a   6   a   6   a   6   a   6   a   6   b   92,387.   c   c   c   e   income or (loss)   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c<	
g Total. Add lines 2a-2f   3   Investment income (including dividends, interest, and other similar amounts)   4   1   5   7   a   6   a   6   a   6   a   6   a   6   b   92,387.   c   c   c   e   income or (loss)   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c<	
g Total. Add lines 2a-2f   3   Investment income (including dividends, interest, and other similar amounts)   4   1   5   7   a   6   a   6   a   6   a   6   a   6   b   92,387.   c   c   c   e   income or (loss)   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c<	
g Total. Add lines 2a-2f   3   Investment income (including dividends, interest, and other similar amounts)   4   1   5   7   a   6   a   6   a   6   a   6   a   6   b   92,387.   c   c   c   e   income or (loss)   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c   c<	
g Total. Add lines 2a-2f       ▶       2,297,187.         3       Investment income (including dividends, interest, and other similar amounts)       ▶       20,903.         4       Income from investment of tax-exempt bond proceeds       ▶       20,903.         5       Royalties       ▶       20         6       a Gross rents       6a       21,243.         b Less: rental expenses       6b       92,387.       6c         c       Rental income or (loss)       -71,144.       -71         7       a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis       (i) Securities       (ii) Other	
3       Investment income (including dividends, interest, and other similar amounts)       ▶       20,903.         4       Income from investment of tax-exempt bond proceeds       ▶       20,903.         5       Royalties       ▶       ▶         6       a Gross rents       6a       21,243.         b Less: rental expenses       6b       92,387.       ●         c       Rental income or (loss)       6c       -71,144.         d       Net rental income or (loss)	
other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   a   Gross rents   b   b   c   Rental income or (loss)   d   d   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i <td></td>	
4       Income from investment of tax-exempt bond proceeds         5       Royalties         6       a Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         7       a Gross amount from sales of assets other than inventory         b       Less: cost or other basis	20,903
5       Royalties       ▶       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■       ■	
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses       6a       21,243.         c Rental income or (loss)       6b       92,387.         d Net rental income or (loss)       6c       -71,144.         7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         7a       (ii) Securities       (iii) Other         7a       (iii) Securities       (iii) Other         7a       (iiii) Securities       (iiii) Other         7a       (iiii) Securities       (iiii) Securities         Securities       (iiii) Securities       (iiiii) Securities         Securities       (iiiiii) Securities       (iiiiiii) Securities         Securities       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
b       Less: rental expenses       6b       92,387.         c       Rental income or (loss)       6c       -71,144.         d       Net rental income or (loss)       -71,144.       -71         7       a       Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         7       b       Less: cost or other basis       -71       -71	
b       Less: rental expenses       6b       92,387.         c       Rental income or (loss)       6c       -71,144.         d       Net rental income or (loss)       -71,144.       -71         7       a       Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         7       b       Less: cost or other basis       -71       -71	
c       Rental income or (loss)       6c       -71,144.         d       Net rental income or (loss)       -71,144.       -71         7 a       Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b       Less: cost or other basis       -71       -71	
d     Net rental income or (loss)     -71,144.     -71       7 a     Gross amount from sales of assets other than inventory     (i) Securities     (ii) Other       b     Less: cost or other basis	
7 a Gross amount from sales of assets other than inventory     (i) Securities     (ii) Other       7 a     7a	,144.
assets other than inventory b Less: cost or other basis 7a	
b Less: cost or other basis	
c Gain or (loss)	
and sales expenses     7b       c     Gain or (loss)       d     Net gain or (loss)	
• • • Grass income from fundraising quants (set	
including \$ of	
contributions reported on line 1c). See	
Part IV, line 18	
b Less: direct expenses 8b	
c Net income or (loss) from fundraising events	
9 a Gross income from gaming activities. See	
Part IV, line 19 9a	
b Less: direct expenses 9b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances 10a	
b Less: cost of goods sold 10b	
c Net income or (loss) from sales of inventory Business Code	
So enclose     11 a       b	
d All other revenue	
e Total. Add lines 11a-11d	144 00.000
12         Total revenue. See instructions         ▲ 40,799,256.         2,297,187.         -71           132009         12-09-21	,144. 20,903 Form <b>990</b> (2021

ALLIED MEDIA PROJECTS, INC.

Form 990 (2021)

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01-0559608 Page 9

ALLIED MEDIA PROJECTS, INC. 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).

0000	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	-	-	· · · ·	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,264,944.	3,264,944.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	548,596.	548,596.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	116,795.	112,123.	4,672.	
6	trustees, and key employees Compensation not included above to disqualified	110,755.	112,123.	4,072.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,170,011.	4,203,352.	829,462.	137,197.
8	Pension plan accruals and contributions (include	, ,,,,===•	,,	_ ,	,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	495,484.	402,874.	79,467.	13,143.
10	Payroll taxes	436,917.	356,524.	69,033.	11,360.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
с	A				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	117,465.			117,465.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	5,906,533.	5,041,516.	843,850.	21,167.
12	Advertising and promotion	696,699.	601,251.	78,030.	17,418.
13	Office expenses	241 050	176,054.	150 645	6,153.
14	Information technology	341,852.	1/0,054.	159,645.	0,103.
15	Royalties	321,898.	148,395.	155,799.	17,704.
16		160,812.	143,123.	17,689.	1/,/04•
17		100,012.	143,123.	17,005.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	253,404.	226,797.	26,607.	
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,931.	7,993.	447.	491.
23	Insurance		· · · ·		
24	Other expenses. Itemize 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 0.)				
а	ACTIVITIES & MATERIALS	755,431.	541,643.	178,282.	35,506.
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	18,595,772.	15,775,185.	2,442,983.	377,604.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021)

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Form **990** (2021)

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33

Total liabilities and net assets/fund balances ...

21,909,153.

33

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

(A) (B) Beginning of year End of year 8,279,741. 26,357,878. Cash - non-interest-bearing 1 1 10,456,504. 10,477,407. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 641,594. 1,493,153. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9,554. 51,699. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 1,283,641. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 279,296. 1,031,867. 1,004,345. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 1,447,748. 5,091,131. Other assets. See Part IV, line 11 15 15 21,909,153. 44,433,468. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) ...... 1,491,609. 1,658,876. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 178,609. 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 1,025,000. 999,955. 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 2,516,609. 2,837,440. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 7,857,124. 5,126,319. Net assets without donor restrictions 27 27 11,535,420. 36,469,709. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 19,392,544. 41,596,028. Total net assets or fund balances 32 32

44,433,468. Form 990 (2021)

Form 9

Assets

-iabilities

Net Assets or Fund Balances

Form 990 (	2021)		
Part X	Bal	ance	Sheet

Form	ALLIED MEDIA PROJECTS, INC.	01-	0559	508	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,79</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 59		
3	Revenue less expenses. Subtract line 2 from line 1	3				84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	<u>, 39:</u>	2,5	44.
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	41	<u>, 59</u>	5,0	28.
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 on Schedul					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		L
				Form	990 (	(2021)

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Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

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Nan	ne o	τtr	ne organization	<b></b>			r				1-0559608			
Da	ırt I					All organizations must		-:			1-0223000			
										15.				
	orga					(For lines 1 through 12,								
1			A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)											
2														
3		☐ A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>												
4		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:												
5		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.)												
6			A federal, state, or lo	ocal gov	ernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).					
7	X		An organization that	t normall	ly receives a substa	antial part of its support	from a gov	ernmental	unit or from 1	he general	public described in			
		_	section 170(b)(1)(A)	. <b>)(vi).</b> (Co	omplete Part II.)									
8			A community trust d	describe	d in section 170(b)	(1)(A)(vi). (Complete Pa	rt II.)							
9			An agricultural resea	arch orga	anization described	d in section 170(b)(1)(A)	(ix) operate	ed in conju	inction with a	land-grant	college			
			or university or a nor	n-land-gi	rant college of agric	culture (see instructions)	. Enter the	name, city	/, and state o	f the colleg	je or			
		_	university:											
10			An organization that	t normall	ly receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts from			
			activities related to i	its exem	pt functions, subje	ct to certain exceptions	and (2) no	more than	n 33 1/3% of	its support	from gross investment			
			income and unrelate	ed busin	iess taxable income	e (less section 511 tax) f	rom busine	sses acqu	ired by the o	rganization	after June 30, 1975.			
		_	See section 509(a)(	(2). (Com	nplete Part III.)									
11			An organization orga	anized a	ind operated exclus	sively to test for public s	afety. See	section 50	)9(a)(4).					
12			An organization orga	anized a	ind operated exclus	sively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one or			
			more publicly suppo	orted org	janizations describe	ed in <b>section 509(a)(1)</b> (	or section	509(a)(2).	See <b>section</b>	509(a)(3). 🤇	Check the box on			
			lines 12a through 12	2d that c	describes the type of	of supporting organization	on and con	nplete lines	s 12e, 12f, an	d 12g.				
а			<b>Type I.</b> A supporti	ing orgai	nization operated, s	supervised, or controlled	d by its sup	ported org	ganization(s),	typically by	/ giving			
			the supported org	ganizatio	n(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting			
			organization. You	must co	omplete Part IV, Se	ections A and B.								
b			<b>Type II.</b> A support	ting orga	anization supervised	d or controlled in conne	ction with it	s support	ed organizatio	on(s), by ha	aving			
			control or manage	ement of	i the supporting org	anization vested in the	same perso	ons that co	ontrol or mana	age the sup	oported			
			organization(s). Yo	ou must	complete Part IV,	Sections A and C.								
с	. [		Type III functiona	ally integ	grated. A supportin	ng organization operated	l in connec	tion with, a	and functiona	lly integrat	ed with,			
			its supported orga	anization	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.					
d	ı [		Type III non-func	tionally	integrated. A supp	porting organization ope	rated in co	nnection v	vith its suppo	rted organ	ization(s)			
			that is not functior	nally inte	egrated. The organi	zation generally must sa	atisfy a dist	ribution re	quirement an	d an attent	iveness			
			requirement (see i	instructio	ons). You must cor	mplete Part IV, Section	s A and D	and Part	V.					
е	. [		Check this box if t	the orga	nization received a	written determination fr	om the IRS	that it is a	а Туре I, Туре	II, Type III				
						onally integrated suppor								
f	Er	nter	r the number of supp	ported o	rganizations									
			ide the following info											
		(i)	Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	nization listed ng document?	(v) Amount o	-	(vi) Amount of other			
			organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Tota														
I OT?	11													

## Schedule A (Form 990) 2021

ALLIED MEDIA PROJECTS, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,518,985.	6,823,837.	11,658,216.	19,487,670.	38,552,310.	80,041,018.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	3,518,985.	6,823,837.	11,658,216.	19,487,670.	38,552,310.	80,041,018.
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)						19,911,316.
	Public support. Subtract line 5 from line 4.						60,129,702.
	ction B. Total Support	(-) 0017	(1-) 0010	(1) 0010	(-1) 0000	(-) 0001	(6) T-+-1
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017 3,518,985.	(b) 2018 6,823,837.	(c) 2019	(d) 2020 19,487,670.	(e) 2021 38,552,310.	(f) Total 80,041,018.
	Amounts from line 4	5,510,905.	0,025,057.	11,050,210.	19,407,070.	50,552,510.	00,041,010.
ð	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	3,809.	7,717.	13,340.	24,977.	20,903.	70,746.
0	and income from similar sources Net income from unrelated business	5,005.	7,717.	13,340.	21,577.	20,505.	10,140.
9	activities, whether or not the			- -			
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						80,111,764.
	Gross receipts from related activities,	etc. (see instruction	I			12 7	,133,885.
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax	vear as a section 5		//
.0	organization, check this box and stop	-					
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
-	Public support percentage for 2021 (I		-	column (f))		14	75.06 %
	Public support percentage from 2020					15	69.86 %
	<b>33 1/3% support test - 2021.</b> If the c					nore. check this bo	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	0 10% -facts-and-circumstances test	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organ	ization	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s <b>&gt;</b>
						Schedule A	Form 990) 2021

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Schedule A (	(Form 990)	2021

ALLIED MEDIA PROJECTS, INC.

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

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

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		L				
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			fourth or fifth to			vization
4	First 5 years. If the Form 990 is for the	•			-		
	check this box and stop here		rcontago				
	-			a a lu usa (f))		45	0/
	Public support percentage for 2021 (lin					15	%
	Public support percentage from 2020 Stress D					16	%
	ction D. Computation of Invest		•			1 1	
	Investment income percentage for 202					17	%
	Investment income percentage from 20					18	%
19a	33 1/3% support tests - 2021. If the o						ine 17 is not
	more than 33 1/3%, check this box and						▶∟
b	33 1/3% support tests - 2020. If the c						
	line 18 is not more than 33 1/3%, chec	k this box and <b>s</b> t	<b>top here.</b> The orga	nization qualifies a	as a publicly suppo	orted organizat	tion ▶
20	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶∟
3202	23 01-04-22					Schedu	ıle A (Form 990) 2021
				15			
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## ALLIED MEDIA PROJECTS, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

132024 01-04-21

Schedule A (Form 990) 2021

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2021.04014 ALLIED MEDIA PROJECTS, INC. ALLIEDC1

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## Schedule A (Form 990) 2021 ALLIED MEDIA PROJECTS, INC.

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

## Section E. Type III Functionally Integrated Supporting Organizations

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*.

The organization supported a	overnmental entitv	. Describe in Part VI how	you supported a	governmental entity	(see instructions).
	The organization supported a	The organization supported a governmental entity	The organization supported a governmental entity. Describe in Part VI how	The organization supported a governmental entity. Describe in Part VI how you supported a	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
   132025 01-04-22

3b | Schedule A (Form 990) 2021

2a

2b

За

No

Yes

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15491026 748923 ALLIEDC3

3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7  $\perp$  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2

ALLIED MEDIA PROJECTS, INC. Schedule A (Form 990) 2021

	(Form 990) 2021			PROJECTS,		
Part V	Type III Non-Fu	unctionally Integ	grated 50	9(a)(3) Supporti	ng Organi	zations (continued)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)										
Secti	Section D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exe	1								
2	Amounts paid to perform activity that directly furthers exemp									
	organizations, in excess of income from activity	2								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s 3							
4	Amounts paid to acquire exempt-use assets		4							
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	5							
6	Other distributions (describe in Part VI). See instructions.		6							
7	Total annual distributions. Add lines 1 through 6.		7							
8	Distributions to attentive supported organizations to which the	he organization is responsive	9							
	(provide details in Part VI). See instructions.		8							
9	Distributable amount for 2021 from Section C, line 6		9							
10	Line 8 amount divided by line 9 amount		10							
		(i)	. (ii)	(iii)						
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021						
1	Distributable amount for 2021 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2021 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2021									
a	From 2016									
b	From 2017									
c	From 2018									
d	From 2019									
e	From 2020									
	Total of lines 3a through 3e									
	Applied to underdistributions of prior years									
h	Applied to 2021 distributable amount									
i	Carryover from 2016 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2021 from Section D,									
	line 7: \$									
	Applied to underdistributions of prior years									
	Applied to 2021 distributable amount									
	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2021, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in <b>Part VI.</b> See instructions.									
6	Remaining underdistributions for 2021. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2022. Add lines 3j and 4c.									
8	Breakdown of line 7:									
	Excess from 2017									
	Excess from 2018									
	Excess from 2019									
	Excess from 2020									
	Excess from 2020									

Schedule A (Form 990) 2021

		PROJECTS,		01-0559608 Pag
Part VI Supplemental Informatic Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and	3c, 4b, 4c, 5a, 6, 9 and 3; Part IV, Sect	a, 9b, 9c, 11a, 11b, a tion E, lines 1c, 2a, 2	and 11c; Part IV, Se b, 3a, and 3b; Part '	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V,
(See instructions.)				-
32028 01-04-22				Schedule A (Form 990)
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Employer identification number

01-0559608

Name of the organization

ALLIED MEDIA PROJECTS, INC. Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

		organization answered "Yes" on Form 990, Part IV, lir						
			(a) Donor advised funds	(	( <b>b)</b> Fur	nds and other acco	ounts	
1		number at end of year						
2		gate value of contributions to (during year)						
3		gate value of grants from (during year)						
4		gate value at end of year						
5		e organization inform all donors and donor advisors in	-					]
e		e organization's property, subject to the organization's				Yes		1
6		e organization inform all grantees, donors, and donor a aritable purposes and not for the benefit of the donor o						
					-	Yes		
Par		Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990.					-
		se(s) of conservation easements held by the organizat			,	-		-
		Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	f a histo	orically	/ important land an	ea	
		Protection of natural habitat				istoric structure		
		Preservation of open space						
2		lete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n of a co	onserv	vation easement or	the la	s
		the tax year.				Held at the End of		
а	Total n	number of conservation easements			2a			
b					2b			
с	Numbe	er of conservation easements on a certified historic st	ructure included in (a)		2c			
d	Numbe	er of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture				
	listed i	n the National Register			2d			
3	Numbe	er of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne orgar	nizatio	n during the tax		
	year 🕨							
4		er of states where property subject to conservation ea						
5	Does t	he organization have a written policy regarding the pe						٦
		ons, and enforcement of the conservation easements						]
6	Staff a	nd volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservati	on ea	sements during the	e year	
_	►							
7		nt of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation ea	aseme	ents during the yea	r	
~	►\$ <u></u>			0/1-)/4)/5	<b>-</b> )/(')			
8		each conservation easement reported on line 2(d) abo						٦
~		ection 170(h)(4)(B)(ii)?						1
9		XIII, describe how the organization reports conservat						
		e sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents tr	hat de	scribes the		
Dar		zation's accounting for conservation easements. Organizations Maintaining Collections of	of Art Historical Treasures or C	Other	Simi	lar Assets		-
<u>u</u>		Complete if the organization answered "Yes" on Forn			0			
<b>1</b> a		organization elected, as permitted under FASB ASC 9		and ha	lance	sheet works		-
		historical treasures, or other similar assets held for pu	, 1					
		e, provide in Part XIII the text of the footnote to its fina				, pablic		
b		organization elected, as permitted under FASB ASC 9			e she	et works of		
		storical treasures, or other similar assets held for public						
		e the following amounts relating to these items:	, ,			,		
	(i) Re	evenue included on Form 990, Part VIII, line 1				\$		
		sets included in Form 990, Part X						
2		organization received or held works of art, historical tre						-
		lowing amounts required to be reported under FASB A		0 /				
а		ue included on Form 990, Part VIII, line 1	-			\$		
		s included in Form 990, Part X				\$		
		aperwork Reduction Act Notice, see the Instruction				Schedule D (For	n 990)	;
	1 10-28-2					•		
			26					
€1	026	748923 ALLIEDC3 2021.0	04014 ALLIED MEDIA PR	OJE	CTS	, INC. ALI	LIED	)

	dule D (Form 990) 2021 ALLIED	MEDIA PROJ			easures. d	or Othe				B Page 2
3	Using the organization's acquisition, access									
Ū	collection items (check all that apply):				iono ning tila		grinioant doc	0110		
а	Public exhibition	d		an or excl	hange progra	am				
b	Scholarly research	е			515					
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how the	v further tl	he organizati	on's exen	npt purpose	in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	No No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			0			,	,	,	
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for co	ontribution	is or other as	sets not i	included			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
			U						Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII						• • • • • • • • • • • • • • • • • • • •			
Par	t V Endowment Funds. Complete	if the organization ar	וswered "ו	es" on Fc	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Pric	or year	(c) Two year	rs back 🛛 🌔	<b>d)</b> Three years	s back	(e) Four	years back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rrent year end balanc	ce (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for th	e organizatio	on		
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sch	nedule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	owment fu	nds.						
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990	), Part X, I	ine 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulated		(d) Book	value
		basis (investr	ment)	basis	. ,	dep	reciation			
1a	Land				4,900.					1,900.
	Buildings			88	7,900.	1	08,812	•	779	9,088.
	Leasehold improvements									
	Equipment				0,075.		79,718		30	),357.
	Other			9	0,766.		90,766			0.
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)		🕨	•	1,004	1,345.

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 20	<u>21 ALLIED</u>	MEDIA	PROJECTS,	INC.	
Part VII Investme	ts - Other Secur	ities.			

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of	n Form 000 Port IV line	11b See Form 000 Part V line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	al derivatives	( )		,
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	CASE DEPOSIT	DID		8,995.
	TRA-ORGANIZATION RECEIVA	АВГЕ		1,334.
	DNSTRUCTION IN PROGRESS			5,080,802.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		45)		F 001 121
Part X	Imn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b>	15.)		5,091,131.
Part A	Complete if the organization answered "Yes" of	n Form 000 Dort IV line	11. or 11f Coo Form 000 Port V line 05	
	(a) Description of liability	in Form 990, Fart IV, line	The of This See Form 990; Fait A, line 23:	(b) Book value
<u>1.</u>				
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		05.)		
i otal. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	20.)		

2. 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...

132053 10-28-21

Sche	dule D (Form 990) 2021 ALLIED MEDIA PROJECTS,	INC.	01-0559608 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		
Pa	t XII Reconciliation of Expenses per Audited Financial S		enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1	
а	Donated services and use of facilities		
b	Prior year adjustments	<b>2</b> b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE G	Suppleme	ental Information F	Regarding	Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990)		e organization answer organization entered m						2021
Department of the Treasury Internal Revenue Service		► Attach	to Form 990				ion	Open to Public Inspection
Name of the organization	n	MEDIA PROJEC						identification number
	ing Activities	. Complete if the organi			es" o	n Form 990, Part IV,		
<ol> <li>Indicate whether the a Mail solicitate</li> <li>Mail solicitate</li> <li>X Internet and</li> <li>C Phone solicitate</li> <li>A Non-person solicitate</li> <li>A Did the organization</li> <li>Key employees list</li> </ol>	ions email solicitations tations dicitations on have a written o red in Form 990, F d highest paid indi	sed funds through any c e [ s f [ g ] or oral agreement with a Part VII) or entity in conn- viduals or entities (fundr	X Solicitat X Solicitat Special ny individual ection with p	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or	
(i) Name and addres or entity (fund	(ii) Activity		have custody		(iv) Gross receipts from activity	(v) Amount pai to (or retained k fundraiser listed in col. (i	(VI) Amount paid to (or retained by)	
ALICIA DALY LLC - VERMONT AVE., ALEX			7.5.0	Yes	No X	0.	40,9	
ALYSON NAILAH DESI	,	DEVELOPMENT SERVIC	-59		•	0.	40,9	0. 0.
81 KENT DRIVE, ROS		DEVELOPMENT SERVIO	CES		x	٥.	7,3	14. 0.
MMJ DOCUMENTARIES CHANDELLAY DRIVE,		DEVELOPMENT SERVIO	CES		x	0.	10,3	
RED OLIVE CREATIVE					v	0	25 1	
- 2308 E BOUNDARY NICOLE SOLIS-SISON	,	DEVELOPMENT SERVIC	JES		X	0.	35,1	0. 0.
PROSPECT PLACE 2R,		DEVELOPMENT SERVIC	CES		x	0.	11,7	0.
Total 3 List all states in wh or licensing.		on is registered or licens		contrik	. <b>D</b> ution:	s or has been notifie	105, 3 d it is exempt fro	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

2021.04014 ALLIED MEDIA PROJECTS, INC. ALLIEDC1

ALLIED MEDIA PROJECTS, INC.

01-0559608 Page 2

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fullulaising event contributions and gro			svenus with gross receip	513 greater than \$5,000.
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ex	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
Pa	11	Net income summary. Subtract line 10 from li				
Га	rt i	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forr	n 990, Part IV, line 19, or l	reported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
_	1	Gross revenue				
ŝ	2	Cash prizes				
ense						
ШХĎ	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
			, , , , , , , , , , , , , , , , , , , ,			•
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac	ctivities in each of these	e states?		Yes No
b	IT "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	terminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
13208	82 10	)-21-21			Sche	dule G (Form 990) 2021

31 2021.04014 ALLIED MEDIA PROJECTS, INC. ALLIEDC1

Sch	edule G (Form 990) 2021	ALLIED	MEDIA	PROJECTS	, INC.		01-	-0559	9608	Page 3
	Does the organization conduc							🗌	Yes	No.
12	Is the organization a grantor,									
	to administer charitable gamir							📖	Yes	└── No
	Indicate the percentage of ga							1	I	
	The organization's facility									с, с
	An outside facility Enter the name and address of									
	Name									
									1	
15a	Does the organization have a	contract with a thir	rd party fror	n whom the organi	ization receive	s gaming revenu	ıe?		Yes	└── No
b	If "Yes," enter the amount of				\$	and the	ne amount			
	of gaming revenue retained by									
C	If "Yes," enter name and addr	ress of the third par	rty:							
	Name ►				Å					
10										
16	Gaming manager information:									
	Name 🕨									
	Gaming manager compensati	ion 🕨 \$								
	Description of services provid	led 🕨								
	Director/officer		e	Independe	ent contractor					
17	Mandatory distributions:									
а	Is the organization required up	- 0			0 0				Yes	
r	retain the state gaming licens Enter the amount of distribution			he distributed to				🖵	165	
~	organization's own exempt ac	-			other oxempt	organizatione of				
Pa	rt IV Supplemental In	Iformation. Prov	vide the exp	lanations required	by Part I, line	2b, columns (iii)	and (v); and	Part III, I	ines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b	o, as applicable. Als	so provide a	any additional infor	mation. See in	structions.				
sc	HEDULE G, PART	I, LINE 2F	B, LIS	T OF TEN I	HIGHEST	PAID FU	NDRAISI	ERS:		
(I	) NAME OF FUNDR.	AISER: ALI	ICIA D	ALY LLC						
(I	) ADDRESS OF FU	NDRAISER:	4326	VERMONT AV	VE., ALI	EXANDRIA	, VA 2	22304	1	
(I	) NAME OF FUNDR.	AISER: ALY	SON N	AILAH DES	IGNS LLO	C				
							07060			
(I	) ADDRESS OF FU	NUKAISEK:	OI KE	NT DRIVE,	RUSELAI	עא, אט ו	07068			
(I	) NAME OF FUNDR.	AISER: MMJ	J DOCU	MENTARIES						
(I 1320	) NAME OF FUNDR. 83 10-21-21	AISER: MMJ	J DOCU	MENTARIES	LLC		Sche	edule G	(Form §	990) 202

Schedule G (Form 990)	ALLIED	MEDIA	PROJECTS	S, INC.	0	1-0559608 Page <b>4</b>
	OF FUNDRAISER:		CHANDELLZ	AY DRIVE,	DURHAM, NC	27705
(				,		
(I) NAME OF F	UNDRAISER: RE	O OLIVI	E CREATIV	/E CONSUL	TING	
I) ADDRESS C	OF FUNDRAISER:	2308	E BOUNDAI	RY ROAD,	COLUMBIA, SC	29223
· · · ·	FUNDRAISER: NIC					
I) ADDRESS C	OF FUNDRAISER:	651 PI	ROSPECT 1	PLACE 2R,	BROOKLYN, N	Y 11216
132084 11-18-21				2		Schedule G (Form 990)
91026 748923	ALLIEDC3	2021.		3 LIED MEDI	IA PROJECTS,	INC. ALLIEDC1

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.										
		Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection				
Name of the organization ALLIED ME	EDIA PROJE	CTS, INC.					Employer identification number $01 - 0559608$				
Part I General Information on Grants a	and Assistance										
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's pr</li> </ol>	istance?						ction X Yes No				
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to					pization answord "	(os" on Form 000 Par	t IV line 21 for any				
recipient that received more than	-				anization answered i	es on on 350, Fai					
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	( <b>d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
482FORWARD 440 BURROUGHS, STE. 111 DETROIT, MI 48202	47-3537426	501C3	10,000.	0.			2021 MOVEMENT BUILDING FUND GRANT				
VARIABLE WEST LLC 6230 SE 48TH AVE PORTLAND, OR 97206	85-2291802		20,000.	0.			CRITICAL MINDED, SPONSORED PROJECT OF AMP				
ASIAN AMERICAN WRITERS WORKSHOP 112 WEST 27TH STREET, 6TH FLOOR NEW YORK, NY 10001	13-3677911		15,000.	0.			ASIAN AND ASIAN AMERICAN DIASPORIC CRITICS ON THE MARGINS				
BEYOND NUCLEAR 7304 CARROLL AVE, #182 TAKOMA PARK, MD 20912	91-2170071	501C3	20,000.	0.			ENDEM/ENJUS SUBGRANT & MAJIC FEDERAL WG MINIGRANT				
BROOKLYN COMMUNITY FOUNDATION 1000 DEAN STREET, SUITE 307 BROOKLYN, NY 11238	11-3422729	501C3	195,000.	0.			FUNDS TRANSFER				
DETROIT RECORDINGS COMPANY, LLC 104 KENILWORTH STREET DETROIT, MI 48202	82-4471931		25,000.	0.			RADICAL IMAGINATION FUND GRANT				
2 Enter total number of section 501(c)(3) a	•	•	e line 1 table				34.				
3 Enter total number of other organization							▶ <u>11.</u>				
LHA For Paperwork Reduction Act Notice	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2021				

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

#### ALLIED MEDIA PROJECTS, INC. Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURNAWAY, INC. 928 PONCE DE LEON AVE NE, STE. 300 ATLANTA, GA 30306	27-1057775		25,000.	0.			GRANT FOR BURNAWAY ART WRITING INCUBATOR & CRITICAL MINDED, GRANT FOR ON-GOING SUPPORT
PUBLIC SPACE ONE, INC 229 N GILBERT ST IOWA CITY, IA 52245	46-4168572	501C3	13,000.	0.			GRANT FOR AFRICANA HEMISPHERIC PERFORMANCE,& SOCIALLY ENGAGED ACTIONS, AND CEREMONIES
CENTRAL UNITED METHODIST CHURCH 23 E. ADAMS AVE. DETROIT, MI 48226	38-1360531		37,000.	0.			MAJIC MINIGRANT & TPF MOVEMENT BUILDING GRANT
CULTURETRUST GREATER PHILADELPHIA 1315 WALNUT STREET, STE. 320 PHILADELPHIA, PA 19107	46-3109411	501C3	30,000.	0.			GRANT FOR CINESPEAK FILM JOURNAL & CRITICAL MINDED GRANT
COME UNITY ONE STOP 35741 BIBBINS ROMULUS, MI 48174	90-0741471	501C3	10,000.	0.			MOVEMENT BUILDING FUND GRANT
CORNELL UNIVERSITY PO BOX 6838 ITHACA, NY 14851	15-0532082	501C3	34,000.	0.			ILR SCHOOL: SUBAWARD TO PARTNER ORG
DET. BLACK COMMUNITY FOOD SECURITY NET 11000 W. MCNICHOLS ROAD, SUITE 103 - DETROIT, MI 48221	33-1140762	501C3	10,000.	0.			MOVEMENT BUILDING FUND GRANT
ECOLOGY CENTER 399 EAST LIBERTY SUITE 300 ANN ARBOR, MI 48104	38-1912803	501C5	10,000.	0.			MEJD SUBGRANT
EL PUENTE DE WILLIASMBURG, INC. 211 SOUTH 4TH STREET BROOKLYN, NY 11211	11-2614265	501C3	12,500.	0.			SUBAWARD TO COMMUNITY GROUP

## 01-0559608

## Schedule I (Form 990) ALLIED MEDIA PROJECTS INC Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCE MEDIA LLC							
4126 3RD AVE							DETROIT BASED ORGANIZING
DETROIT, MI 48201	26-2176009		10,000.	0.			FOR NO NEWJAILS
MEADOWS-LIVINGSTONE SCHOOL							
8 JOSEPHA AVENUE #8							
SAN FRANCISCO, CA 94132	94-2631930	501C3	10,000.	0.			COMMUNITY SUPPORT GRANT
GENRE: URBAN ARTS, LLC							GRANT FOR THE
4218 NORTH 13TH STREET							REVOLUTIONARY ART
MILWAUKEE, WI 53209	85-3805022		7,000.	0.	-		CRITICISM RESIDENCY
GRACE IN ACTION 1725 LAWNDALE ST							
DETROIT, MI 48209	46-2588340	501C3	20,000.	٥.			EII SUBGRANT
BLACK GIRL NERDS LLC 4001-117 VIRGINIA BEACH BLVD, NO.	1			-			
VIRGINIA BEACH, VA 23452	82-3837927		16,000.	0.			CRITICAL MINDED GRANT
KNOWLEDGE HOUSE FELLOWSHIP INC 363 RIDER AVE, 3RD FL. BRONX, NY 10451	47-2747713	501C3	10,500.	0.			CTNY-TKH SUBAWARD FOR BRONX DIGITAL EQUITY COALITION SUPPORT WORK
MHZ FOUNDATION 2920 W BROAD STREET, C22 RICHMOND, VA 23230	27-4529328	501C3	35,000.	0.			CURATIONIST RESIDENCY FOR CRITICS OF COLOR
MICHIGAN STUDENT POWER ALLIANCE							
23368 VANCE AVE.							MAJIC FEDERAL WG
HAZEL PARK, MI 48030	81-3300272	501C3	12,000.	0.			MINIGRANT
LAVENDER RIGHTS PROJECT 1004 MLK WAY TACOMA, WA 98404	81-0969007	501C3	15,000.	0.			QTL DONATION TO LAVENDER RIGHT PROJECT
meona, wa jutut			L 13,000.	۰ <b>۰</b>	1	I	

Schedule I (Form 990)

#### ALLIED MEDIA PROJECTS, INC. Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
N 1 FOUNDATION 37 GREENPOINT AVE BROOKLYN, NY 11222	26-0483848	501C3	10,000.	0.			CRITICAL MINDED, AWARD TO PAPER MONUMENT, TO SUPPORT THE PUBLICATION CRITICAL AGENDAS: A
NATIONAL BLACK TALK SHOW ASSOC. 100 RIVERFRONT DR. APT 1508 DETROIT, MI 48226	38-3494883	501C3	10,000.	0.			MOVEMENT BUILDING FUND GRANT
NATIONAL DIGITAL INCLUSION ALLIANCE - 3000 E MAIN ST, #50 - COLUMBUS, OH 43209	82-2753773	501C3	35,250.	0.			SUBAWARD TO COMMUNITY GROUP
NYU TISCH SCHOOL OF ARTS 721 BROADWAY, FLOOR 12 NEW YORK, NY 10003	13-5562308	501C3	55,000.	0.			POP CONFERENCE, GRANT FROM CRITICAL MINDED
OPEN COLLECTIVE FOUNDATION 340 S LEMON AVE, #3717 WALNUT, CA 91789	81-4004928		8,000.	0.			GRANT TO HELP COMMUNITY ORGANIZERS
PARCELERAS AFROCARIBENAS P.O BOX 1321 SAINT JUST SAINT JUST, PR 00978	66-0924847	501C3	17,000.	0.			RE-GRANTING FOR LEAD TO LIFE CEREMONY
SIDEWALK DETROIT 19180 GRAND RIVER AVENUE DETROIT, MI 48223	82-3611774	501C3	25,000.	0.			RADICAL IMAGINATION FUND GRANT
SOCIAL GOOD FUND 12651-5473 SAN PABLO AVE. RICHMOND, CA 94805	46-1323531	501C3	2,046,861.	0.			REGRANTING
SOULARDARITY 21 HIGHLAND ST. HIGHLAND PARK, MI 48203	47-2733535		12,000.	0.			MAJIC MINIGRANT

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Schedule I (Form 990)

01-0559608 Page 1

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#### ALLIED MEDIA PROJECTS, INC. Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

BRONX, NY 10451

WE STAY-NOS QUEDAMOS INC 754 MELROSE AVENUE

13-3724388

501C3

(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 noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNDANCE INSTITUTE 5900 WILSHIRE BLVD, SUITE 800 LOS ANGELES, CA 90036	87-0361394	501C3	50,000.	0.			CRITICAL MINDED, AWARDED SUNDANCE PRESS INCLUSION INITIATIVE GRANT
THE MIAMI FOUNDATION 40 NW 3RD STREET SUITE 305 MIAMI, FL 33128	65-0350357	501C3	50,000.	0.			RADICAL IMAGINATION FUND GRANT & GRANT FUNDS TO KNIGHT ARTS
DETROIT PEOPLES COMMUNITY 15354 PIEDMONT DETROIT, MI 48223	82-4334257	501C3	10,000.	0.			MOVEMENT BUILDING FUND GRANT
THE POINT CDC 940 GARRISON AVENUE BRONX, NY 10474	13-3765140	501C3	12,500.	0.			SUBAWARD TO COMMUNITY GROUP
THINKINGDANCE 4605 CHESTER AVE APT A405 PHILADELPHIA, PA 19143	47-2165715	501C3	8,350.	0.			GRANT FOR THINKING DANCE & DECOLONIZING DANCE
UNITED COMMUNITY HOUSING COALITION 2727 2ND AVENUE, SUITE 313 DETROIT, MI 48201	38-2142140	501C3	14,000.	0.			TRANSFER OF FUNDS TO PREVENT EVICTION
URBAN CORE COLLECTIVE 413 HALL ST. SE, STE. 1 GRAND RAPIDS, MI 49507	46-5227869	501C3	12,000.	0.			MAJIC MINI-GRANT & MEJD SUBGRANT
WARRIORS ON WHEELS OF METRO DETROIT - 15999 KNOLLWOOD DR DEARBORN, MI 48120	26-3144403	501C3	50,000.	0.			DISABILITY JUSTICE FUND GRANTEE CTNY-NQ SUBAWARD FOR
							CINI NU SUBAWARD FOR

10,500.

0.

Schedule I (Form 990)

BRONX DIGITAL EQUITY

COALITION SUPPORT WORK. -SUBAWARD TO COMMUNITY

## ALLIED MEDIA PROJECTS, INC.

01-0559608 Page 1
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	EDIA PROJE						1-0559608 Page
Part II         Continuation of Grants and Other           (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	s and Domestic G (d) Amount of cash grant	<b>overnments</b> (Sch (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV,	art II.) (g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NE THE PEOPLE MI 140 BURROUGHS STREET, STE. 174 DETROIT, MI 48202	84-3520391	501C3	50,000.	0.	appraisal, other)		RADICAL IMAGINATION FUN GRANT C/O WE THE PEOPLE MICHIGAN
E WANT GREEN TOO 007 PENNSYLVANIA STREET ETROIT, MI 48214	45-5324148	501C3	12,000.	0.			MAJIC MINI-GRANT & ENDEM/ENJUS GRANT
HISDOM INSTITUTE 7401 WISCONSIN ST DETROIT, MI 48221	35-2203867	501C3	50,000.	0.			RADICAL IMAGINATION FUN GRANT

Schedule I (Form 990)

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
GRANTED AWARDS	406	548,596.	. 0.		
				×	
Part IV Supplemental Information. Provide the information red	uired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.	

PART I, LINE 2:

ALL GRANT EXPENDITURES ARE ACCOUNTED FOR, REVIEWED AND APPROVED BY THE

BOARD OF DIRECTORS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: N 1 FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CRITICAL MINDED, AWARD TO PAPER

MONUMENT, TO SUPPORT THE PUBLICATION CRITICAL AGENDAS: A HANDBOOK FOR ART

#### WRITING

Schedule I (Form 990) ALLIED MEDIA PROJECTS, INC.	01-0559608 Page 2
Part IV Supplemental Information	
NAME OF ORGANIZATION OR GOVERNMENT: WE STAY-NOS QUEDAMOS	INC
(H) PURPOSE OF GRANT OR ASSISTANCE: CTNY-NQ SUBAWARD FOR H	BRONX DIGITAL
EQUITY COALITION SUPPORT WORK SUBAWARD TO COMMUNITY GRO	סוזר
EQUIT CONDITION SUFFORT WORK SUBAWARD TO COMMONITI GRO	J0F
	Schedule I (Form 990)
132291 04-01-21	
41 401026 740022 ALLIEDG2 2021 04014 ALLIED MEDIA DD0106	

15491026 748923 ALLIEDC3 2021.04014 ALLIED MEDIA PROJECTS, INC. ALLIEDC1

											_				
SCHEDULE L		Tran	saction	is V	Vith	Int	erested	Persons			OMB No. 1545-0047				
(Form 990)	Complete if	-	the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.								1				
Department of the Treasury			Attach to Form 990 or Form 990-EZ.							lic					
Internal Revenue Service	-	io to ww	to www.irs.gov/Form990 for instructions and the latest information.						Inspection						
Name of the organization					~						ident		on nu	mber	
Dout L. Evenee			IA PROJ								596	80			
								ection 501(c)(29) org							
Complete	if the organization		red "Yes" on I ationship betv				line 25a or 25	b, or Form 990-EZ, P	art V,	line 40	JD.	(1)	Corro		
(a) Name of disqua	lified person	• •	person and or			ineu	(	<b>c)</b> Description of tran	ansaction			(d) Corrected			
				-											
2 Enter the amount of section 4958	,	Ŭ		U		•		0,		•					
3 Enter the amount of															
	or tax, if any, of it	ne 2, ab				ganze				ΨΨ					
Part II Loans to	o and/or Fror	n Inter	ested Pers	sons											
Complete	if the organization	n answer	red "Yes" on I	Form S	990-EZ	, Part	V, line 38a or	Form 990, Part IV, lir	ne 26;	or if th	ie orga	anizati	on		
reported a	n amount on For		Part X, line 5, 6	-							W \ A &	a round			
(a) Name of interested persor	<b>(b)</b> Relatio with organi				(f) Balance due		) In ault?	by bo comm	proved ard or hittee?	(1) **	'ritten ment <b>?</b>				
				То	From				Yes	No	Yes	No	Yes	No	
														<b> </b>	
														├──	
										1				1	

<b>T</b> - 4 - 1	
Total	 

 Total
 ▶ \$

 Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 ALLIE	D MEDIA PROJECTS, IN	с.	01-0559	9608	Page <b>2</b>
Part IV Business Transactions Invo	Iving Interested Persons.				0
Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	organiz	aring of ation's
	person and the organization	transaction	transaction	reven	
				Yes	No
NATHANIEL MULLEN, III	FAMILY RELATIONSHIP	32,609.	EMPLOYEE		Х
Part V Supplemental Information.					
Provide additional information for res	ponses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
	NTEL MILLEN TTT				
(A) NAME OF PERSON: NATHA	NIEL MULLEN, III				
(B) RELATIONSHIP BETWEEN	TNTERESTED PERSON AN	D ORGANIZAT	יד וויד		
	INTEREDTED TERDON AN	b onomitani	1011.		
FAMILY RELATIONSHIP - HUS	BAND OF THE EXECUTIV	E DIRECTOR,	JEANETTE I	LEE	
		-			
(C) AMOUNT OF TRANSACTION	1 \$ 32,609.				
(-)				~	
(D) DESCRIPTION OF TRANSA	CTION: EMPLOYEE TH	E ORGANIZAT	ION PAYS WA	AGES	
TO NATHANIEL MULLEN, III.					
(E) SHARING OF ORGANIZATI	ON REVENUES? = $NO$				

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 01 - 0559608

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

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO MAKE

ALLIED MEDIA PROJECTS, INC.

DECISIONS INDEPENDENT OF THE BOARD OF DIRECTORS.

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

THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING

FIRM TO PREPARE THE FORM 990. UPON COMPLETION, IT IS REVIEWED BY THE

ORGANIZATION'S EXECUTIVE DIRECTOR AND TREASURER. A COPY OF FORM 990 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 B, LINE 15:

A COMPENSATION COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS

WHO REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S SALARY.

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

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

MAY BE MADE BY APPLICATION TO THE ORGANIZATION.

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

OTHER CONSULTANTS & SERVICES:

PROGRAM SERVICE EXPENSES

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

833,465.

Schedule O (Form 990) 2021

44

2021.04014 ALLIED MEDIA PROJECTS, INC. ALLIEDC1

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
ALLIED MEDIA PROJECTS, INC.	01-0559608
MANAGEMENT AND GENERAL EXPENSES	843,850.
FUNDRAISING EXPENSES	21,167.
TOTAL EXPENSES	1,698,482.
PROGRAM CONSULTANTS & SERVICES:	
PROGRAM SERVICE EXPENSES	4,208,051.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,208,051.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 110	G, COL A 5,906,533.
<sup>132212</sup> <sup>11-11-21</sup> 45 491026 748923 ALLIEDC3 2021.04014 ALLIED M	Schedule O (Form 990) 202 <sup>.</sup> EDIA PROJECTS, INC. ALLIEDC1

SCH	EDULE R
-	

## (Form 990)

## 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.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

01-0559608

Department of the Treasury Internal Revenue Service

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

Name of the organization

## ALLIED MEDIA PROJECTS, INC.

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

	i	i	r	r	i
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
		loreigh country)			ontry
LOVE BUILDING LLC	MANAGEMENT OF REAL PROPERTY				
4126 THIRD STREET	OWNED BY ALLIED MEDIA				ALLIED MEDIA PROJECTS,
DETROIT, MI 48201	PROJECTS, INC.	MICHIGAN	٥.	1,500,000.	INC.

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ALLIED MEDIA ACTION FUND - 85-0895977	TO EDUCATE LEGISLATORS AND						
4126 3RD ST.	THE GENERAL PUBLIC ON				ALLIED MEDIA		
DETROIT, MI 48201	ISSUES FACING MICHIGAN AND	MICHIGAN	501(C)(4)		PROJECTS, INC.	X	
LOVE BLDG, INCORPORATED - 86-2120563							
4126 3RD ST.	PUBLIC SUPPORTING			LINE 12 TYPE	ALLIED MEDIA		
DETROIT, MI 48201	ORGANIZATION	MICHIGAN	501(C)(3)	1	PROJECTS, INC.	X	
	_						
	-						
	_						
			1				

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

Schedule R (Form 990) 2021

## Schedule R (Form 990) 2021 ALLIED MEDIA PROJECTS, INC.

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. Part III

(a)	(b)	(c)	(d)		e)		(f)	()	3)	ł) (ł	ר)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under	Share inc	of total come	end-c	re of f-year æts	Disprop alloca	tions?	Code V-UE amount in b 20 of Sched	oox <sup>r</sup> lule	nanaging partner?	Percenta ownershi
		country)		sections	512-514)					Yes	No	K-1 (Form 10	)65) <b>y</b>	/es No	
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															<b> </b>
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t IV Identification of Related O organizations treated as a c	organizations Taxable corporation or trust duri	as a Corpo ng the tax	<b>pration or Trust.</b> Co year.	omplete if tl	ne organizat	ion answ	vered "Yes	s" on For	m 990, Pa	art IV,	line 34	1, because it h	nad or	ne or m	ore relat
(a)			(b)	(c)	(d)		(e)	)	(f)			(g)		(h)	(i) Sectio
Name, address, and of related organizat		Prim	ary activity	Legal domicile (state or foreign	Direct cont entity		Type of (C corp, s or tru	S corp,	Share o incor			Share of end-of-year assets		entage ership	512(b)(1

of related organization		foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownersnip	ent	ity?
								Yes	No
	]								
	1								
	1								
	1								
	1								
	1								
	1								
	1								

## Schedule R (Form 990) 2021 ALLIED MEDIA PROJECTS, INC.

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

			<del></del>	<del></del>
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 one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1</b> a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	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
I.	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)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q		1q	X	
-				
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	·		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) ALLIED MEDIA ACTION FUND	0	154,992.	ACTUAL CASH TRANSFERS
<u>(2)</u>			
_(3)			
(4)			
(5)			
_(6)	19		

## Schedule R (Form 990) 2021 ALLIED MEDIA PROJECTS, INC.

### 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.

<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c) orgs.	ll sec. (3)	<b>(f)</b> Share of total	<b>(g)</b> Share of end-of-year	<b>(F</b> Dispr tior alloca	n) opor- nate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana	) al or   ging	<b>(k)</b> Percentage ownership
,		country)	sections 512-514)	Yes I	No	income		Yes	No	(Form 1065)	Yes	NO	
						4							
					_							_	
					_			-			$\vdash$	$\rightarrow$	
											$\square$	$\rightarrow$	

Schedule R (Form 990) 2021

## ALLIED MEDIA PROJECTS, INC. 01-0559608 Page 5

Provide additional information for re	esponses to questions on Schedule R. See instructions.
32165 11-17-21	Schedule R (Form 990
91026 748923 ALLIEDC3	50 2021.04014 ALLIED MEDIA PROJECTS, INC. ALLIEI