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Department of the Treasury Internal Revenue Service

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EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2022 calendar year, or tax year beginning and	ending	_	
B C a	heck if	le: C Name of organization		D Employer identific	cation number
	Addr	ALLIED MEDIA ACTION FUND			
	Name	Doing business as		85-08959	77
	Initia	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final			(313) 64	
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	544,040.
	Amer	DEIROII, MI 48201		H(a) Is this a group re	
	Appli tion pend			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
-		empt status: $501(c)(3)$ X $501(c)(4)$ (insert no.) 4947(a)(1)	or 🛄 527	-	list. See instructions
-	Vebs			H(c) Group exemption	
	_	f organization: X Corporation Trust Association Other	L Year	of formation: 2020	State of legal domicile: MI
Pa	irt I				
e	1	Briefly describe the organization's mission or most significant activities: EDUC. GENERAL PUBLIC ON ISSUES FACING MICHIGAN		GISLATORS A	
Jan					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispo			sets. 3
ĝ	3				2
оо С	4 5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
itie	6	Total number of volunteers (estimate if necessary)			3
Ę	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		380,300.	544,040.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		380,300.	544,040.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	41,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		154,992.	60,811.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,600.	9,700.
ă		Total fundraising expenses (Part IX, column (D), line 25) 14, 4			120 410
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		66,076.	130,412.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		222,668.	242,423.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		157,632. ginning of Current Year	301,617.
Net Assets or Fund Balances				719,682.	End of Year 1,076,347.
Asse Balá		Total assets (Part X, line 16)		3,856.	58,904.
let ⊱ und		Total liabilities (Part X, line 26)		715,826.	1,017,443.
		Net assets or fund balances. Subtract line 21 from line 20		113,020.	1,01/,44J•

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 Date TONI MOCERI, CO-EXECUTIVE DIRECTOR Type or print name and title									
Paid	Print/Type preparer's name MICHAEL B BOISVENU, CPA	Preparer's signature Michael B Boisvenu	Date <i>11/15/23</i>	oon omprojou	PTIN P01355707					
Preparer	Firm's name BOISVENU & COMPAN	•		Firm's EIN 38-	2857129					
Use Only	Firm's address 30600 TELEGRAPH R	OAD, SUITE 1300								
	BINGHAM FARMS, MI 48025 Phone no. (248)647-7200									
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No									
232001 12-1	¹³²⁰⁰¹ 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

	· · ()	0895977	Page 2
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:		
	EDUCATE LEGISLATORS AND THE GENERAL PUBLIC ON ISSUES FACING	MICHIGA	N
	AND THE UNITED STATES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XNo
5	If "Yes," describe these changes on Schedule O.	🗀 Tes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	rod by oxponent	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
		total expenses, a	anu
	revenue, if any, for each program service reported. (Code:) (Expenses \$		
4a	(Code:) (Expenses \$ 180,512. including grants of \$ 41,500.) (Revenue \$ TO EDUCATE LEGISLATORS AND THE GENERAL PUBLIC ON ISSUES FAC	TNC MTCH	TCAN
	AND THE UNITED STATES.	ING MICH	IGAN
	AND THE UNITED STATES.		
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		/	
		Form 9	90 (2022)
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2022.04020 ALLIED MEDIA ACTION FUND

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Form 990 (2022)

Part IV Checklist of Required Schedules

ALLIED MEDIA ACTION FUND

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
-	If "Yes," complete Schedule A	1	v	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			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u> </u>
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		<u> </u>
Ŭ	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,	-		<u> </u>
•	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
b	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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			
	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
	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		37	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
20 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"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
30	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
31	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? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u></u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
	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	05h		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
37	If "Yes," complete Schedule R, Part V, line 2	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par		38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16		Yes	No
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1a 1b 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c		
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	4			
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022)	ALLIED	MEDIA	ACTION	FUND
Statements I	Regarding C	Other IRS	Filings and	I Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
Ee	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х
5a հ	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		- 23
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
u	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a h	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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
2	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<i></i>		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- 23
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990 (2022)

Part V

2022.04020 ALLIED MEDIA ACTION FUND

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Form	990	(2022)
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ALLIED MEDIA ACTION FUND

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

X

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.

			2	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a -	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
_	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	18	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or an more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \hdots		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y on Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <u>MI</u>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain)	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict 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 bo	oks and records			
	ASTA PETKEVICIUTE - (313) 645-2765				
	4126 3RD ST., DETROIT, MI 48201				
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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 all of the organization of content key employees, if all your definition of the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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)		411120		C)	npei	1041	(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per		(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week	offi	cer ar	nd a director/trustee)		tee)	from	from related	other	
	(list any	ector						the	organizations	compensation
	hours for	or dire	Ð			ited		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Jal tru	onal 1		ploye	ee com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RASHID SHABAZZ	0.00	<u>=</u>	<u> </u>	ò	Ŷ	E	F			
CRITICAL MINDED EXECUTIVE DIRECTOR	40.00			-		x		0.	173,259.	5,929.
(2) MARIANNE RUIZ	0.00									
KAIROS EXECUTIVE DIRECTOR	40.00	1				X		0.	147,085.	6,645.
(3) JEANETTE LEE	0.00									
FORMER PRESIDENT	36.00	Х		Х				0.	149,033.	2,502.
(4) SANDHYA ANANTHARAMAN	0.00									
KAIROS INTERIM DIR. OF PROGRAMS	40.00					Х		0.	129,784.	11,210.
(5) JACQUELINE GENNELL BROOKS	0.00									
KAIROS DEPUTY DIRECTOR	40.00					Х		0.	130,884.	8,930.
(6) JELANI MICHELLE DREW-DAVI	0.00									44 540
KAIROS DIRECTOR OF CAMPAIGNS	40.00					Х		0.	114,747.	11,548.
(7) MARS MARSHALL	0.00								112 005	10 000
CO-EXECUTIVE DIRECTOR	37.00					X		0.	113,995.	10,800.
(8) TONI MOCERI	0.25									10 000
CO-EXECUTIVE DIRECTOR	37.00	X		X				0.	112,857.	10,800.
(9) IRMA BAJAR	0.00					v		0	110 000	10 606
EXECUTIVE DIRECTOR 18 MILLION RISING	40.00					X		0.	110,886.	10,696.
(10) MICHAEL MEDOW	40.00	x		x				0.	66,336.	2 250
FORMER TREASURER	0.25	^		<u> </u>				0.	00,330.	2,250.
(11) KRIS MILLER	40.00	x		x				0.	52,142.	9,055.
FORMER SECRETARY (12) CEZANNE CHARLES	0.25	^		^				0.	52,142.	9,033.
DIRECTOR	3.00	x						0.	0.	0.
(13) DANA BRITTO	0.25							0.		0.
DIRECTOR	2.00	x						0.	0.	0.
DIRECTOR	2.00									0.
		-								<u> </u>
		1								
		1								
				1						
232007 12-13-22										Form 990 (2022)

232007 12-13-22

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7 2022.04020 ALLIED MEDIA ACTION FUND Form 990 (2022)

	990 (2022) ALLIED MI									85-0	8959	977	Pa	age 8
Par			ploy I	ees,			ghe	st C					(=)	
	(A) Name and title	(B) Average hours per week (list any	box, offic	not cl unles cer an	ss pei	ition more rson i	than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d	an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MI 1099-NEC)	SC/	fr org and	om th anizat d relat anizati	e ion ed
			-											
с	Subtotal Total from continuation sheets to Part VI	I, Section A							0.0.0.	1,301,0	0.		0,3 0,3	0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization		-										0 / 0	0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes." <i>complete Schedule J for</i> s										[2	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	mpe	ensa	atior	n and	d otl		the organization		3	x	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			-			5		X
1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for										npensa	ation f	rom	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C ompei	;) nsatio	n
								_						
								_						
	Total number of independent contractors "	noludina hut -	ot li	nite	dta	the				are then				
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz		iot IIľ	nite	u 10		se lis)	siec	above) who received in	iore trian		Form	990 ([.]	2022)

232008 12-13-22

Form **990** (202

Forr	n 99	90 (2	2022) ALL	'IE	D MED	ΓA	ACTION F	UND		85-0895	977 Page 9
Pa	nrt \	VII	Statement of Re	ven	ue						
			Check if Schedule O o	conta	ins a respo	onse	or note to any lin	e in this Part VIII			
			Check if Schedule O d		•		,	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
¥ي G			Fundraising events		·····						
ar /			Related organizations								
inil S			Government grants (contr								
rior S		f	All other contributions, gifts,	grants	s, and						
ibu			similar amounts not included	abov	e 1f		544,040.				
or d		g	Noncash contributions included in	lines '	1a-1f 1g	\$					
<u>3 e</u>		h	Total. Add lines 1a-1f					544,040.			
							Business Code				
9	2	a									
ervi		b									
- Se		С									
ran Sev		d									
Program Service Revenue		е									
д.		f	All other program service								
		g	Total. Add lines 2a-2f								
	3	}	Investment income (includ	-							
									-		
	4		Income from investment of		•						
	5	5	Royalties	·							
					(i) Rea		(ii) Personal				
	6	a		6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss))							
	'	а	Gross amount from sales of	_	(i) Securi	lies	(ii) Other				
			assets other than inventory	7a							
ē		D	Less: cost or other basis and sales expenses	76							
evenue		-		7b 7c							
			Gain or (loss) Net gain or (loss)								
Other F			Gross income from fundraisin			· · · · · · ·					
gh	°	a	including \$		-						
•			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin								
			Part IV, line 19	-							
		b	Less: direct expenses								
			Net income or (loss) from								
	10	a	Gross sales of inventory, I	less r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	of invento	ory					
s							Business Code				
eou	11	а									
lan(enu		b									
Miscellaneous Revenue		с									
Mis		d	All other revenue								
		е	Total. Add lines 11a-11d							-	
	12	2	Total revenue. See instruction	ons				544,040.	0.	0.	0.
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ALLIED MEDIA ACTION FUND

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85-0895977 Page 9

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ALLIED MEDIA ACTION FUND

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).

2 Grants and other assistance to domestic individuals. See Part IV, line 22 7,500.7, 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 7,500.7, 4 Benefits paid to or for members 13,218. 5 Compensation of current officers, directors, trustees, and key employees 13,218. 6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 39,654.36, 7 Other salaries and wages 39,654.36, 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,411.2,2, 9 Other employee benefits 3,411.2,2, 10 Payroll taxes 4,528.3, 11 Fees for services (nonemployees): a Management 4,528.3, b Legal 6,193.6, c Accounting 6,193.6, d Lobbying 6,193.6, g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 80,055.55, 12 Advertising and promotion 980. 17,		(D) Fundraising expenses
and domestic governments. See Part IV, line 21 34,000.34, 2 Grants and other assistance to domestic individuals. See Part IV, line 22 7,500.7, 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 7,500.7, 4 Benefits paid to or for members 5 5 Compensation of current officers, directors, trustees, and key employees 13,218. 6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 39,654.36, 7 Other salaries and wages 39,654.36, 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,411.2, 9 Other employee benefits 3,411.2, 10 Payroll taxes 4,528.3, 11 Fees for services (nonemployees): 4,528.3, a Management 6,193.6, b Legal 6,193.6, c Accounting 6,193.6, d Lobbying 80,055.555, 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 80,055.555, 12 Advertising and prom		
individuals. See Part IV, line 22 7,500. 7, 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8 4 Benefits paid to or for members 5 5 Compensation of current officers, directors, trustees, and key employees 13,218. 6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 39,654. 7 Other salaries and wages 39,654. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,411. 9 Other employee benefits 3,411. 10 Payroll taxes 4,528. a Management 4,528. b Legal 6,193. c Accounting 6,193. d Lobbying 6,193. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 80,055. 12 Advertising and promotion 980. 13 Office expenses 20,119. 17,	500.	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 164Benefits paid to or for members5Compensation of current officers, directors, trustees, and key employees6Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)7Other salaries and wages39, 654.36,8Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)9Other employee benefits10Payroll taxes4, 528.3,11Fees for services (nonemployees): a ManagementbLegalcAccountingdLobbyingeProfessional fundraising services. See Part IV, line 17fInvestment management feesgOther. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)12Advertising and promotion13Office expenses		
5 Compensation of current officers, directors, trustees, and key employees 13,218. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 39,654.36, 7 Other salaries and wages 39,654.36, 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,411.2, 9 Other employee benefits 3,411.2, 10 Payroll taxes 4,528.3, 11 Fees for services (nonemployees): 4,528.3, a Management 6,193.6, b Legal 6,193.6, c Accounting 6,193.6, g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 80,055.55, 12 Advertising and promotion 980. 13 Office expenses 20,119.17,		
trustees, and key employees13,218.6Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)39,654.36,7Other salaries and wages39,654.36,8Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)3,411.2,9Other employee benefits3,411.2,10Payroll taxes4,528.3,11Fees for services (nonemployees):4,528.3,aManagement6,193.6,bLegal6,193.6,cAccounting6,193.6,dLobbying6,293.6,gOther. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)80,055.55,12Advertising and promotion980.13Office expenses20,119.17,		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 39,654.36, 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,411.2, 9 Other employee benefits 3,411.2, 10 Payroll taxes 4,528.3, 11 Fees for services (nonemployees): 4,528.3, a Management 6,193.6, b Legal 6,193.6, c Accounting 6,193.6, d Lobbying 6,193.6, g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 80,055.55, 12 Advertising and promotion 980. 13 Office expenses 20,119.17,		
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 7 Other salaries and wages		
 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying 6,193. 6, 10 Professional fundraising services. See Part IV, line 17 9,700. 11 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 		
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 3,411.2, 10 Payroll taxes 4,528.3, 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying 6,193.6, e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses	746.	2,908.
9 Other employee benefits 3,411. 2, 10 Payroll taxes 4,528. 3, 11 Fees for services (nonemployees): 4,528. 3, 12 Advertising and promotion 9,700. 6,193. 6, 12 Advertising and promotion 980. 20,119. 17,		
10Payroll taxes11Fees for services (nonemployees):aManagementbLegalcAccountingdLobbying6,193.6,9,700.fInvestment management feesgOther. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)12Advertising and promotion13Office expenses	200 050	100
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying 6 193.6 e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses	370. 853.	188.
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses	147. 1,132.	249.
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses	-	
c Accounting 6,193.6, d Lobbying 6,193.6, e Professional fundraising services. See Part IV, line 17 9,700. f Investment management fees 9,700. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 80,055.55, 12 Advertising and promotion 980. 13 Office expenses 20,119.17,		
d Lobbying6,193.6,e Professional fundraising services. See Part IV, line 179,700.f Investment management fees		
 e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 20, 119. 	100	
fInvestment management feesgOther. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)80,055.55,12Advertising and promotion980.13Office expenses20,119.17,	193.	0 00
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)80,055.55,12Advertising and promotion980.13Office expenses20,119.17,		9,700.
column (A), amount, list line 11g expenses on Sch 0.)80,055.55,12Advertising and promotion980.13Office expenses20,119.17,		
12Advertising and promotion980.13Office expenses20,119.		
13 Office expenses 20,119. 17,		
	980.	150
		152.
	460. 4,841.	1,065.
15 Royalties 2 10C1	000 000	202
	982. 922.	202.
17 Travel	78.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials		
19 Conferences, conventions, and meetings 515.	358. 129.	28.
20 Interest		
21 Payments to affiliates		
22 Depreciation, depletion, and amortization		
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.)		
a		
b		
c		
d		
e All other expenses	F10 47 410	14 400
	512. 47,419.	14,492.
26 Joint costs. Complete this line only if the organization		
reported in column (B) joint costs from a combined		1
educational campaign and fundraising solicitation.		1
Check here if following SOP 98-2 (ASC 958-720)		

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10 2022.04020 ALLIED MEDIA ACTION FUND

ALLIED01

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		Check if Schedule O contains a response or r	note to a	nv line in this Part X			
				<u>, , , , , , , , , , , , , , , , , , , </u>	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			719,682.	1	1,076,347.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other				Ū	
		basis. Complete Part VI of Schedule D					
	h	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, in				13	
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			719,682.	16	1,076,347.
	17	Accounts payable and accrued expenses			2,622.	17	1,880.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
<i>(</i> 0	22	Loans and other payables to any current or fo				21	
Liabilities	~~~	trustee, key employee, creator or founder, sul					
ilidi						22	
Lia	22	controlled entity or family member of any of the Secured mortgages and notes payable to unr				22	
	23 24	Unsecured notes and loans payable to unrela				23 24	
	24 25					24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lin					
				, .	1,234.	25	57,024.
	26	Total liabilities. Add lines 17 through 25			3,856.	25 26	58,904.
	20	Organizations that follow FASB ASC 958, c	hook ho	re X	5,050.	20	50,5040
es		and complete lines 27, 28, 32, and 33.	песк пе				
anc	27					27	
Balá	27	Net assets without donor restrictions			715,826.	27	1,017,443.
Β	28	Net assets with donor restrictions			715,020.	20	1,017,115.
Fur		Organizations that do not follow FASB ASC	, 950, Cl				
ŗ	20	and complete lines 29 through 33.	40			20	
ets	29	Capital stock or trust principal, or current fund				29	<u> </u>
Ass	30	Paid-in or capital surplus, or land, building, or				30	<u> </u>
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			715,826.	31 32	1,017,443.
Z	32	Total net assets or fund balances			719,682.		1,017,443.
	33	Total liabilities and net assets/fund balances			119,002.	33	

Form **990** (2022)

Form 990 (2022)

Form	ALLIED MEDIA ACTION FUND	85-08	395977	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	544		
2	Total expenses (must equal Part IX, column (A), line 25)	2			23.
3	Revenue less expenses. Subtract line 2 from line 1	3			17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	715	5,8	26.
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	1,017	<u>',4</u>	43.
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 Schedule	e O.			
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?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

232012 12-13-22

	Pc	olitical Campaign a	and Lobbying	g Activities	OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Income	e Tax Under section &	501(c) and section 527	2022
Department of the Treesury	Complete	if the organization is described	below. Attach to Fe	orm 990 or Form 990-EZ	. Open to Public
Department of the Treasury Internal Revenue Service	Go	o to www.irs.gov/Form990 for in	structions and the la	test information.	Inspection
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lin	e 46 (Political Campaig	n Activities), then
 Section 501(c)(3) or 	ganizations: Con	nplete Parts I-A and B. Do not con	nplete Part I-C.		
 Section 501(c) (other 	er than section 50	01(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Part I-E	8.
 Section 527 organiz 	•	•			
		n Form 990, Part IV, line 4, or Fo			
		have filed Form 5768 (election une	())	•	•
	5	have NOT filed Form 5768 (election	•		•
Tax) (See separate inst		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	instructions) or Form 99	0-EZ, Part V, line 35C (Proxy
		tions: Complete Part III.			
Name of organization		-		Emp	ployer identification number
		MEDIA ACTION FUND			85-0895977
Part I-A Comple	ete if the org	ganization is exempt unde	er section 501(c)	or is a section 527	organization.
		zation's direct and indirect politica			
		ures			\$
3 Volunteer hours for	political campai	ign activities			
Part I-B Compl	ete if the ord	ganization is exempt unde	r section $501(c)(c)$	3)	
· · · · · ·		incurred by the organization under			¢
		incurred by organization manager			
		on 4955 tax, did it file Form 4720 fo			
b If "Yes," describe ir					
Part I-C Comple	ete if the org	ganization is exempt unde	er section 501(c),	except section 501	(c)(3).
1 Enter the amount d	lirectly expended	d by the filing organization for sec	tion 527 exempt funct	ion activities	\$
		ization's funds contributed to oth			
					\$
-	-	s. Add lines 1 and 2. Enter here an			
		1120-POL for this year?			
		nployer identification number (EIN ition listed, enter the amount paid		-	
	-	omptly and directly delivered to a			-
		additional space is needed, provid	· · ·	<i>,</i> 1	5 5
(a) Name	Э	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
()				filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
				1	
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 99	0 or 990-EZ.		Schedule C (Form 990) 2022

232041 11-08-22

LHA

	ED MEDIA ACTION FU			895977 Page 2
	ion is exempt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).	and the second fill the strength of the streng	- Deut IV an als affiliate al		
A Check if the filing organization belo expenses, and share of exc	ngs to an affiliated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,
	ess lobbying expenditures). cked box A and "limited control" pro			
B Check if the filing organization che	cked box A and limited control pro		(a) Filing	(b) Affiliated group
	bbying Expenditures means amounts paid or incurred.	.)	(a) Filing organization's totals	totals
1a Total lobbying expenditures to influence pu	ublic opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a	legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a a	ind 1b)			
e Total exempt purpose expenditures (add li				
f Lobbying nontaxable amount. Enter the an				
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable am	11		
Not over \$500,000	20% of the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000	· · ·			
Over \$17,000,000	\$1,000,000.	233 OVEL \$1,500,000.		
	\$1,000,000.			
Creaseresta pontovable amount (enter 250/	of line 10			
g Grassroots nontaxable amount (enter 25%				
h Subtract line 1g from line 1a. If zero or less				
i Subtract line 1f from line 1c. If zero or less,				
j If there is an amount other than zero on eit reporting section 4911 tax for this year?	ner line in or line ii, did the organiz		[Yes No
	4-Year Averaging Period Under			
	e a section 501(h) election do not	•	of the five columns b	pelow.
	ee the separate instructions for li			
Lo	bbying Expenditures During 4-Ye	ar Averaging Period		
Calendar year (a (or fiscal year beginning in)) 2019 (b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount				
b Lobbying ceiling amount				
(150% of line 2a, column(e))				
c Total lobbying expenditures				
d Grassroots nontaxable amount				
e Grassroots ceiling amount				
(150% of line 2d, column (e))				
f Grassroots lobbying expenditures				

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	i), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR (e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2 a		
b	Carryover from last year		2 b		
с	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

SCHEDULE D

(Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

ALLIED MEDIA ACTION FUND

	ALLIED MEDIA ACTION FUND	85-0895977
Part I	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	

		(a) Donor advised funds	(b) Fui	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	f a historically	/ important land area
	Protection of natural habitat	Preservation of	f a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str		2c	
d	Number of conservation easements included in (c) acquired			
-	historic structure listed in the National Register			<u> </u>
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organizatio	n during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
~	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	iservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easeme	ents during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement a	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that de	scribes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections o		Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pu			f public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre		al gain, provi	de
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$ Sahadula D (Eaura 000) 0000
	For Paperwork Reduction Act Notice, see the Instruction	s tor Form 990.		Schedule D (Form 990) 2022
23205	1 09-01-22	20		

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2022.04020 ALLIED MEDIA ACTION FUND

Sche		MEDIA ACTI				0895977	
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	Freasures, or Ot	her Similar A	ssets(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	ne following that mak	e significant use c	of its	
	collection items (check all that apply):						
а	Public exhibition	d		kchange program			
b	Scholarly research	e	e 🛄 Other				
с	Preservation for future generations						
4	Provide a description of the organization's co					Part XIII.	
5	During the year, did the organization solicit o		,	,			
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran						NoNo
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete ir the organizat	lion answered "Yes"	on Form 990, Par	t IV, line 9, or	
12	Is the organization an agent, trustee, custodi		hiany for contributi	one or other assets r	ot included		
Ia	on Form 990, Part X?					Yes	No No
h	If "Yes," explain the arrangement in Part XIII						
~			liotning table.			Amount	
с	Beginning balance				1c		
	Additions during the year						
	Distributions during the year						
	Ending balance						
	Did the organization include an amount on F					Yes	No
b	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four y	/ears back
	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and losses						
	Grants or scholarships				_		
е	Other expenditures for facilities						
	and programs						
	Administrative expenses				-	<u> </u>	
-	End of year balance Provide the estimated percentage of the curr	ropt year and belong	o (lino 1 a column			I	
2	Board designated or quasi-endowment		%	(a)) Helu as.			
a b	Permanent endowment	%					
c		<u></u> %					
Ŭ	The percentages on lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse	•	ation that are held	and administered fo	or the		
	organization by:						res No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule F	א?		3b	
	Describe in Part XIII the intended uses of the	organization's endo	owment funds.				
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answere		<u>, , , , , , , , , , , , , , , , , , , </u>	. See Form 990, Part	X, line 10.		
	Description of property	(a) Cost or o basis (investr	• •		Accumulated	(d) Book	value
1a	Land						
	Buildings						
	Leasehold improvements					ļ	
d	Equipment					ļ	
	Other					<u> </u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	e 10c.)		<u> </u>	0.

Schedule D (Form 990) 2022

232052 09-01-22

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
	Description	, , ,	(b) Book value
(1)			.,
(2)			
(2) (3)	U		
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	a 15)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	,	110 or 11f Soo Form 000 Part V ling 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"	,	11e or 11f. See Form 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	,	11e or 11f. See Form 990, Part X, line 25	5. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABL	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABL (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABL (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABL (3) (4) (5)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABL (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABL (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABL (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABL (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 57,024
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABL (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line ⁻ E e 25.)		(b) Book value 57,024

232053 09-01-22

Sche	dule D (Form 990) 2022 ALLIED MEDIA ACTION FUND		85-0895	5977 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total revenue, gains, and other support per audited financial statements		1	
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			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 Statem	nents With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
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		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	t 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.

) (Form 990) 2022	ALLIED	MEDIA	ACTION
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1 4	reconciliation of neveriae per Addited Financial Stateme		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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.)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Forn .gov/Form990 for		ation.		Open to Public Inspection		
Name of the organization ALLIED ME	DIA ACTIC	N FUND					Employer identification number 85-0895977		
Part I General Information on Grants a	nd Assistance								
 Does the organization maintain records a criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance? ocedures for moni	toring the use of grant	funds in the Unite	d States.			X Yes No		
Part II Grants and Other Assistance to recipient that received more than a					anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ECONOMIC JUSTICE ALLIANCE OF MICHIGAN - 1750 WOODWARD AVE. STE. 215 - DETROIT, MI 48201	47-4734132	501(C)(3)	15,000.	0.			GREEN NEW DEAL NETWORK		
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - 1530 MADISON AVE SE - GRAND									
RAPIDS, MI 49507	38-6073279	501(C)(3)	10,000.	0.			GREEN NEW DEAL NETWORK		
BEYOND NUCLEAR 7304 CARROLL AVENUE 182 TAKOMA PARK, MD 20912	91-2170071	501(C)(3)	9,000.	0.			GREEN NEW DEAL NETWORK		
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table				3.		

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

ALLIED MEDIA ACTION FUND

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	13	7,500.	. 0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

BOARD OF DIRECTORS.

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47	
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2022			
•	,	Compensated Employees		ΖU		=	
Deres	torrat of the Treasure	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nan	ne of the organizatio		Employer id	r identification number			
		ALLIED MEDIA ACTION FUND	85-0	89597	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	charter travel Housing allowance or residence for perso	onal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3		ny, of the following the organization used to establish the compensation of the organization'					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	n committee Written employment contract					
		compensation consultant					
	Form 990 of o	ther organizations	committee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re					v	
а		ce payment or change-of-control payment?				X	
b		eive payment from a supplemental nonqualified retirement plan?				X X	
С		eive payment from an equity-based compensation arrangement?		4c			
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	0						
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	a n				
э		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati					
~	contingent on the r			Ea		x	
a h	Any related organiz	ation?		<u>5a</u> 5b		X	
U		ation? or 5b, describe in Part III.				<u> </u>	
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
U	contingent on the r		011				
а	•			6a		x	
h	Any related organiz	ation?		6b		x	
		pr 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s				
•		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
-	•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
-		n 53.4958-6(c)?					
LHA		eduction Act Notice, see the Instructions for Form 990.		ile J (Forn	n 990)) 2022	

85-0895977

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RASHID SHABAZZ	(i)	0.	0.	0.	0.	0.		0.
CRITICAL MINDED EXECUTIVE DIRECTOR	(ii)	173,259.	0.	0.	0.	5,929.	179,188.	0.
(2) MARIANNE RUIZ	(i)	0.	0.	0.	0.	0.		0.
KAIROS EXECUTIVE DIRECTOR	(ii)	147,085.	0.	0.	0.	6,645.		0.
(3) JEANETTE LEE	(i)	0.	0.	0.	0.	0.		0.
FORMER PRESIDENT	(ii)	97,033.	0.	52,000.	0.	2,502.	151,535.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

	Part III	Supplemental	
1			

Schedule J (Form 990) 2022 Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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. OMB No. 1545-0047

55,752.

55,752.

Ο.

Ο.

Employer identification number 85 - 0895977

ALLIED MEDIA ACTION FUND

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

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO MAKE

DECISIONS INDEPENDENT OF THE BOARD OF DIRECTORS.

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

THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING

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

ORGANIZATION'S PRESIDENT 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 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:

PROGRAM CONSULTANTS & SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

 OTHER CONSULTANTS & SERVICES:

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22

 29
 29

 16581114
 748923
 ALLIEDC4
 2022.04020
 ALLIED MEDIA
 ACTION FUND
 ALLIED01

Schedule O (Form 990) 2022 Name of the organization ALLIED MEDIA ACTION FUND	Page 2 Employer identification number 85-0895977
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	24,303.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,303.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	80,055.
²³²²¹² 10-28-22 581114 748923 ALLIEDC4 2022.04020 ALLIED MEDIA ACTIC	Schedule O (Form 990) 2022 ON FUND ALLIED01

SCH	EDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Name of the organization

ALLIED MEDIA ACTION FUND

Employer identification number 85-0895977

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.

(a) Name, address, and EIN of related organization	(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	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ALLIED MEDIA PROJECTS, INC 01-0559608	TO SUPPORT THE GROWTH OF						
4126 THIRD STREET	MEDIA-BASED ORGANIZING						
DETROIT, MI 48201	MODELS.	MICHIGAN	501(C)(3)	LINE 7	N/A		X
LOVE BLDG, INCORPORATED - 86-2120563							
4126 THIRD STREET	PUBLIC SUPPORTING			LINE 12 TYPE	ALLIED MEDIA		
DETROIT, MI 48201	ORGANIZATION	MICHIGAN	501(C)(3)	1	PROJECTS, INC.	X	
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 ALLIED MEDIA ACTION FUND

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

(a)	(b)	(c)	(d)	(e)	(1	f)	(g)	(ŀ	ר)	(i)		(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomin (related, excluded fr	ant income unrelated, om tax under 512-514)	Share inco	of total ome	end-of	and of year		nd-of-year		ortionate tions?	Code V-UE amount in b 20 of Sched	oox ^r lule	managing partner?	r Percenta ownersh
		country)		sections	512-514)					Yes	No	K-1 (Form 10)65)	Yes No)		
	-																
	-																
					4												
Identification of Related Or organizations treated as a co	ganizations Taxable prporation or trust duri	as a Corpo	pration or Trust. C year.	omplete if th	ne organizat	ion answ	ered "Yes	s" on Form	n 990, Pa	ırt IV,	line 34	1, because it ł	nad or	ne or n	nore relat		
(a)			(b)	(c)	(d)		(e)		(f)			(g)		(h)	(i)		
Name, address, and E	IN	Prim		Legal domicile	Direct con	trolling	Type of		Share of	total		Share of		entage	Sectio		

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

Schedule R (Form 990) 2022 ALLIED MEDIA ACTION FUND

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
с	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organ				11		Х
m	Performance of services or membership or fundraising solicitations by related organi	ization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n	X	
	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х
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		Х
2	If the answer to any of the above is "Yes," see the instructions for information on wh					•	
	(a)		(c)	· · · · · · · · · · · · · · · · · · ·			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALLIED MEDIA PROJECTS, INC.	0	60,811.	ACTUAL CASH TRANSFERS
<u>(</u> 3)			
<u>(4)</u>			
<u>(6)</u>	22		

Schedule R (Form 990) 2022 ALLIED MEDIA ACTION FUND

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs. Yes	ll sec. (3) No	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tior alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes) ral or F ging her? NO	(k) Percentage ownership
			5										

Schedule R (Form 990) 2022

	(Form 990) 2022	ALLI
Part VII	Supplemental	Information

Provide additional information for responses to questions on Schedule R. See instructions.

232165 09-14-22	Schedule R (Form 990)
581114 748923 ALLIEDC4	35 2022.04020 ALLIED MEDIA ACTION FUND ALLIED
JUIIIA 140343 AUUIEDC4	2022.04020 ADDIED MEDIA ACTION FUND ADDIED