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

OMB No 1545-0047

Internal Revenue Service

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

Open to Public Inspection

A	A For the 2011 calendar year, or tax year beginning and ending									
В	Check if	C Name of organization		D Employer identific	ation number					
<u> </u>	Addres	ALLIED MEDIA PROJECTS, INC.								
Ē	Name change			01-05	559608					
	Initial return Termin ated	1 122222 1011111	Room/suite	E Telephone number (313) 645-2765						
	Amend			G Gross receipts \$	1,128,743.					
	_Applica	DBIROIT/ III TOEGI	_	H(a) Is this a group re-						
	pendin	F Name and address of principal officer:MICHAEL MEDOW SAME AS C ABOVE		for affiliates? <b>H(b)</b> Are all affiliates incl	Yes X No					
$\overline{}$	Tax-exe	empt status: X 501(c)(3)	r 527	1 ` `	ist. (see instructions)					
		e: ► ALLIEDMEDIA.ORG		H(c) Group exemption	•					
K	Form of	organization X Corporation	L Year		State of legal domicile. OH					
P		Summary		·						
Activities & Governance		Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}$ ${\hbox{{\tt SU}}}$	PPORT	THE GROWTH	OF					
Ē	2	Check this box   If the organization discontinued its operations or dispose	ed of more	than 25% of its net as:	sets.					
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	3					
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3					
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	19					
Ζij	6	Total number of volunteers (estimate if necessary)		6	200					
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
			<u> </u>	Prior Year	Current Year					
e e	1	Contributions and grants (Part VIII, line 1h)	-	228,889. 108,404.	982,140.					
Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>	0.	140,464. 153.					
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		334.	5,986.					
		Other revenue (Part VIII, column (A), Ilries 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8, through 11 (must equal Part VIII, column (A), line 12)		337,627.	1,128,743.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,200.	49,219.					
				0.	0.					
S	15	Benefits paid to or for members (Part ) column (A), line 4) Salaries, other compensation, employee benefits (Rart IX, column (A), lines 5-10)		109,763.	366,554.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
be-	b	Total fundraising expenses (Part X) column (D), line 25) > 51,74	8.							
ŵ	17 (	Other expenses (Part IX, column (A), times 11a-11d, 11f-24e)		131,546.	403,632.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		242,509.	819,405.					
	19	Revenue less expenses. Subtract line 18 from line 12		95,118.	309,338.					
S or			Be	ginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)	<u> </u>	120,391.	487,485.					
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<u> </u>	24,708.	82,464.					
22	22	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		95,683.	405,021.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatam	anto and to the heat of mu	Impulation and ballof star					
	-	thes of perjury, I declare that I have examined this return, including accompanying schedules t, and complete_Declaration of preparer_(other than officer) is based on all information of whi		-	knowledge and belief, it is					
		t, and complete declaration of preparer (while than officer) is based on an information of with	cii preparer	110 7 - 10	012					
⊃ Sig	n	Signature of officer		Date						
⊋ Hei		MICHAEL MEDOW, CO-DIRECTOR								
<b>≟</b> ; •.		Type or print name and title								
ے۔۔۔ ا		Print/Type preparer's name Preparer's signature		)ate / Check	PTIN					
⊔ -Paid	d į	MICHAEL B. BOISVENU		11/9/12 If self-employer						
Pre	parer	Firm's name BOISVENU & COMPANY, P.C.		Firm's EIN ▶	38-2857129					
Dse Z	Only	Firm's address 30600 TELEGRAPH ROAD, SUITE 1300 BINGHAM FARMS, MI 48025	)	Phone no (2	248)647-7200					
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No					
_	001 01-2		ns.		Form <b>990</b> (2011)					

Form	n 990 (2011) ALLIED MEDIA PROJECTS, INC.	01-0559608 Page <b>2</b>
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: TO SUPPORT THE GROWTH OF MEDIA-BASED ORGANIZING MODELS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 689,974. including grants of \$ 49,219.) (Revenue)	
	TO SUPPORT THE GROWTH OF MEDIA-BASED ORGANIZING MODELS A	
	THEM THROUGH THE ANNUAL ALLIED MEDIA CONFERENCE, AN ANNU	JAL GATHERING OF
	SOCIAL JUSTICE ORGANIZERS AND ALTERNATIVE MEDIA MAKERS.	
4b	(Code) (Expenses \$	ue \$
		/
4c	(Code) (Expenses \$) (Revenue)	.10 \$)
		<del></del>
	Other pregram continue (Decembe in Schedule O.)	
4d	Other program services (Describe in Schedule O.)	Y.
40	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 689,974.	
	TOTAL PLOSITION SOLVING EXPENSES P	Form <b>QQD</b> (2011)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	İ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, VIII, IX, or X			
	as applicable.			
a	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_
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ا ما		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u> </u>
d	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
~	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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	- <del>`-'</del> -		
	Schedule D, Parts XI, XII, and XIII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 10		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		į	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-7		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ŀ	_
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form 9	990 (2	2011)

Part IV Checklist of Required Schedules (continued)

		l	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		•	i
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		v	ļ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		X
24a	· · · · · · · · · · · · · · · · · · ·			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		<sub>v</sub>
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.5		
_	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		<del></del>
234	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	]	ļ	
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			17
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a		35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		-	12
••	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_	ļ	v
^-	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38		20441
		Form	yy∪ (2	2011)

-	1990 (2011) ALLIED MEDIA PROJECTS, INC. 01-0559	608	<u> </u>	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1	1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	→		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a 19	,		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	ĺ
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		3a	·	Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	If "Yes," enter the name of the foreign country:	76		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			· <del></del>
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1	•
9	Sponsoring organizations maintaining donor advised funds.	1		<del>/////////////////////////////////////</del>
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand		]	
14a	Did the organization receive any payments for indoor tanning services during the tay year?	44-		V

132005 01-23-12

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management		·			
		1	1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a		3		
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	any other			
	officer, director, trustee, or key employee?			2	<b>}</b>	X
3	Did the organization delegate control over management duties customarily performed by or under	the dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4	<del> </del>	X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		X
6	Did the organization have members or stockholders?			6	<del> </del> -	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	one or	_		v
	more members of the governing body?	ماءاء ماء	alalana an	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members	, ѕтоскп	olders, or			
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ooz by t	a fallaunaa	7b		X
8	The governing body?	rear by ti	ie ioliowing		x	
	Each committee with authority to act on behalf of the governing body?			8a 8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	achad	at the	00	<u> </u>	-
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Jaonea	at the	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code )			
		<u> </u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a		Х
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
Þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to cor	flicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\it lf$	"Yes," a	escribe			
	in Schedule O how this was done			12c	X_	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and appro	•	ndependent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
10.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		. akla =			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year?	ernent \	viin a	1.0		v
la.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	into ito i	nartioination	16a		X
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		•			
	exempt status with respect to such arrangements?	annzanc	1115	16b		
Sec	tion C. Disclosure			100	<u></u>	
17	List the states with which a copy of this Form 990 is required to be filed MI					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	·T (Sec	ion 501(c)(3)s only	availah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	. ,				
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	conflict	of interest policy. a	nd finar	ncial	
-	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organiz	ation:	•	
	MICHAEL MEDOW - (313) 645-2765					
	4126 THIRD STREET, DETROIT, MI 48201					
132006	is ————————————————————————————————————			Form	990 (	2011

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	offi	, unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DANI MCCLAIN											
SECRETARY	0.50	X		X				0.	0.	0	
(2) HANNAH J. SASSAMAN					ļ					_	
TREASURER	0.50	X	<u> </u>	X	$\vdash$	<del> </del>		0.	0.	0	
(3) JOSHUA BREITBART	0.50			١.,	[					_	
FORMER PRESIDENT	0.50	X	<u> </u>	X		<u> </u>		0.	0.	0	
(4) ADRIENNE MAREE BROWN	0.50	,,		,,				,	_		
PRESIDENT	0.50	X		X		-		0.	0.	0	
(5) MICHAEL MEDOW	50.00			<b>.</b>				42 275	•	2 402	
CO-DIRECTOR	50.00	_	_	X	⊢	-		42,275.	0.	2,403	
(6) JEANETTE L. LEE	50.00			x		İ		42,275.	0.	2 402	
CO-DIRECTOR (7) DIANA J. NUCERA	30.00		_	^				42,213.	<u> </u>	2,403	
CO-DIRECTOR	50.00			X	1			42,275.	0.	2,403	
eo zinzerok								12/2/00		2/103	
				ļ					·		
						-					
				ļ					<del></del>		
						-					
						-					
		-		<u> </u>	-	$\vdash$					

132007 01-23-12

Pa	T VII Section A. Officers, Directors, Tr		mpl	oyee			High	est	Compensated Employ	ees (continued)			
	(A)	(B)			•	C)	_		(D)	(E)		(F	)
	Name and title	Average	(dc			sitior more	1 ethan	one	Reportable	Reportable		Estima	ated
		hours per week	box	ı, unle	ss pe	erson	is bot or/trus	th an	1 '-	compensation		amou	
		(describe	<del></del>	т —	1 1 1 1				from	from related		oth	
		hours for	trustae or director		İ	1			the organization	organizations (W-2/1099-MISC		ompen	
		related	l S	18			Safe		(W-2/1099-MISC)	(44-271099-141130)		from organız	
		organizations	雪	al trustee		8	Ē		( 2			and re	
		ın Schedule	Individual	Institutional	25	Key employee	2 32 S	<b>a</b>			- 1	rganiza	
		O)	直	할	Officer	Š	Highest compensate employee	퉏					
			L	<u> </u>	L								
											İ		
			L.		ļ	L	ļ	$oxed{oxed}$					
			ĺ										
		<del> </del>	<u> </u>	<u> </u>	_	_	ļ	<u> </u>					
										!	1		
			<u> </u>	ļ	<u> </u>	ļ	ļ	<u> </u>					
		-											
		<del> </del>	ļ	ļ	_	_		_					
		<del> </del>				ļ	ļ.,	<del> </del>					
		<del> </del>	-	<u> </u>		ļ	-	<u> </u>					
		1											
		-	-	ļ		├	-	ļ					
		<u></u>		<u> </u>	L	<u> </u>	Ļ	<u>L</u> .	126 025		-		200
	Sub-total .								126,825.		•	/,	209.
	Total from continuation sheets to Part V	II, Section A							126 925		•		0.
	Total (add lines 1b and 1c)								126,825.		•		209.
2	Total number of individuals (including but i	not limited to tr	ose	liste	ed a	DOV	e) wi	no re	eceived more than \$100	,000 of reportable			^
	compensation from the organization											Yes	0 s No
2	Did the executation list only former officer	ducates este		ماره					hishast samesassind .			1 1 43	9 NO
3	Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for			e, ke	y er	пріс	yee.	, or	nignest compensated e	mpioyee on	١.	.	v
4	·					-+		d _41	har assessation from	<b></b>	3	<del>-  </del>	X
-	For any individual listed on line 1a, is the s and related organizations greater than \$15									ine organization	١.	-	x
5	Did any person listed on line 1a receive or			-						dual fan asmusss	-4	·	<u> </u>
3	rendered to the organization? If "Yes," con	· ·				-		eiai	led organization of indivi	dual for services	_		х
Sec	etion B. Independent Contractors	ipiete scriedui	901	UI SC	JCH	pers	SOII		····	· · · · · · · · · · · · · · · · · · ·	5		
1	Complete this table for your five highest co	mpeneated in	dene	an de	nt c	onti	racto	one t	that received more than	\$100,000 of compo		- from	
•	the organization. Report compensation for										iisaliO	11 11011	
	(A)	the calcinaar y	Cui	CITO	iig v	*1011	01 11	101111	(B)	rear.		(C)	
	Name and business	address	N	ONE	Ξ				Description of s	ervices	Com	pensat	ion
												·	<del></del>
					_								
								1					
2	Total number of independent contractors (	including but n	ot li	mite	d to	tho	se lis	sted	d above) who received m	ore than			
	\$100,000 of compensation from the organ	ization 🕨				(	0						
											_	000	

P	art VI	II Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
AS, C	0	Fundraising events	1c					
ig is	d	Related organizations	. 1d		]			
ςŒ	e	Government grants (contribu	tions) 1e		]			
PS	f	All other contributions, gifts, gran	nts, and		1			
<b>F</b>		similar amounts not included abo	ove If	982,140.				
	g	Noncash contributions included in line		19,650.	1			
<u>පි දි</u>	h	Total. Add lines 1a-1f		<b></b>	982,140.			
		-		Business Code	The second second	1: 1 11 72		
ø	2 a	REGISTRATION &	PROGRAM	611420	140,464.	140,464.		1
Program Service Revenue	ь					, , , , , , , , , , , , , , , , , , ,	<del></del>	
SE	c						<del></del>	
e a m	d							<del> </del>
ğŒ	e							····
4	f	All other program service reve	enue			-		
	g			<b>•</b>	140,464.		······································	
,	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>•</b>	153.			153.
	4	Income from investment of ta	x-exempt bond	oroceeds >				
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal			The state of the s	
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
		Net rental income or (loss)		. ▶				
		Gross amount from sales of	(i) Securities	(II) Other			······································	
		assets other than inventory		,,				
	b	Less: cost or other basis			1			
		and sales expenses						
	С	Gam or (loss)						
	d	Net gain or (loss)	<u></u>	<b>•</b>	[			Ì
Other Revenue		Gross income from fundraisin	g events (not				***************************************	
eve		contributions reported on line						
ά		Part IV, line 18	a a	1				
重	ь	Less: direct expenses	b	·				
0	1	Net income or (loss) from fund		<b></b>	į į	ľ		
		Gross income from gaming ad	-					
		Part IV, line 19	а					
	ь	Less: direct expenses	b					
		Net income or (loss) from garr	_					
		Gross sales of inventory, less	~					
		and allowances	a	5,986.				
	ь	Less: cost of goods sold	b					
		Net income or (loss) from sale	-		5,986.	5,986.		i
		Miscellaneous Revenu		Business Code		3,7500.	<del></del>	
	11 a			Dusiness Code		f		1
	b							
	c						<del>-</del>	
	d	All other revenue						
	_	Total. Add lines 11a-11d		<b>•</b>		······································	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
	12	Total revenue. See instructions		•	1,128,743.	146,450.	0.	153.
13200 01-23	9							Form <b>990</b> (2011)

### 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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	12,000.	12,000.		
2	Grants and other assistance to individuals in			**************************************	······································
	the United States. See Part IV, line 22	37,219.	37,219.		
3	Grants and other assistance to governments,				······································
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				***************************************
5	Compensation of current officers, directors,				
	trustees, and key employees	139,284.	74,283.	37,143.	27,858
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	189,889.	160,247.	19,868.	9,774
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	9,449.	8,093.	927.	429
0	Payroll taxes	27,932.	20,013.	4,779.	3,140
1	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting .				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other	112,830.	106,820.	3,107.	2,903
2	Advertising and promotion				
3	Office expenses	8,952.	7,751.	730.	471
4	Information technology	70,443.	60,990.	5,748.	3,705
5	Royalties				
6	Occupancy	39,974.	34,609.	3,262.	2,103
7	Travel	31,715.	31,715.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	34,311.	34,311.		
:0	Interest				
1	Payments to affiliates				<del></del>
2	Depreciation, depletion, and amortization	18,707.	16,197.	1,527.	983
3	Insurance		•		
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
	ACTIVITIES & MATERIALS	59,791.	59,791.		<del>(</del>
b	IN-KIND MATERIALS	19,650.	19,650.		
	PRINTING	7,259.	6,285.	592.	382
d			-,		
	All other expenses				<del></del>
	Total functional expenses. Add lines 1 through 24e	819,405.	689,974.	77,683.	51,748
	Joint costs. Complete this line only if the organization			,003.	31,140
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	tΧ	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			68,198.	1	63,400.
	2	Savings and temporary cash investments			6,000.	2	222,036.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			30,928.	4	94,907.
	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employee	es. Cor	nplete Part II			
		of Schedule L				_5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instru	ctions			6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			545.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	125,812.			
	ь	Less: accumulated depreciation	10b	21,170.	14,720.	10c	104,642.
	11	Investments - publicly traded securities		11			
	12	Investments · other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0.	15	2,500.	
	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	120,391.	16	487,485.
	17	Accounts payable and accrued expenses			2,208.	17	41,123.
	18	Grants payable		18			
	19	Deferred revenue	2,500.	19	41,341.		
	20	Tax-exempt bond liabilities			· · · · · · · · · · · · · · · · · · ·	20	
ý	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director		r			
iqe		highest compensated employees, and disqualific					
Ë		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		•	20,000.	24	
	25	Other liabilities (including federal income tax, pa		'  -	· · · · · · · · · · · · · · · · · · ·		
	_	parties, and other liabilities not included on lines	-				
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	•	Ì	24,708.	26	82,464.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
ç		lines 27 through 29, and lines 33 and 34.					
ည	27	Unrestricted net assets			20,564.	27	121,505.
<u>a</u>	28	Temporarily restricted net assets		Ĭ	75,119.	28	283,516.
Ö	29	Permanently restricted net assets				29	
Š		Organizations that do not follow SFAS 117, cl	heck h	ere 🕨 🔲 and			
Ĕ		complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq	ulbme	nt fund		31	
Ž	32	Retained earnings, endowment, accumulated in		_		32	·
•			JU: 110,	or caror runds	95,683.	33	405,021.
Ž	33	Total net assets or fund balances					

<u>Form</u>	990 (2011) ALLIED MEDIA PROJECTS, INC.	01-05	59608	Pag	ge <b>12</b>	
Pa	t XI Reconciliation of Net Assets	<u></u>				
	Check if Schedule O contains a response to any question in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,128			
2	Total expenses (must equal Part IX, column (A), line 25)	2	819	9,405.		
3	Revenue less expenses. Subtract line 2 from line 1	3	309	, 3	38.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95	,6	83.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	405	7,0	21.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	·			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			<del></del>	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			ĺ	
	separate basis, consolidated basis, or both:				l	
	X Separate basis Consolidated basis Both consolidated and separate basis				ĺ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		1		
	Act and OMB Circular A-133?	•	3a		Х	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		l	

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Var	ne of t	he organizat	ion						E	Employer i	dentificati	on nu	mber
				MEDIA PROJEC							-0559	608	
Pε	art i	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.	,		-	
The	organ	zation is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1		A church, co	nvention of churche	s, or association of chui	rches desc	nbed in <b>se</b>	ection 170	(b)(1)(A)(i	).				
2		A school des	scribed in section 1	<b>70(b)(1)(A)(ii).</b> (Attach So	chedule E.)								
3		A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>s</b> e	ection 170	(b)(1)(A)(	iii). Enter th	e hospital	's nam	e,
	_	city, and stat											
5			ion operated for the (b)(1)(A)(iv). (Compl	benefit of a college or u ete Part II.)	niversity o	wned or o	perated by	a governi	mental un	nt describe	d ın		
6		A federal, sta	ate, or local governm	ent or governmental un	it described	d ın <b>sectio</b>	n 170(b)(	I)(A)(v).					
7	X	An organizat	on that normally red	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general p	ublic desci	nbed i	n
		section 170	<b>(b)(1)(A)(vi).</b> (Comple	ete Part II.)									
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizat	on that normally red	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	iip fees, and	d gross red	eipts	from
		activities rela	ited to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (	2) no more	than 33 1	1/3% of it	s support f	rom gross	ınvest	ment
		Income and I	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anization af	fter June 3	0, 197	5.
		See section	<b>509(a)(2).</b> (Complete	e Part III.)									
10	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or												
11								or					
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
						-							
	a Type I b Type III c Type III · Functionally integrated d Type III · Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than												
е								n					
f		foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III											
•			rganization, check t		uie ino ilia	atitisa ty	pe i, Type	ii, or Type	<b>∌</b> III				
g	Ŀ	· · · · · ·	-	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owing no	mono?			
8				irectly controls, either a							Į	Yes	No
				upported organization?	iono or tog	011101 111111	poroono	, coonbed	iii (ii) aria	(III) Delow,	11g(i)	163	110
			- ·	n described in (i) above?	)						11g(ii)		
		_	·	person described in (i)		e?					11g(iii)	$\neg \neg$	
h				about the supported or							[3(/]		
			•			` '							
(1)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) !	s the	(vii) Am	ount of	
``		nization	(,	organization (described on lines 1-9		sted in your			organizati	on in col zed in the	(vii) Amount of support		
				above or IRC section		document?		support?	`` °U 8	5.2			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					ļ					<u> </u>			
					ļ						<del></del>		
										+			
						_				-	<del></del>		
ota	<u> </u>				1	<b>.</b> .			1	1 1			

132021 01-24-12

13

2011.04030 ALLIED MEDIA PROJECTS, INC. AMPI

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		<u>-</u>	•			<del></del>
Cale	indar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		<b>(-</b> / = = + +	(9, = 9 9 9	1-7-1-1-1	(0) 2011	ti) rotal
	membership fees received. (Do not						
	include any "unusual grants.")	51,800.	100,949.	78,523.	228,889.	982,140.	1442301.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				-		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	51,800.	100,949.	78,523.	228,889.	982,140.	1442301.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						390,428.
_6	Public support. Subtract line 5 from line 4		11.11	***************************************	. [.,  ,  ,	**************************************	1051873.
Sec	ction B. Total Support	·			· · · · · · · · · · · · · · · · · · ·		
Cate	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	51,800.	100,949.	78,523.	228,889.	982,140.	1442301.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		2,172.			153.	2,325.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						1444626.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	379,213.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor						▶ 🔲
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2011 (i	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	72.81 %
	Public support percentage from 2010	· · · · · · · · · · · · · · · · · · ·	•	-		15	96.95 %
16a	33 1/3% support test - 2011. If the c	organization did not	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				<b>►</b> X
b	33 1/3% support test - 2010. If the c				line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					t IV how the organ	ızation
_	meets the "facts-and-circumstances"				-		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ			•			▶□
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	i, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2011

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

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

Section A. Public Support							
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010		(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that are not an unrelated trade or business under section 513							
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities furnished by a governmental unit to the organization without charge				,			
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and							
3 received from disqualified persons  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b  8 Public support (Subtract line 7c from line 6)	***************************************						
Section B. Total Support	<del></del>	<u> </u>	<u> </u>	<u> </u>		<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(40.2010	_	(-) 0011	(D.T. )
9 Amounts from line 6	(a) 2007	(0) 2008	(6) 2009	(d) 2010	+	(e) 2011	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b Unrelated business taxable income (less section 511 taxes) from businesses							
acquired after June 30, 1975							
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						-	
13 Total support (Add lines 9, 10c, 11, and 12)		<u></u>	l	L	Ь		
14 First five years. If the Form 990 is for t	ne organization's	s tirst, second, thir	d, fourth, or fifth to	ax year as a section	on 501	l(c)(3) organız	ation,
check this box and stop here							▶
Section C. Computation of Public						<del></del>	<del></del>
15 Public support percentage for 2011 (lin			column (f))		15		9
16 Public support percentage from 2010 S			<del></del>	<del></del>	16	L	9
Section D. Computation of Invest					<del>,</del>	<del></del>	
17 Investment income percentage for 201			ne 13, column (f))		17		9
18 Investment income percentage from 20					18		9
19a 33 1/3% support tests - 2011. If the o more than 33 1/3%, check this box and b 33 1/3% support tests - 2010. If the o	<b>stop here.</b> The	e organization qual	rfies as a publicly s	supported organiz	zation		▶
line 18 is not more than 33 1/3%, checl							▶ □
20 Private foundation. If the organization							
132023 01-24-12							0 or 990-FZ) 201

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	ALLIED MEDIA PROJE		01-0559608
Pa	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only
	for charitable purposes and not for the benefit of the donor		
	Impermissible private benefit?	• • •	Yes No
Pa	Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		rically important land area
	Protection of natural habitat	Preservation of a certific	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	22, 0 12, 12		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	·	2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
-	Number of conservation easements included in (c) acquired	• •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	<del></del>
	year >	, c	. Same and the test
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements	• • • • • • • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		<del></del>
•	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense s	
•	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.		a angument a accomming to
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		nt and balance sheet works of art
	historical treasures, or other similar assets held for public ex		•
	the text of the footnote to its financial statements that descri		e e. preme service, provide, in talk /////,
b	If the organization elected, as permitted under SFAS 116 (A		nd balance sheet works of art. historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	addation, of rootal on in former and or posi-	e control, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures or other similar assets for financial o	gain provide
_	the following amounts required to be reported under SFAS 1		Jain, Provide
2	Revenues included in Form 990, Part VIII, line 1	To pace soo, relating to these items.	▶ €
a b	Assets included in Form 990, Part X		► \$ ► \$
U	Assets illuluded in Form 330, Fall A		•

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

Schedule D (Form 990) 2011

<u>Sche</u>	dule D (Form 990) 2011 ALLIED I	MEDIA PROJ	ECTS	, INC.				01-05	<u>59608</u>	} P:	age 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Othe	r Simil	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a sig	gnıficant	use of its	collection	rtem	S
	(check all that apply):										
а	Public exhibition	•	<b>.</b>	Loan or exc	hange progra	ams					
b	Scholarly research		• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	in how th	hey further t	he organizati	on's exen	npt purp	ose in Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	inization's co	ellection?				Yes		No
Pa	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	e organizatio	n answered	"Yes" to f	Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
		·	ŭ						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.										
	TV Endowment Funds. Complete it		nswered	"Yes" to Fo	rm 990, Part	IV, line 10	).				
		(a) Current year	(b) F	nor year	(c) Two yea	rs back (	d) Three	ears back	(e) Four	vears	back
1a	Beginning of year balance			•						4	
Ь	Contributions								-   -   -   -   -   -	*******	<del>- '-1111'</del>
c	Net investment earnings, gains, and losses										
ď	Grants or scholarships								**************	****	*********
	Other expenditures for facilities										
Ŭ	and programs										
f	Administrative expenses	-									
a	End of year balance								**********	<del>11. 11771.</del>	*********
2	Provide the estimated percentage of the curr	ent vear end balan	ce (line 1	a. column (a	a)) held as:			-	L	•	
- a	Board designated or quasi-endowment	om your one balance	%	9, 00.0 (	-,,						
h	Permanent endowment ▶	%	_^								
c	Temporarily restricted endowment ▶	^_%									
Ĭ	The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posse	•	ation tha	at are held a	nd administe	ered for th	e organi	zation			
•	by:	oolon on the organiz				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o organi	callon	Г	Yes	No
	(i) unrelated organizations								3a(i)		1,0
	(ii) related organizations								3a(ii)	$\neg$	
ь	If "Yes" to 3a(ii), are the related organizations	listed as required	on Scher	dule B?				•	3b		
4	Describe in Part XIV the intended uses of the	•							_ <del>00</del>	i	
Pa	t VI Land, Buildings, and Equipm						<del></del>		<del></del>		
	Description of property	(a) Cost or o			or other	(c) Ac	cumulate	24	(d) Book	volue	
	Description of property	basis (invest			(other)		reciation		(d) Book	value	<del></del>
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment				3,772.		6,8				63.
е	Other		_	6	2,040.		14,3	61.			79 <b>.</b>
Tota	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pari	X, colur	mn (B), line 1	10(c))			<b></b>	104	, 6	<u>42.</u>

Schedule D (Form 990) 2011

1

	dule D (Form 990) 2011 ALLIED MEDIA PROJECTS, INC.		C4-		7339608 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina		itement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,128,743.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		819,405.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		309,338.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		<del> </del>
9	Total adjustments (net). Add lines 4 through 8		9		309,338.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statement		10	Dotum	309,330.
···		IIIS AAITII UGA	silue per	1	1,128,743.
1	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<del> </del>	1,120,743.
2		2a			
a	Net unrealized gains on investments  Donated services and use of facilities	2b	<del></del>	-	
D		2c	<del></del> -	$\dashv$ $\mid$	
C	Recoveries of prior year grants Other (Describe in Part XIV.)	2d		$\dashv$ $\mid$	
d	Add lines 2a through 2d	20	-		0.
e	Subtract line 2e from line 1			3	1,128,743.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			-	1,120,743.
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a _	Other (Describe in Part XIV.)	4b		-	
c	Add lines 4a and 4b	40		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,128,743.
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses p		
1	Total expenses and losses per audited financial statements			1	819,405.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		$\neg \mid \mid$	
c	Other losses	2c			
ď	Other (Describe in Part XIV.)	2d		$\neg \mid \mid$	
e	Add lines 2a through 2d				0.
3	Subtract line 2e from line 1		•	3	819,405.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			\ <del></del>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
C	Add lines 4a and 4b	<u> </u>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u>-</u>		5	819,405.
Pa	rt XIV Supplemental Information				
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple XY X, LINE 2: THE ORGANIZATION ACCOUNTS FOR	lete this part to p	rovide any	additional	information.
<u>IF</u>	ANY, IN ACCORDANCE WITH FASB ACCOUNTING ST	TANDARDS	CODIF	CATIC	ON SECTION
740	. IN ACCORDANCE WITH THESE STANDARDS, THE	ORGANIZ	ATION	RECOG	SNIZES TAX
POS	SITIONS ONLY TO THE EXTENT THAT THE ORGANIZ	ZATION BE	LIEVES	S IT I	S "MORE
LII	KELY THAN NOT" THAT ITS TAX POSITIONS WILL	BE SUSTA	INED U	JPON I	IRS
EX	AMINATION. THE ORGANIZATION BELIEVES THAT	IT HAS N	O UNCI	ERTAIN	TAX
POS	SITIONS FOR THE YEAR ENDED DECEMBER 31, 201	11.			

**2 Employer identification number** 01-0559608 ALLIED MEDIA CONFERENCE Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant 201 or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any reciplent that received more than \$5,000. Check this box if no one reciplent received more than \$5,000. Part if can be duplicated if additional space is needed ame and address of organization (b) EiN (c) IRC section or government (d) Amount of rash grant non-cash grant non-cash assistance assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 11,000 INC. 501(C)(3) ALLIED MEDIA PROJECTS, 30-0520981 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization THE CENTER FOR MEDIA JUSTICE 436 14TH ST., 5TH FL. Name of the organization OAKLAND, CA 94612 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

Schedule I (Form 990) (2011)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

က

01-0559608 Schedule I (Form 990) (2011) ALLIED MEDIA PROJECTS, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PARTICIPATION IN A 20-WEEK TRAINING PROGRAM	33	21 292	o		
STIPEND TO ATTEND THE MEETING LEADING UP TO THE CONFERENCE	42	12	.0		
TRAVEL/MEALS TO PARTICIPATE IN THE CONFERENCE AND WORKSHOPS	15	3,536.	0		
Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, II	ne 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: ALL GRANT		EXPENDITURES A	ARE ACCOUNTED	ED FOR,	
REVIEWED AND APPROVED BY THE BOARD OF		DIRECTORS.			

Schedule I (Form 990) (2011)

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

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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

Form 886	8 (Rev 1-2012)		<u> </u>			Page 2
• If yo	are filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II	and	check this box	. ► X
	only complete Part II if you have already been gra					
<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension,	complete c	only Part I (on page 1)			
Part II	Additional (Not Automatic) 3-Month Ex	xtension o	of Time. Only file the orig	inal	(no copies needed).	
			Er	iter f	iler's identifying number, sec	e instructions
	Name of exempt organization or other filer, see in	structions			Employer identification num	ber (EIN) or
Туре с	r		}			
print	ALLIED MEDIA PROJECTS, INC.		Ì	X	01-0559608	
-	Number, street, and room or suite no. If a PO bo	x, see instru	ctions.		Social security number (SSN	1)
File by the due date			į			
filing your return Se		a foreign ad	dress, see instructions.			
instruction						
Enter th	e Return code for the return that this application	is for (file a	a separate application for ea	ch re	eturn)	. 0 1
Applica		Return	Application			Return
ls For		Code	Is For			Code
Form 9	90	01	校2篇集《郑泽野》(《云云	ي. پيس	教を強いたなりでは、一	** <b>**</b>
Form 9		02	Form 1041-A			08
Form 9		01	Form 4720			09
Form 9		04	Form 5227			10
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
STOPI	Do not complete Part II if you were not already	granted ar	automatic 3-month exten	sion	on a previously filed For	m 8868.
	oooks are in the care of ► ALLIED MEDIA P				<del></del>	
	phone No. ▶ 313-645-2765		FAX No. ▶		······································	
•	organization does not have an office or place of	 business ır	the United States, check th	is bo	×	ightharpoonup
	s is for a Group Return, enter the organization's fo					nis ıs
	whole group, check this box ▶					ach a
	the names and EINs of all members the extension		- ,	•		
	equest an additional 3-month extension of time u		IBER 15		, <b>20</b> 12	
5 Fc	r calendar year 2011, or other tax year beginni	ing	, 20 , and	d en	ding ,	20 .
	the tax year entered in line 5 is for less than 12 m		ck reason. Initial ret	turn	Final return	
Γ	Change in accounting period					
7 St	ate in detail why you need the extension					
W	E ARE AWAITING ADDITIONAL INFORM	ATION I	NECESSARY TO PREPA	RE	A COMPLETE AND A	CCURATE
P	ETURN.					
8a If	this application is for Form 990-BL, 990-PF, 99	90-T, 4720	), or 6069, enter the tent	ative	tax, less any	
no	nrefundable credits. See instructions.				8a \$	
<b>b</b> If	this application is for Form 990-PF, 990-T,	4720, or	6069, enter any refund	dable	e credits and	
es	timated tax payments made Include any pri	or year o	verpayment allowed as	a cr	edit and any 📆	
an	nount paid previously with Form 8868.				8b \$	
c Ba	lance Due. Subtract line 8b from line 8a Include	your paym	ent with this form, if require	ed, b	y using EFTPS	
(E	lectronic Federal Tax Payment System) See instru	ctions.	<del></del>		8c\$	
	Signature and Verifica	ation mu	st be completed for Pa	art i	l only.	
•	naities of perjury, I declare that I have examined this form, orrect, and complete, and that I am authorized to prepare this fo	-	companying schedules and statement	ents,	and to the best of my knowled	ge and belief,
	Millett					
Signature			Title ► CPA		Date ► 8/2/12	
					Form <b>8868</b>	(Rev 1-2012)