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Department of the Treasury Internal Revenue Service

Т

# EXTENDED TO NOVEMBER 15, 2024 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 2023 calendar year, or tax year beginning and	lending	_						
B c a	heck if pplicab	le: C Name of organization		D Employer identifie	cation number					
X	Addre chang									
	Name chang		85-08959	.7.7						
	returr	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite							
	Final	4731 GRAND RIVER AVE	400	(313) 64						
	termi	, , , , , , , , , , , , , , , , , , , ,	<b>G</b> Gross receipts \$	378,547.						
	Amer	DEIROII, MI 40200		H(a) Is this a group re	eturn					
	Appli	F Name and address of principal officer: I OIN I MOCHINI		for subordinates	? Yes X No					
	pend	SAME AS C ABOVE		H(b) Are all subordinates in						
Т	ax-ex	empt status: 501(c)(3) 🛛 501(c)( 4) (insert no.) 🛄 4947(a)(1)	or 527	If "No," attach a	list. See instructions					
J٧	Vebsi	te: WWW.ALLIEDMEDIA.ORG		H(c) Group exemptio	n number					
ΚF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2020	State of legal domicile: MI					
Pa	irt I	Summary								
e	1	Briefly describe the organization's mission or most significant activities:	ATE LE	GISLATORS A	ND THE					
Activities & Governance		GENERAL PUBLIC ON ISSUES FACING MICHIGAN	HE UNITED S	TATES.						
šrn	2	Check this box if the organization discontinued its operations or dispo	osed of more	e than 25% of its net as						
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	3					
ഗ് ഗ്	4	Number of independent voting members of the governing body (Part VI, line 1b)			2					
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0						
Ϋ́İ	6	Total number of volunteers (estimate if necessary)		3						
lcti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
Ð	8	Contributions and grants (Part VIII, line 1h)		544,040.	378,547.					
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
ш	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)		544,040.	378,547.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		41,500.	736,888.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.						
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		60,811.	50,959.					
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		9,700.	2,400.					
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 11, 8	52.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		130,412.	169,633.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		242,423.	959,880.					
	19	Revenue less expenses. Subtract line 18 from line 12		301,617.	-581,333.					
or ces			Be	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,076,347.	510,006.					
t As: d B	21	Total liabilities (Part X, line 26)		58,904.	73,896.					
Fun		Net assets or fund balances. Subtract line 21 from line 20		1,017,443.	436,110.					
		Signature Block								

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

Sign	Signature of officer			Date							
Here	TONI MOCERI, CO-EXECUTIVE	DIRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN						
Paid	MICHAEL B BOISVENU, CPA			if self-employed	P01355707						
Preparer	Firm's name BOISVENU & COMPAN	Y, P.C.		Firm's EIN 38-	2857129						
Use Only	Firm's address 30600 TELEGRAPH R	OAD, SUITE 13	300								
	BINGHAM FARMS, MI	48025		Phone no. ( $248$	)647-7200						
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	······		X Yes No						
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

	1990 (2023) ALLIED MEDIA ACTION FUND 85-0895977 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 MICHIGAN
	AND THE UNITED STATES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$904,757. including grants of \$736,888. ) (Revenue \$
4a	(Code:) (Expenses \$ 904,757. including grants of \$ 730,888.) (Revenue \$ TO EDUCATE LEGISLATORS AND THE GENERAL PUBLIC ON ISSUES FACING MICHIGAN
	AND THE UNITED STATES.
	AND THE ONTIED STATES:
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
15	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses     904,757.
	Form <b>990</b> (2023
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Form 990 (2023)

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)?			
_	If "Yes," complete Schedule A	1	37	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		├──
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	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	- 23	<u> </u>
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		<u> </u>
U	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	-		
Ū	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			<u> </u>
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	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	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
332003	3 12-21-23	Form	990	(2023)

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
3	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
.0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete</i>	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		X
a	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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			x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
0	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
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	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			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
84	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	
15a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
<b>3</b> 7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
88	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 41	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		(0.5.5
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21	107 748923 ALLIEDC4 2023.04020 ALLIED MEDIA ACTION FUND	A1'I	LIE	D01

023)	ALLIED	MEDIA	ACTION	FUND
Statements	Regarding C	Other IRS	Filings and	I Tax Compliance (continued)

Form 990 (2023)

Part V

2a         Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,         2a         0           b If at least one is reported on line 2a, did the organization file all required fedoral employment tax returns?         2b         2b           a Did the organization have unclated busines gross income of 51,000 or more during the year?         3b         3b           b If "Yes," that ittled a form 980-1 for this year? If Wo? to line 3b, provide an explanation on Schedule 0         3b         3b           b If "Yes," that ittled a foreign ocurity.         3c         3c         3c           b If "Yes," that ittled a foreign ocurity.         3c         3c         3c           b If "Yes," the the name of the forgin ocurity.         3c         3c         3c           b If "Yes," the the name of the organization if the mortal with on durity the lax year?         3c         3c         3c           b Ob any taxable party notify the organization in the mortal yobe and mixing the any provide the any provide an exploration schedular provide the organization in the exploration on the any control tax docuctible as charable contributions?         3c         3c           c If "Yes," total the organization in clude with every solicitation an express statement that such contributions or gifts were on tax docuctible as charable contributions?         3c         3c           c If "Yes," total the organization include with every solicitation an express statement that such control in such asochortaci				Yes	No						
b       If a least one is reported on line 2a, di the organization file al required reserving the year?       2b         da       Defities organization have unique to subset of 10.00 or more during the year?       3b         da       At any time during the calendar year, di the organization have an interest in, or a signature or other authorty over, a financial account in a toring in country luck as a bank account, securities account, or other financial accounts (FBAF).       4a       X         b       If Yes, ' rise if the organization that was or is a park to a prohibited tax sheeter transaction of any time during the tax year?       5a       X         b       Did any taxability parts of the organization that was or is a park to a prohibited tax sheeter transaction of a prohibited tax sheeter transaction of any time during the tax year?       5a       X         b       Did any taxabili park notify the organization that was or is a park to a prohibited tax sheeter transaction?       5b       X         b       Did any taxabili park notify the organization that was or is a park to a prohibited tax sheeter transaction?       5b       X         b       Dif was taxabili park notify the odian of the organization tax different 88877.       5a       X         c       Dif was taxabili park notify the odian of the organization tax of tax of the organization tax of tax of the organization tax of	2a										
3a       Did the organization have unrelated business gross income of \$1.000 or more during the year?       ga       X         b       If "Yes," has the leaf or 9000 Tork his year? Where the 0000 more damagehand on Schedule 0       Bb         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authomy over, a financial account?       4a       X         b       If "Yes," inter the name of the foreign country       Sa       X         b       Was the organization have the organization the foreign mask as parky to a prohibited tax schedur taxescher?       Sa       X         b       Did any taxable party only the organization the foreign BBB617       Sc       Sa       X         cill "Yes" to the organization in hour ad eductable as christable contributions?       Sa       X         b       Did any taxable party only the organization in chude with every solicitation and existable party into advectable?       Sa       X         cill "Yes," to did the organization include with every solicitation and existable personal noneerly for which it was required to the part?       Fa       X         d       Did the organization include with every solicitation and existable personal noneerly for which it was required to the form 8282?       Fa       Yes.         d       Did the organization include with every solicitation and existable personal noneerly for which it was required to the form 820 as required?       Fa <td></td> <td>filed for the calendar year ending with or within the year covered by this return 2a 0</td> <td></td> <td></td> <td></td>		filed for the calendar year ending with or within the year covered by this return 2a 0									
b       If Yes, That If Hidd a Form 9901 for this year? If Yer's to line 3b, provide an explemation on Schedule 0       3b         4       At any time during the calendar year, did the organization have an interest h., or a signature or other number of the rongin country (such as a bank account, securities account, or other financial accounts for Hing requirements for FinCEN Form 114, Raport of Fornigin Bank and Financial Accounts (FBAR).         5       West the organization to a profibio tax short ransaction at any time during the tax year?       5a       X         6       Did any taxable party notify the organization that was or is a party to a prohibitot tax short ransaction at any time during the tax year?       5a       X         5       West the organization have and angli one organization that was or is a party to a prohibitot tax short ransaction at any time during the tax year?       5a       X         6       Does the organization have and mall gross receipts that an enormally greater than \$100,000, and did the organization solution any organization have any solicitation an express statement that such contributions or gifts were not tax deductible?       6b       Y         7       Organization beta may notify the diox or gift was a contribution and path for goods and services provided to the spart?       7a       X         10       If Yes, 'indicate the number of Forms 8282 field during the year       7d       7a       X         11       Did the organization needwest a contribution cord number, of the worked, all the organization file a form 1080.C? <t< th=""><th>b</th><th>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th><th>2b</th><th></th><th></th></t<>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
4a At any time during the calendary year, do the organization have an interest in, or a signature or other authority over, a financial account is (critical account)?         4a         X           b If "Yes," enter the name of the foreign country         5a bank account, securities account, or other financial accounts (FBAP).         5a         X           5a Was the organization apprive to prohibited tax shelts transaction at any time during the tax year?         5a         X           5b If "Yes," enter the name of the foreign country.         5a         X         5b         X           5b If Yes," to be a or ob, dot the organization the inm 8886 "To mem 8886".         5c         C         5a         X           6b Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solid tay contributions and the section 170(c).         6a         X           7b Dragnization tax deductible contributions under section 170(c).         7a         X         X           8 Did the organization netwice apprint line excess (27)" framed party as a normality preservice services provided to the pare?         7a         X           7 Organization netwice apprint uncs, of thargher phys as individing the sax required to the foreign 222?         7a         X           7 Ub the organization netwice apprint uncs, of stargher phys as individing the sax preservices provided to the pare?         7a         X           7 Did the organization netwice appresentation entwice appri			3a		Х						
Intractal account in a foreign country such as a bank account, securities account, or other financial account?     4a     X       Introductions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a     X       Sa Was the organization have and the vagon is a physic to a prohibited tax shelter transaction?     5a     X       Sa Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive adductible as charitable contributions?     5a     X       If Y*ss, 'id the organization have access of \$70 nade partly as a contribution and putify for goots and services provided to the paper?     7a     X       If Y*ss, 'id the organization have, access of \$70 nade partly as a contribution and putify for goots and services provided to the paper?     7a     X       If Y*ss, 'id the organization neally, creater of indect, yon personal property for which it was required to the Form 8282?     7a     X       If Y*ss, 'id the organization neally, creater of indect, yon personal property for which it was required?     7a     X       If Y*ss, 'id the organization was explored apprent it excess of \$70 nade partly as a contribution of access the provided ?     7a     X       If Y*ss, 'id the organization and, directly on indicetly, to pay permumes on a personal benefit contract?     7e     X       If Y*ss, 'indicate the number of Forms 8282 field during the year?     7a <td< th=""><th>b</th><th colspan="10"></th></td<>	b										
b       If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       5a       X         b       Was the organization approx to a prohibited tax shalter transaction at any time during the tax shalter transaction?       5a       X         c       If "Yes" to be 5a or 5b, did the organization the form 8864 Term 5100,000, and did the organization solut any contributions that were not tax deductible form 8864 Term 5100,000, and did the organization solut any contributions that mean totax deductible as thatable 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 as thatable contributions?       6b       7a       X         b       If "Yes," did the organization receive a payment in excess of \$7 male party as a contribution or and partific goods and services provided to the payor?       7a       X         b       If "Yes," indicate the number of Forms 8828 field during the year       [2d]       7d       X         c       Did the organization receive a contribution of qualified intelectual property for which it was required?       7a       X         f       Did the organization receive a contribution of qualified intelectual property on an personal benefit contract?       7a       X         f       Tyes, "indicate the number of Forms 8828 fied during the year       [2d]       7a	4a										
See instructions for thing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a       X         5a       Ded any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         5b       Ded any taxable party notify the organization that expansion that it was or is a party to a prohibited tax shelter transaction?       5c       X         5c       Ded serve standard the organization that expansion that it was or is a party to a prohibited tax shelter transaction?       5c       X         5c       Ded serve standard the organization index of the very solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         7       Organization readve any function that may receive deductible contributions under section 170(c).       6b       7a       X         7       Organization readve any function express dispose of tangible personal property for which it was required to the form 2282?       7c       X         7       Did the organization readve any function of qualified intelectual property, fulction and partify for goals and services provided?       7c       X         7       Did the organization cervice any function of qualified intelectual property, fulction and partify for goals       7a       X         8       Did the organization cervice any function of qualified intelectual property, fulction ganization form form of the second and form of the did											
5a         Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         5a         X           b         Did any taxoble party notify the organization file Form 8886-17         5b         X           6a         Does the organization have annual gross needpts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles         5c         X           b         If 'Yes' to line Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts         6a         X           b         If 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts         6a         X           b         If 'Yes', 'did the organization notify the donor of the value of the goods or services provided?         7a         X           c         Did the organization notify any funds, directly or indirectly, to pay premums on a personal brenefit contract?         7c         X           d         If 'Yes', 'did the organization neexer any funds, directly or indirectly, to pay premums on a personal brenefit contract?         7d         X           d         If 'Yes', 'did the organization neexer any funds, directly or indirectly, to pay premums on a personal brenefit contract?         7d         X           d         If 'Yes', 'did the organization neexer any funds, dincectly or indinectly, to pay premums on a personal brenefit cont	b										
b       Did any taxable party notify the organization file Form 8886-17.       Did       X         6       Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization notifies the organization file form 8886-17.       Bo       Bo         7       Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid:       Bo       X         8       Dest the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Bo       X         7       Organization scile: a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         7       T*se, "idd the organization notify the donor of the value of the goods or services provided?       7b       X         9       Did the organization scile: eapyment in excess of \$75 made parity as a contribution of property for which it was required to the inform 8282?       7c       X         9       Did the organization neceive a contribution of cars, boats, anjanes, or other vahicles, did the organization file form 8282?       7c       X         9       If the organization neceive a contribution of cars, boats, anjanes, or other vahicles, did the organization file Form 8289 as required?       7n       7a         11       the organization neceive a contribution of cars, boats, anjanes, or other vahicles, did the organization file	_		_		v						
c     If "Yes" to line 5a or 5b, did the organization file Form 5886-17     5c       6a     Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7a     X       d     Did the organization neeves any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       f     Did the organization neeves ary funds, directly or indirectly, on a personal benefit contract?     7f     X       f     If the organization neeves are screas business holding at any value?     8     8       Sponsoring organization neaves are access that adductible property (at the organization funds)     8     8       organization neeves are access business holding at any two are directly or indinectly, to pay premiums on a personal beneft contract? </th <td></td> <td></td> <td></td> <td></td> <td></td>											
Ga     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     Ga     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     Ga     X       c     Or organizations that may receive deductible contributions under section 170(c).     To     Ga     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided to the paver to the Form 8282?     To     Z       c     Did the organization notify the donor of the value of the goods or services provided to the paver to file Form 8282?     To     Z       c     Did the organization notify the donor of the value of the goods or services provided to the paver to file form 8282?     Te     X       d     Did the organization during the year, pay permitmes, directly or indirectly, no pay permitmes on a personal benefit contract?     Te     X       d     Did the organization during the year, pay permitmes, directly on advised tund maintained by the sponsoring organization maintaining door advised fund.     B     D       d     Sponsoring organization maintaining door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     D       D     Did the sponsoring organization maintaining door advised fund maintained by the sponsoring organization make any taxable distr											
any contributions that were not tax deductible as chartable 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?       6a       X         7 Organizations that may receive deductible contributions under section 170(c).       7a       X         b If the organization notify the donor of the value of the goods or services provided?       7a       X         b If Yes, ' did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If Yes, ' indicate the number of Forms 8282 filed during the year       Zd       7c       X         f Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7c       X         g if the organization neceive a contribution of cars, boats, any lares, directly or indirectly, on a personal benefit contract?       7r       X         g bid the sponsoring organization maxies holdings at any time during the year?       9a			50								
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifs were not tax deductible?       66         0       Organizations that may receive deductible contributions under section 170(c).       66         0       Uf the organization state may receive deductible contributions under section 170(c).       7a       X         0       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         0       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         1       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         1       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         1       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         2       Sponsoring organization maximating domor advised funds.       Did due organization file a Form 1098-C?       7n         3       Sponsoring organization maintaining domor advised funds.       Did due organization file a Form 1098-C?       7n         4       Section 501(c)(12) organization maintaining domor advised fund maintained by the section 1906-C?       9a       9b       9a       9b	0a		62		x						
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     10 the organization and party for goods and services provided to the part?       7 If 'Yes,' did the organization notify the donor of the value of the goods or services provided?     7c       X     T'Yes,' did the organization and party for goods and services provided?       7c     X       di th'Yes,' indicate the number of Forms 8282 filed during the year     I'd       Pod the organization ceve any funds, directly or indirectly, to pay pre-nums on a personal benefit contract?     7c       X     I'd' the organization receive any funds, directly or indirectly, to pay pre-nums on a personal benefit contract?     7r       Y     X     I'd the organization neceive any funds, directly or indirectly, to pay pre-nums on a personal benefit contract?     7r       di th'yes,' indicate the number of Forms 8282 filed during the year     Cd     7d       B the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7n       h If the organization maintaining donor advised funds.     Did the approximation received a contribution stude defaultion using resclution 4966?     9a       9 Sponsoring organization have excess tobariations inder section 4966?     9a     9b       Did the sponsoring organization and party line (line 12), for public use of club facilities     10b       10 Section 501(c)(12) organizations. Enter:     10a   <	h		Ua								
7         Organizations that may receive deductible contributions under section 170(c).         Image: the organization receives of \$75 made parks as contribution and park for goods and services provided to the payor?         7a         X           8         If "Yes," did the organization netify the donor of the value of the goods or services provided?         7a         X           9         If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 3282?         7d         7c         X           4         If "Yes," indicate the number of Forms 8282 filed during the year         7d         7         X           9         Did the organization, during the year, pay premiums, directly or indirectly, no ap personal benefit contract?         7f         X           9         If the organization, during the year, pay premiums, directly or indirectly, no ap personal benefit contract?         7f         X           9         If the organization received a contribution of cars, boats, atignales, or other wehicles, did the organization file Form 1098-C?         7h         1           8         Sponsoring organization make any taxable distributions under section 4966?         9a         9b         10d         10a	D		6h								
a Dut the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Yes," and the organization notify the donor of the value of the goods or services provided?       7b       7c       X         b If "Yes," and the number of Form 8282 filed during the year       [7d]       7c       X         d If 'Yes," indicate the number of Form 8282 filed during the year       [7d]       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization receive a on full-did intelleculal property, did the organization file Form 8898 as required?       7f       X         f Did the organization matrix maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10c         12 Section 4947(c) fil non-exempt charitable funds. Did ot aching form 990 in leu of Form 1041?       12a       12a       10a       10b       10a       10b       10c       10c       10c       10c       10c       10c       10c       10c	7		0.0								
b     If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     72       c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     72     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       f     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     76     X       f     Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required 7     77     X       g     If the organization received a contribution of cars, boats, alignales, or other vehicles, did the organization file Form 1098.C7     77     X       8     Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667     9a     9a       D id the sponsoring organization ack any taxable distributions under section 49667     9a     9b     9b       10     Section 501(c)(7) organizations. Enter:     10a     10a     10a       11     Section 501(c)(12) organizations. Enter:     11a     10a     11a       12     Section 501(c)(12) organizations. Enter:     11a     12a       13     Section 501(c)(2) qualified nonprofit health insurance issuers.			7a		Х						
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d fl 'Yes, 'Indicate the number of Forms 8282 filed during the year       7d       7       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         fl bit due organization receive a contribution of qualifed intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of qualifed intellectual property, did the organization file a Form 1098 Cf       7g       7h       X         9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make an distribution so donor, donor advisor, or related person?       9a       9a         9 Sponsoring organizations maintaining donor advised funds.       10a       10a       10a       10a         10 Section 501(c)[7] organizations. Enter:       10a       10b       10a       <											
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         D dt the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8398 as required?       7f       X         g If the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098-C1       7h       X         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667       9a       9a         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         0 Section 501(c)(X) organizations. Enter:       10a       10b       1a         1 Intaition fees and capital contributions included on Part VIII, line 12       10a       1a         1 Section 501(c)(X) organizations. Enter:       11a       10b       1a         2 Socion 601(c)(X) organization. Enter:       11a       12b       12a         3 Section 601(c)(X) organization increate or accrued during the year       12b       13a         12 Section 601(c)(X) organization include on araction tills form 990 in lieu of Form 1041?			-		<u> </u>						
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f If the organization and uning the year, pay premiums, on their vehicles, did the organization file a Form 1098-C?       7n       X         Sponsoring organization matching donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 dit be sponsoring organizations make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b       10c         12 Section 501(c)(2) organizations. Enter:       11a       10b       10b       10c       10c         13 Section 501(c)(2) organization there stree/edvel or acrued duing the year       11a       10b       10c       10c         13 Section 501(c)(2) organization termation the organization fil			7c		Х						
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual progenization file Form 8899 as required?.       7g       X         g       If the organization received a contribution of qualified intellectual progenization file Form 8899 as required?.       7h       X         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintane by the sponsoring organization make subsess business holings at any time during the year?       8         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9         g       Did the sponsoring organization make a listribution to a donor, donor advisor or related person?       9b       0         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       11a       10a       12a       12a         12       Section 501(c)(12) organization received norm theme sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11a       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a       13a       13a       13a	d										
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 Form 1098-C?       7h         8 Sponsoring organization maxe activation of dualified intellectual property, did the organization file Form 1098-C?       7h         9 Sponsoring organization maxe any taxable distributions under section 4966?       8         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a         9 Section 501(c/7) organizations. Enter:       10a         10 dit the sponsoring organizations. Enter:       10b         11 Section 501(c/12) organizations. Enter:       10a         12 Gross income from members or shareholders       11a         13 Section 501(c/12) organizations. Enter:       11a         14 amounts due or received from them.)       11b         13 Section 501(c/12) organizations. Enter:       11a         14 amounts due or received from them.)       11b         13 Section 501(c/12) organization itrates treceived or accrued during the year       12a         13 Section 501(c/12) organization itrates received or accrued during the year       12a         14 bit the amount of tax-exempt interest received or accrued during the year?       12a         13 Section 501(c/12) organization section is required to mai			7e		Х						
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 make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       Did the sponsoring organization make any taxable distribution to a donor, donor advised funds.       10a         11       Section 501(c)(7) organizations. Enter:       10a       10a         11       Berlin Section 501(c)(12) organizations. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       10b       10b       10c         13       Section 501(c)(12) organizations. Enter:       10b       11b       12a         13       Section 501(c)(12) organizations. Enter:       11b       12a       12a         14       Weter sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         14       Did the organization licensed to issue qualified health plans in more than one state?       13a       13a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b)       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a         12       Section 501(c)(2) organizations. Enter:       10b         13       Section 501(c)(2) organizations. Enter:       11a         a       Gross income from members or shareholders       11b         13       Section 501(c)(2) organization flip form 990 in lieu of Form 1041?       12a         14       Section 501(c)(2) organization flip denatry linkerest received or accrued during the year       12b       13a         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         14       Did the organization ics required to maintain by the states in which the organization is required to maintain by the states in which the organization reserves on hand       13b       13a         14a       Did the organization cerves any payments for indoor tanning services during the axy are?       14a	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         bid the sponsoring organization make any taxable distributions under section 4966?       9a       9b         bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
9       Sponsoring organizations maintaining donor advised funds.       9a         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:       10a       10b         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13a       Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       DX       Est 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       13a         c       Enter the amount of reserves the orindoor tanning services during the tax year? <th>8</th> <th>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</th> <th></th> <th></th> <th></th>	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
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:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         amounts due or received from them.)       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b fi "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b If "Yes," see the instructions and file Form 4720, Schedule N.       15       X       15       X         14<			8								
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10c         a       Gross income from members or shareholders       11a       10b       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         28       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Tryes,* enter the amount of tax-exempt interest received or accrued during the year       13a       13a         14       Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       X       13b       13c       14a       X         15       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15	9										
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       11b       11a         13       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11b       12a         14       B       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         14       Did (c)(29) qualified nonprofit thealth plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       If "Yes," has it f											
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16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         18       X         19       If "Yes," complete Form 4720, Schedule O.         17       If "Yes," complete Form 6069.			15		Δ						
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	17										
If "Yes," complete Form 6069.	17		17		1						
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Form 990	) (2023)
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Section A. Governing Body and Management

#### ALLIED MEDIA ACTION FUND

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

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

			Yes	s 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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision		+	
,	of officers, directors, trustees, or key employees to a management company or other person?	3		x
ŀ	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		+	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		+	X
5	Did the organization become aware during the year of a significant diversion of the organization s assets?		+	X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		+	
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		+	
	persons other than the governing body?	7b	,	X
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?			X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Ye	s No
)a	Did the organization have local chapters, branches, or affiliates?	. 10a	1	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. <b>10</b> b	_	
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	a X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. <b>12</b> b	5 X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	. 120		
3	Did the organization have a written whistleblower policy?			
ŀ	Did the organization have a written document retention and destruction policy?	. 14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official		_	X
b	Other officers or key employees of the organization	. <b>15</b> b	<u></u>	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	a	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<b>,</b>	
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed MI			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c	)(3)s on	ly) ava	ailable
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Upon request       Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fin	ancial	
-	statements available to the public during the tax year.		2.10101	
20	State the name, address, and telephone number of the person who possesses the organization's books and records SUZANNE ABOUZENNI - 313-718-2267			
	4731 GRAND RIVER AVE, 400, DETROIT, MI 48208			
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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 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	(0		npei	iout	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per			check more than one ess person is both an				compensation	compensation	amount of
	week	offi	officer and a dire					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for		Ð			ited		organization	(W-2/1099-MISC/	from the
	related	istee	truste		a	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	Jal tru	onal 1		ploye	ee com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) MARS MARSHALL	0.25	=	-	8	₹ ₹	토티	윤	·		
FORMER CO-EXECUTIVE DIRECTOR	37.00	x		x				0.	180,534.	4,248.
(2) RASHID SHABAZZ	0.00									
CRITICAL MINDED EXECUTIVE DIRECTOR	40.00	1				x		0.	165,861.	6,426.
(3) TONI MOCERI	0.25									
PRESIDENT/CO-EXECUTIVE DIRECTOR	37.00	Х		Х				0.	160,981.	6,114.
(4) SHATONA HOLCOMB	0.00									
SR. DIRECTOR OF PEOPLE & CULTURE	40.00					Х		0.	132,164.	6,080.
(5) IRMA BAJAR	0.00									
EXECUTIVE DIRECTOR 18 MILLION RISING	40.00					х		0.	124,847.	11,004.
(6) JEANETTE LEE	0.00									•
FORMER LBI INTERIM DIRECTOR	36.00						Х	0.	135,507.	0.
(7) JENNIFER GONZALES	0.00					v		0	107 410	
SR. DIRECTOR OF SPONSORED PROJECTS	40.00					X		0.	127,418.	6,060.
(8) JD DAVIDS	40.00					x		0.	124,231.	703.
CHIEF STRATEGIC OFFICER	0.25					^		0.	124,231.	703.
(9) CEZANNE CHARLES SECRETARY	3.50	x		x				0.	0.	0.
(10) DANA BRITTO	0.25	<u>^</u>						0.	0.	0.
TREASURER	2.50	x		x				0.	0.	0.
	2.50			11						••
		1								
		1								
332007 12-21-23										Form 990 (2023)

332007 12-21-23

09521107 748923 ALLIEDC4

7 2023.04020 ALLIED MEDIA ACTION FUND

	Form 990 (2023) ALLIED MEDIA ACTION FUND 85-0895977 Page 8												
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	on amount of d other		
		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-MIS 1099-NEC)	C/	from organiz and re organiz	the zation lated
												1.0	<u> </u>
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.0.0.	1,151,54	0.		635. 0. 635.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed at	ove	e) wh	no r	eceived more than \$100	0,000 of reportable	e	Ye	0 s No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual										3 X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? <i>If</i> "Yes, .ccrue comper	" <i>coi</i> nsati	<i>mple</i> ion f	ete S rom	Sche any	edule v unr	e <i>J i</i> elat	for such individual	dual for services		4 X	x
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	Diele Schedule	e J 10	or st	icn p	oers	:011 .					5	
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								pensat	ion fron	ו
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	Cor	( <b>C)</b> npensa	tion
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lir	nite	d to	tho: (		stec	above) who received n	nore than	F-	orm 00/	<b>)</b> (2023)

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Pa	rt V	VII								
			Check if Schedule O c	contains a	respons	se or note to any li	ne in this Part VIII			
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
<u>(0, (0</u>	_									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		1a		-			
ъ Б			Membership dues		1b		-			
r Å,			Fundraising events		1c		4			
ja ja			Related organizations		1d		-			
Sin			Government grants (contr		1e		-			
her		f	All other contributions, gifts, g similar amounts not included		1f	378,547.				
d ib O I		g	Noncash contributions included in		1g \$	570,517.	4			
Con		•	Total. Add lines 1a-1f				378,547.			
<u> </u>						Business Code				
Ð	2	2 a								
, zic	~	b								
Program Service Revenue		с								
am		d								
- B R		е								
Ą		f	All other program service	revenue						
		g	Total. Add lines 2a-2f							
	3	3	Investment income (includ	ding divide	ends, inte	erest, and				
			other similar amounts)							
	4	ŀ	Income from investment o	of tax-exen	npt bond	l proceeds				
	5	5	Royalties			<u></u>				
					i) Real	(ii) Personal				
	6	i a	Gross rents	6a						
		b	Less: rental expenses	6b			-			
		С	Rental income or (loss)	6c						
			Net rental income or (loss)							
	7	'a	Gross amount from sales of	(i) S	Securities	s (ii) Other	4			
			assets other than inventory	7a			-			
Ø		b	Less: cost or other basis							
Revenue				7b			-			
eve			· / ·····	7c						
er B			Net gain or (loss)							
Othe	8	за	Gross income from fundraisin							
0			including \$ contributions reported on							
				-		Ba				
		h	Part IV, line 18 Less: direct expenses		<u>c</u>	Bb	4			
			Net income or (loss) from							
	9		Gross income from gamin		-					
	ľ	u	Part IV, line 19	-		a				
		b	Less: direct expenses			)b	-			
			Net income or (loss) from							
	10		Gross sales of inventory, I							
			and allowances			0a				
		b	Less: cost of goods sold			0b				
_			Net income or (loss) from							
s						Business Code				
šou:	11	a								
ane		b								
eve		с								
Miscellaneous Revenue		d	All other revenue							
~			Total. Add lines 11a-11d							
	12	2	Total revenue. See instructio	ns			378,547.	0.	0.	0.
33200	09 12	2-21								Form <b>990</b> (2023)

ALLIED MEDIA ACTION FUND

Form 990 (2023)

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2023.04020 ALLIED MEDIA ACTION FUND

ALLIED01

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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).

	Check if Schedule O contains a respon t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	o, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations	726 000	726 000		
	nd domestic governments. See Part IV, line 21	736,888.	736,888.		
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors, rustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-	Dther salaries and wages	50,886.	20,355.	27,987.	2,544
	Pension plan accruals and contributions (include	,,	,		_,
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits	73.	29.	40.	4
	Payroll taxes				
	ees for services (nonemployees):				
	Management				
	egal				
	Accounting				
	obbying	14,367.	14,367.		
	Professional fundraising services. See Part IV, line 17	2,400.			2,400
f I	nvestment management fees				
g (	Other. (If line 11g amount exceeds 10% of line 25,				
C	olumn (A), amount, list line 11g expenses on Sch 0.)	140,212.	127,349.	12,722.	141
12 /	Advertising and promotion	1,071.	1,071.		
13 (	Office expenses	1,922.	1,672.	71.	179
14	nformation technology	4,456.	1,782.	2,451.	223
<b>1</b> 5 F	Royalties				
<b>16</b> (	Decupancy	59.	59.		6.0.64
1 <b>7</b> 1	ravel	7,546.	1,185.		6,361
<b>18</b> F	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials $\dots$				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
a li	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A),				
а	mount, list line 24e expenses on Schedule O.)				
a					
ь_					
°					
d _					
	All other expenses	050 000	904,757.	43,271.	11 050
	Total functional expenses. Add lines 1 through 24e	959,880.	504,/3/.	43,4/1.	11,852
	loint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	The ck here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2023

Form **990** (2023)

09521107 748923 ALLIEDC4

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2023)	ALLIED	MEDIA	ACTION	FUND	
Balance Sheet					
Check if Schedule	O contains a r	esponse or r	note to any line	e in this Part X	

	Check if Schedule O contains a response or note to any line in this Part X	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	1,076,347.	1	472,506.
2		. ,	2	
			3	
4			4	37,500.
5			-	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6			-	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7			7	
8	ſ		8	
9			9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11			11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16		1,076,347.	16	510,006.
17		1,880.	17	63,575.
18	· · · · · · · · · · · · · · · · · · ·		18	
19	F		19	
20			20	
21			21	
22				
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23			23	
24			24	
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X	57,024.	25	10,321.
26	of Schedule D Total liabilities. Add lines 17 through 25	58,904.	25 26	73,896.
20	Organizations that follow FASB ASC 958, check here	5075011	20	1070501
	and complete lines 27, 28, 32, and 33.			
27	-		27	100,496.
28		1,017,443.	28	335,614.
_	Organizations that do not follow FASB ASC 958, check here	, , , ,		, .
	and complete lines 29 through 33.			
29			29	
30			30	
31			31	
32		1,017,443.	32	436,110.
33		1,076,347.	33	510,006.

Form **990** (2023)

Form 990 (2023) Part X Balan

Assets

Liabilities

Net Assets or Fund Balances

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Form	ALLIED MEDIA ACTION FUND	85-	0895977	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	378		
2	Total expenses (must equal Part IX, column (A), line 25)	2	959		
3	Revenue less expenses. Subtract line 2 from line 1	3	-581		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,017	',4	43.
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	436	;,1	10.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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 the	e audit,			
	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 (	D.		
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?		За		Х
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		3b		

Form **990** (2023)

332012 12-21-23

	For Org	anizations Exempt From Income	Tax Under Section 5	UI(c) and Section 527	
Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Open to Put Inspection					
If the organization a	nswered "Yes" or	n Form 990, Part IV, line 3, or Forr	n 990-EZ, Part V, line	46 (Political Campaign A	Activities), then:
<ul> <li>Section 501(c)(3)</li> </ul>	organizations: Cor	nplete Parts I-A and B. Do not com	plete Part I-C.		
<ul> <li>Section 501(c) (c)</li> </ul>	ther than section 5	01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.	
<ul> <li>Section 527 orga</li> </ul>	nizations: Complet	e Part I-A only.			
If the organization a	inswered "Yes" or	n Form 990, Part IV, line 4, or Forr	n 990-EZ, Part VI, line	e 47 (Lobbying Activities)	, then:
<ul> <li>Section 501(c)(3)</li> </ul>	organizations that	have filed Form 5768 (election und	ler section 501(h)): Co	mplete Part II-A. Do not co	mplete Part II-B.
( )( )	0	have NOT filed Form 5768 (electio	( )	, ,	
•		1 Form 990, Part IV, line 5 (Proxy	Tax) (see separate in:	structions) or Form 990-E	Z, Part V, line 35c (Proxy
Tax) (see separate i					
		itions: Complete Part III.			· · · · · · · ·
Name of organization				Emplo	over identification number
Daut I A Cam		MEDIA ACTION FUND			85-0895977
Part I-A Com	plete if the org	ganization is exempt unde	r section 501(c) c	or is a section 527 of	rganization.
1 Drovido o dopor	intion of the organi	zation's direct and indirect political	compaign activition in	Dort IV	
		tures			
		ign activities			
5 Volunteer nouis	ior political campa				
Part I-B Com	plete if the or	ganization is exempt unde	r section 501(c)(3	3).	
1 Enter the amou	nt of any excise tax	incurred by the organization unde	r section 4955	\$	
		incurred by organization manager			
		on 4955 tax, did it file Form 4720 fo			
4a Was a correctio	n made?				🗌 Yes 🗌 No
<b>b</b> If "Yes," describ	e in Part IV.				
Part I-C Com	plete if the or	ganization is exempt unde	r section 501(c),	except section 501(	c)(3).
1 Enter the amou	nt directly expende	d by the filing organization for sect	ion 527 exempt function	on activities \$	
2 Enter the amount	nt of the filing organ	nization's funds contributed to othe	er organizations for sec	ction 527	
exempt functior	activities			\$	
	•	s. Add lines 1 and 2. Enter here and			
		1120-POL for this year?			
		mployer identification number (EIN		-	
	•	ation listed, enter the amount paid			•
		romptly and directly delivered to a			e segregated fund or a
political action o	committee (PAC). If	additional space is needed, provid	le information in Part IV	V.	·
<b>(a)</b> Na	ame	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0

# **Political Campaign and Lobbying Activities**

2	Political can	npaign activity expendit	ration's direct and indirect politic rures ign activities		\$	
Pa	art I-B C	omplete if the org	anization is exempt und	ler section 501(c)	3).	
			incurred by the organization und			
		\$				
			n 4955 tax, did it file Form 4720			
						Ves 📖 No
	olf "Yes," des	scribe in Part IV.			and and a stick FO1/	-1/01
			panization is exempt und			
		• •	d by the filing organization for se			
2			ization's funds contributed to ot			
2			Add lines 1 and 2. Enter here a			
3		•	s. Add lines 1 and 2. Enter here a			
4	Did the filing	organization file <b>Form</b>	1120-POL for this year?		Ψ	Yes No
5	made paym contribution	ents. For each organiza s received that were pr	mployer identification number (E tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organiz a separate political orga	ation's funds. Also enter th anization, such as a separa	e amount of political
	(a	ı) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047 2023

LHA 332041 11-06-23

SCHEDULE C

(Form 990)

_		D MEDIA ACTION FUND		0895977 Page 2				
Par	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
ΑΟ	Check 🔲 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,							
	expenses, and share of exce	ss lobbying expenditures).						
ΒΟ	Check 🔲 if the filing organization check	ed box A and "limited control" provisions apply.						
	Limits on Lob (The term "expenditures" n	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals					
1a	Total lobbying expenditures to influence put	lic opinion (grassroots lobbying)						
b	Total lobbying expenditures to influence a le	gislative body (direct lobbying)						
с	Total lobbying expenditures (add lines 1a an	d 1b)						
d	<b>O</b> 11 1							
е		es 1c and 1d)						
		ount from the following table in both columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	not over \$500,000,	20% of the amount on line 1e.	1					
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	1					
	<u> </u>		11					

[	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.
[	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.
	over \$17,000,000,	\$1,000,000.
g	Grassroots nontaxable amount (enter 25% c	of line 1f)
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

#### Lobbying Expenditures During 4-Vear Averaging Period

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	(b) 2021	(c) 2022	( <b>d)</b> 2023	<b>(e)</b> Total	
2a Lobbying nontaxable amount						
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						
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) 2023

Yes

No

332042 11-06-23

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# 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	Νο	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?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
е	Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total. Add lines 1c through 1i				
b	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? 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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5	), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			Х	
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		3		X
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 (	b) Part		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 politic expenses for which the section 527(f) tax was paid).	cal			
	Current year				
	Carryover from last year				
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues $\dots$		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
-	expenditures next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
	t IV Supplemental Information		line - +		
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) 2023

332043 11-06-23

09521107 748923 ALLIEDC4

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.



ALLIED01

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

09521107 748923 ALLIEDC4

# ALLIED MEDIA ACTION FUND

85-0895977 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	e 6.		·
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor adv	ised funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	anization answered "א	/es" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that appl	y).	
	Preservation of land for public use (for example, recrea	tion or education)	Preservation c	f a historically important land area
	Protection of natural habitat		Preservation o	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribution in the forn	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included on line 2c acqu			
-	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, o	or terminated by th	ne organization during the tax
	year			
4	Number of states where property subject to conservation ear		ation bondling of	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,			······································
U	Stan and volunteer nours devoted to monitoring, inspecting,	nariuning of violations,	and emotoring col	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conserv	ation easements during the year
•		ing of violatione, and	ernereing eeneerv	
8	Does each conservation easement reported on line 2d above	satisfy the requirement	nts of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization	n's financial stater	nents that describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections or	f Art, Historical T	reasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	evenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for put		•	•
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or research in fur	therance of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
~	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			al gain, provide
_	the following amounts required to be reported under FASB A	-		¢
a k	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			\$ Schedule D (Form 990) 2023
	For Paperwork Reduction Act Notice, see the Instructions	5 101 FUITH 390.		Schedule D (FORM 990) 2023
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Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or Oth	ner Similar As	sets(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that make	significant use o	f its	
	collection items (check all that apply).						
а	Public exhibition	d		change program			
b							
c	Preservation for future generations						
4	Provide a description of the organization's co					Part XIII.	
5	During the year, did the organization solicit o		,	,			
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran						NoNo
I UI	reported an amount on Form 990, Par		le il the organizatio	in answered res of	r Form 990, Fart	IV, III e 9, 01	
1a	Is the organization an agent, trustee, custodi		diary for contributio	ons or other assets n	ot included		
iu	on Form 990, Part X?					Yes	No No
b	If "Yes," explain the arrangement in Part XIII						
-						Amount	
с	Beginning balance				1c		
	Additions during the year						
	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on Fe					Yes	No No
	If "Yes," explain the arrangement in Part XIII.					<u></u>	
Par	t V Endowment Funds Complete if						<u> </u>
		(a) Current year	<b>(b)</b> Prior year	(c) Two years back	(d) Three years ba	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					<u> </u>	
	Administrative expenses End of year balance						
g 2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1 a. column	(a)) held as:			
	Board designated or quasi-endowment		%	(d)) Heid as.			
b	Permanent endowment	%					
		<u>~</u> /*					
•	The percentages on lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse	•	ation that are held	and administered for	the		
	organization by:	Ū				<b>_</b>	Yes No
	(i) Unrelated organizations?					3a(i)	
	(ii) Related organizations?						
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R	?		3b	
	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answere						
	Description of property	<b>(a)</b> Cost or o basis (investn			Accumulated epreciation	<b>(d)</b> Book	value
1a	Land						
b	Buildings						
с	Leasehold improvements						
d	Equipment						
	Other						
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, colum	n (B))			0.

Schedule D (Form 990) 2023

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	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of yoor market value
(a) Description of security or category (including name of security)	(b) BOOK value	(c) Method of Valuation. Cost of end	or-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Fotal</b> . (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-			
(a)	Jeschblion		(b) Book value
	Description		(b) Book value
(1)	Description		<b>(b)</b> Book value
(1) (2)	Description		(b) Book value
(1) (2) (3)			<b>(b)</b> Book value
(1) (2) (3) (4)			(b) Book value
(1) (2) (3) (4) (5)			(b) Book value
(1) (2) (3) (4) (5) (6)			(b) Book value
(1) (2) (3) (4) (5) (6) (7)			(b) Book value
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)			(b) Book value
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, co			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	<u>и. (В))</u>		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes"	<u>и. (В))</u>	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	<u>и. (В))</u>	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes	<i>I. (B))</i> on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" I. (a) Description of liability	<i>I. (B))</i> on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes	<i>I. (B))</i> on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE	<i>I. (B))</i> on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLE (3)	<i>I. (B))</i> on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) INTRA-ORGANIZATION PAYABLY (3) (4) (5)	<i>I. (B))</i> on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, line 15, co         Part X       Other Liabilities         Complete if the organization answered "Yes"         I.       (a) Description of liability         (1) Federal income taxes         (2) INTRA-ORGANIZATION PAYABLI         (3)         (4)         (5)         (6)	<i>I. (B))</i> on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, line 15, co         Part X       Other Liabilities         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1) Federal income taxes         (2) INTRA-ORGANIZATION PAYABLI         (3)         (4)         (5)         (6)         (7)	<i>I. (B))</i> on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, line 15, co         Part X         Other Liabilities         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1) Federal income taxes         (2) INTRA-ORGANIZATION PAYABLE         (3)         (4)         (5)         (6)         (7)         (8)	<i>I. (B))</i> on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co 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)	<i>I. (B))</i>		(b) Book value

Schedule D (Form 990) 2023

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-	dule D (Form 990) 2023 ALLIED MEDIA ACTION FUND		85-0895977 <sub>Page</sub> 4				
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return				
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.					
1	Total revenue, gains, and other support per audited financial statements						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d						
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	c 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 Sta	•	enses per Return				
	Complete if the organization answered "Yes" on Form 990, Part IV, line						
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:	A 1					
а	Donated services and use of facilities						
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d						
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	a Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b	Other (Describe in Part XIII.)	4b					
С							
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,						
Pa	rt XIII Supplemental Information						

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

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SCHEDULE 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 Form .gov/Form990 for		ation.		Open to Public Inspection
Name of the organization ALLIED ME	DIA ACTIO		5				Employer identification number 85-0895977
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organ	izations and Domesti	<b>c Governments.</b> C	omplete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MICHIGAN WELFARE RIGHTS ORGANIZATION - P.O. BOX 21398 - DETROIT, MI 48221		501(C)(3)	5,000.	0.			MAJIC SUBGRANT TO THE PEOPLES WATER BOARD COALITION.
MICHIGAN ENVIRONMENTAL JUSTICE COALITION - P.O. BOX 441130 - DETROIT, MI 48244	86-1272770	501(C)(3)	104,727.	0.			GRANTOR GRANTEE PAYOUT
TIDES ADVOCACY 1014 TORNEY AVE. SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	15,000.	0.			VOTE SOLAR ACTION FUND CONSULTING SERVICES
KAIROS ACTION, INC. 20 OHAYO RD. WOODSTOCK, NY 12498	87-2658185	501(C)(4)	612,160.	0.			PROJECT SPINOUT
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>		1 tabla					<u> </u>

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

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

Schedule I (Form 990) 2023

#### ALLIED MEDIA ACTION FUND

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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			X	*	
		5			
Part IV Supplemental Information. Provide the information rec	Juired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

PART I, LINE 2:

Schedule I (Form 990) 2023

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

BOARD OF DIRECTORS.

Page 2

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	)47	
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2023		
	-	Compensated Employees		2020			
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public			
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organization		Employer ide			mber	
		ALLIED MEDIA ACTION FUND	85-08	9597	7		
Ра	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	, i i i i i i i i i i i i i i i i i i i					
	Travel for com						
		ation and gross-up payments					
		spending account Personal services (such as maid, chauffe	ur, cnet)				
h	If any of the bayes	on line to are checked, did the examination follow a written policy regarding payment or					
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	trustees, and onlee			-			
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization?	s				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·	compensation consultant Compensation survey or study					
		ther organizations Approval by the board or compensation of	committee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severand	e payment or change-of-control payment?		4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X	
С	c Participate in or receive payment from an equity-based compensation arrangement?					X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r			-		x	
a	The organization?			5a		X	
Ø		ation?		5b			
~		or 5b, describe in Part III.					
6	contingent on the r	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
-	0	5		6a		x	
a b	a The organization? p Any related organization?					X	
5		or 6b, describe in Part III.		6b			
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		<u> </u>		<u> </u>	
	•	ption 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					
-		1 53.4958-6(c)?		9			
For		ion Act Notice, see the Instructions for Form 990.	Schedule		n 990	) 2023	

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#### 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 (C compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARS MARSHALL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii) [	180,534.	0.	0.	0.	4,248.	184,782.	0.
(2) RASHID SHABAZZ	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	165,861.	0.	0.	0.	6,426.	172,287.	0.
(3) TONI MOCERI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	160,981.	0.	0.	0.	6,114.	167,095.	0.
(4) JEANETTE LEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	382.	0.	135,125.	0.	0.	135,507.	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)							

#### Part III Supplemental Information

Schedule J (Form 990) 2023

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.



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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 CONSULT	ANTS & SERVICE	ES:					
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023							
LHA 332211 11-14-23							
			29				
09521107 748923	ALLIEDC4	2023.04020	ALLIED	MEDIA	ACTION	FUND	ALLIED01

Schedule O (Form 990) 2023 Name of the organization ALLIED MEDIA ACTION FUND	Page 2 Employer identification number 85-0895977
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	12,722.
FUNDRAISING EXPENSES	141.
TOTAL EXPENSES	12,863.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	140,212.
332212 11-14-23 <b>30</b>	Schedule O (Form 990) 2023

SCH	IEDULE 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

2023 Open to Public Inspection

Employer identification number

85-0895977

Name of the organization

ALLIED MEDIA ACTION FUND

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
ALLIED MEDIA PROJECTS, INC 01-0559608	TO SUPPORT THE GROWTH OF						
4731 GRAND RIVER AVE. STE. 400	MEDIA-BASED ORGANIZING						
DETROIT, MI 48208	MODELS.	MICHIGAN	501(C)(3)	LINE 7	N/A		Х
LOVE BLDG, INCORPORATED - 86-2120563							
4731 GRAND RIVER AVE. STE. 400	PUBLIC SUPPORTING			LINE 12 TYPE	ALLIED MEDIA		
DETROIT, MI 48208	ORGANIZATION	MICHIGAN	501(C)(3)	1	PROJECTS, INC.	X	
LOVE BUILDING SUPPORT CORPORATION -							
86-2163555, 4731 GRAND RIVER AVE. STE. 400,	PUBLIC SUPPORTING			LINE 12 TYPE	ALLIED MEDIA		
DETROIT, MI 48208	ORGANIZATION	MICHIGAN	501(C)(3)	1	PROJECTS, INC.	X	

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

Schedule R (Form 990) 2023

## Schedule R (Form 990) 2023 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)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	manag partne	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
										+	
				4							
										+	
Identification of Related Or	L							L	I		

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	<b>i)</b> b)(13) rolled tity?
		country)		or trubty		400010			No
	1								

## Schedule R (Form 990) 2023 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 transaction	s 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		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
с	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
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
I.	Performance of services or membership or fundraising solicitations for related orga				11		X
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n	Х	
o	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	/ho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	( <b>c)</b> Amount involved	(a) Method of determining amount involved
(1) ALLIED MEDIA PROJECTS, INC.	0	50,886.	ACTUAL CASH TRANSFERS
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
_(6)	22		

## Schedule R (Form 990) 2023 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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)( orgs. Yes N	II sec. (3) ? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior allocat <b>Yes</b>	n) opor- iate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes NC	(k) Percentage ownership
			9									

Schedule R (Form 990) 2023

#### ALLIED MEDIA ACTION FUND

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

332165 09-28-23	Schedule R (Form 990)
521107 748923 ALLIEDC4	35 2023.04020 ALLIED MEDIA ACTION FUND ALLIED