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.

Department of the Treasury

Intern	al Rever	ue Service Go to www.irs.gov/Form990 for instructions and the	e latest ir	normation.	Inspection					
A F	or the	2023 calendar year, or tax year beginning and e	nding							
B c	heck if oplicable			D Employer identific	cation number					
	Addres chang Name	70 FACES MEDIA, INC.								
X	_chang			13-08876	10					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	r						
	Final return/	520 8TH AVE, 4TH FL		(212)643						
_	termin ated Ameno	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 7,947,717.							
	return	NEW YORK, NY 10018		H(a) Is this a group re						
	Application pendir	F name and address of principal officer: ANTIVAN EDEN		for subordinates? Yes X No H(b) Are all subordinates included? Yes No						
I I	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1	list. See instructions					
	Vebsit			H(c) Group exemptio						
_		organization: X Corporation Trust Association Other	I Year		M State of legal domicile: NY					
	rt I	Summary	12 1001	or formation, = I	ar otato or logar dominono, = - =					
		Briefly describe the organization's mission or most significant activities: 70 FA	CES M	EDIA IS THE	LARGEST					
Se		NONPROFIT JEWISH DIGITAL MEDIA COMPANY IN								
Activities & Governance		Check this box if the organization discontinued its operations or dispose								
Ver	_	•		3	24					
Ĝ		Number of independent voting members of the governing body (Part VI, line 1a)			24					
જ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			50					
ties		Total number of volunteers (estimate if necessary)			24					
ξi		Total unrelated business revenue from Part VIII, column (C), line 12			197,872.					
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			129,151.					
	D	vet unrelated business taxable income nom Form 990-1, Fart i, line 11		Prior Year	Current Year					
		Contributions and grants (Part VIII line 1h)		4,250,116.	5,429,397.					
ne		Contributions and grants (Part VIII, line 1h)		2,363,400.	2,508,992.					
/en		Program service revenue (Part VIII, line 2g)		0.	2,300,332.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,249.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			9,328.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,612,267.	7,947,717.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,301,129.	5,816,770.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	· <u>·</u> ·····	0.	0.					
ğ		Total fundraising expenses (Part IX, column (D), line 25) 750,09		0 165 161	0.005.605					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,167,464.	2,225,687.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,468,593.	8,042,457.					
		Revenue less expenses. Subtract line 18 from line 12		-856,326.	-94,740.					
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year					
set	20	Total assets (Part X, line 16)		3,636,574.	3,755,255.					
TAS DDB	21	Total liabilities (Part X, line 26)		734,031.	947,452.					
		Net assets or fund balances. Subtract line 21 from line 20		2,902,543.	2,807,803.					
	rt II	Signature Block								
		lties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer							
		- / / W		11/08/2024						
Sign	1	Signature of officer		Date						
Her	е	AMIRAM EDEN, CEO								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid		PHIL ROSENBERG PHIL ROSENBERG	1	1/04/24 self-employ						
Prep	arer	Firm's name ROSENBERG AND MANENTE		Firm's EIN 2	0-4153538					
Use	Only	Firm's address 12 W. 32ND STREET - 10TH FLOOR								
		NEW YORK, NY 10001		Phone no. 21	2-563-2525					
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No					

Par	t III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	X
1		ly describe the organization's mission:	
		FACES MEDIA SERVES AS THE DIGITAL CONNECTIVE TISSUE OF THE JEWISH	
		MMUNITY, MEETING PEOPLE WHERE THEY ARE AND PROVIDING THEM PATHWAYS	
	<u>TO</u>	DEEPEN KNOWLEDGE, CONNECTION, BELONGING AND MEANING.	
2		he organization undertake any significant program services during the year which were not listed on the	
		Form 990 or 990-EZ? Yes X	No
		es," describe these new services on Schedule O.	1
3		he organization cease conducting, or make significant changes in how it conducts, any program services?	No
		es," describe these changes on Schedule O.	
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
		ion 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-		nue, if any, for each program service reported. :) (Expenses \$ 6 , 606 , 087 . including grants of \$,
4a	(Code:	:)(Expenses \$6,606,087. including grants of \$) (Revenue \$2,311,120) E JEWISH TELEGRAPHIC AGENCY: TRUSTED GLOBAL SOURCE OF NEWS AND)
		ALYSIS ON ISSUES OF JEWISH INTEREST AND CONCERN.	
	TILL	ADISTS ON ISSUES OF CENTSH INTEREST AND CONCERN.	
	NY	JEWISH WEEK: HELPING NEW YORKERS EXPLORE AND CONNECT WITH THE CITY'S	
		BRANT JEWISH CULTURE AND DIVERSE COMMUNITY.	
	•	SIGNATURE CONTOUR THE STUDIES COMMONTH.	
	$\overline{\text{MY}}$	JEWISH LEARNING: EMPOWERING JEWISH DISCOVERY FOR ANYONE INTERESTED	
		LEARNING MORE.	
	HEY	Y ALMA: FEMINIST JEWISH CULTURE SITE AND ONLINE COMMUNITY.	
	KVE	ELLER: CONNECTING PARENTS TO THEIR JEWISH IDENTITY.	
4b	(Code:	:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Cada	:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:		— '
4d	Other	er program services (Describe on Schedule O.)	
	(Expen		
4e	Total	program service expenses 6,606,087.	

Form 990 (2023) 70 FACES MEDIA, INC. 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
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		Х
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? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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		<u> </u>
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domocio government orti artix, comunin (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41		

332003 12-21-23

Form **990** (2023)

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Part IV	Checklist of	Require	ed Sched	lules	(continu	ued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 00	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	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? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization requires, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	,	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	5. "		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 109 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		1c	Х	
22200				(2023)
oo∠UU4	. 12-21-23 /	LOUI	550	<u>(</u> 2023)

	990 (2023) 70 FACES MEDIA, INC. 13-088	7610	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.5		
·u	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	та		
b		-		
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			X
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
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).			37
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			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7c		X
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?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
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	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form **990** (2023) 332005 12-21-23

If "Yes," complete Form 6069

70 FACES MEDIA INC. 13-0887610 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 24 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 24 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request X Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

10018

INC. - 212-643-1890

520 8TH AVE, 4TH FL, NEW YORK, NY

70 FACES MEDIA,

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.

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

- 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.

(A) Name and title	(B) Average hours per week				ition more rson is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) AMIRAM EDEN	35.00	-						200 254	•	20 005
CEO, EXECUTIVE EDITOR	25 00		_	Х				300,354.	0.	32,895.
(2) DEBORAH KOLBEN	35.00	-			,,			100 710	0	07 004
CHIEF CONTENT OFFICER	25 00				X			183,719.	0.	27,224.
(3) JORDANA COHEN	35.00	-						100 660	•	00 005
VP. DEVELOPMENT	25 00				Х			180,662.	0.	29,895.
(4) LEONARD LAZAR	35.00	-			,,			204 205	0	0 615
VP BUSINESS DEVELOPMENT & STRATEGY/A	25 00				Х			204,305.	0.	2,615.
(5) DANIELLE ELKINS	35.00	-			,,			100 657	0	10 000
CHIEF OPERATING OFFICER	25 00		_		Х	_		190,657.	0.	12,039.
(6) REBECCA WILCHINS	35.00	-			7.7			100 507	0	2 404
VP. AUDIENCE & DIGITAL STRATEGY	25 00		_		Х			198,507.	0.	2,494.
(7) PHILISSA CRAMER	35.00	1				٦,		126 062	0	21 266
EDITOR IN CHIEF	35.00					X		136,062.	0.	31,366.
(8) ANDREW SILOW-CARROLL	33.00	1				x		142 700	0.	11 0/5
(9) THEA FATTAL	35.00		\vdash			^		142,780.	0.	11,945.
DIRECTOR OF STRATEGIC PROJECTS AND P	33.00	1				x		134,224.	0.	11,830.
(10) ELISA SPUNGEN BILDNER	1.00		\vdash			^		134,224.	0.	11,030.
DIRECTOR	1.00	Х						0.	0.	0.
(11) FRED CLAAR	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(12) KAI FALKENBERG	1.00	22						0.		
DIRECTOR	1.00	х						0.	0.	0.
(13) JEFF FEIG	1.00							•	•	
DIRECTOR		Х						0.	0.	0.
(14) DANIEL GORLIN	1.00									
DIRECTOR		х						0.	0.	0.
(15) CAROLYN STARMAN HESSEL	1.00								•	
DIRECTOR		Х						0.	0.	0.
(16) SUELLEN KADIS	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(17) ZINA KRAMER	1.00								-	
DIRECTOR		Х						0.	0.	0.
	•	•		•				•		Form 990 (2022)

Form **990** (2023)

JTA

13-0887610

(A) Name and title	(B) Average hours per week	box	Position do not check more than one ox, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	_	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	f org an	npensa rom the ganizated related anizati	e ion ed	
(18) MICHAEL LAUFER DIRECTOR	1.00	Х						0.	0			0.	
(19) NORMAN LIPOFF	1.00												
DIRECTOR	1 00	Х				_		0.	0 .			0.	
(20) JONAH PLATT	1.00	3,7							_			0	
DIRECTOR (21) DANA RAUCHER	1.00	Х				\vdash		0.	0 .	+		0.	
DIRECTOR	1.00	Х						0.	0.			0.	
(22) SHEREEN RUTMAN	1.00	25						1		+-		<u> </u>	
DIRECTOR		х						0.	0.	.		0.	
(23) JONATHAN SARNA	1.00												
DIRECTOR		Х						0.	0 .			0.	
(24) SCOTT SELIGMAN	1.00	l										•	
C25) DANIEL SEPTIMUS	1.00	Х				-		0.	0 .	+	0.		
DIRECTOR	1.00	Х						0.	0.			0.	
(26) CLIVE SIRKIN	1.00	25								+-		<u> </u>	
DIRECTOR		х						0.	0.	.		0.	
1b Subtotal								1,671,270.	0 .		2,3	03.	
c Total from continuation sheets to Part VI	, Section A							0.	0 .			0.	
d Total (add lines 1b and 1c)								1,671,270.	0.	<u> 16</u>	2,3	03.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable			9	
compensation from the organization											Yes	No	
3 Did the organization list any former officer,	director, truste	ee. k	ev e	lame	love	e. or	· hia	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for s										3		Х	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4	X		
5 Did any person listed on line 1a receive or a									dual for services			7.7	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	Jf	or su	ıch ı	oers	on				5		X	
Complete this table for your five highest contactors	mneneated ind	lono	nder	at co	ntr	acto	re th	nat received more than \$	100 000 of compens	ation fr	om		
the organization. Report compensation for	· ·	-							· · · · · ·	ation ii	OIII		
(A)	,			· <u>J</u> ···				(B)		(C)		
Name and business	address	NC	ONE	S				Description of s	ervices	Compe	ensatio	n	
							_						
O Tabal wombon of index on death and the death of the dea	a a la calina de la cal			J.L.	. .		- ـ ـ ـ	ala arra) reda arra atra d	and the are				
 Total number of independent contractors (in \$100,000 of compensation from the organization) 	•	טנ וור	ıntec	ı (O)		se iis)	iea	above) who received mo	DIE MAN				
SEE PART VII, SECTION		IN	UΑ	ΤI		_	HE	ETS		Form	990 (2023)	

332008 12-21-23

Form 990 70 FACES	нирти,		<u>ıc.</u>						13-088	7010
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd F	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old me		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		96	bens				and related
	organizations below	ual tr	tional		yoldı	tcom				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GEULA SOLOMON	1.00	=	=	-	×		4			
DIRECTOR	1.00	Х						0.	0.	0.
(28) CAROL BRENNGLASS SPINNER	1.00	^						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(29) BRIAN STERLING	1.00	Α						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(30) MARSHALL WEINBERG	1.00	Α						0.	0.	0.
(30) MARSHALL WEINBERG DIRECTOR	1.00	х						0.	0.	0.
(31) MICHAEL WERTHEIM	1.00	^	\vdash					J	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(32) ELIZABETH WOLFE	1.00	^	\vdash					0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(33) JOSEPH YOMTOUBIAN	1.00	^	\vdash					0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(34) MARCIE ORLEY	1.00							0.	0.	0 •
DIRECTOR	1.00	Х						0.	0.	0.
(35) JANE WEITZMAN	1.00							0.	0.	·
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		1								
		1								
		1								
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70 FACES MEDIA, INC. 13-0887610 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 5,429,397 similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 5,429,397. h Total. Add lines 1a-1f **Business Code** 866,297.1,668,425. 197,872. 513190 2 a WEB SPONSORSHIP Program Service b NEWS SERVICE 513190 642,695. 642,695. С f All other program service revenue 2,508,992. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 9,328 900099 9,328.

332009 12-21-23

9,328. Form **990** (2023)

197.872.

9,328.

7,947,717.2,311,120.

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions

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 response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,167,535. 1,561,379. 133,300. 260,544. trustees, 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) 3,498,826. 3,028,350. 131,052. 339,424. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 350,131. 421,010. 24,607. 46,272. Other employee benefits 9 335,555. 280,479. 17,498. 37,578. 10 Payroll taxes 11 Fees for services (nonemployees): Management 80,501. 80,501. Legal 146,944. 146,944. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 15,620. 8,295. 577,938. 554,023. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 113,826. 93,718. 10,305. 9,803. Office expenses 13 Information technology 14 15 Royalties 48,678. 40,890. 3,894. 3,894. 16 Occupancy 70,936. 59.372. 6,426. 5.138. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 28,867. 24,249. 2,309. 2,309. Depreciation, depletion, and amortization 22 58,672. 49,284. 4,694. 4,694. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 14,123. 14,123. EXCISE AND UBIT TAX 0. 552,569. WEB HOSTING AND INTERNE 543,793. 6,376. 2,400. 148,352. 124,711. LICENSES AND ROYALTIES 16,506. 7,135. 128,549. d AUDIENCE DEVELOPMENT 128,549. 255,732. 161,003. 72,120. 22,609. e All other expenses 8,042,457. 6,606,087. 686,275. 750,095. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023) Part X Balance Sheet

art.	_	balance Sneet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,223,160.	1	1,388,914
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		2,117,927.	4	2,144,480	
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ဋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
1	l0a	Land, buildings, and equipment: cost or other		205 526			
		basis. Complete Part VI of Schedule D		227,736.	F1 2F0		40.050
		Less: accumulated depreciation		179,478.	51,350.	10c	48,258
	1	Investments - publicly traded securities				11	
	2	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	Г	90 000	13	70 000	
	14	Intangible assets	80,000.	14	70,000		
	15	Other assets. See Part IV, line 11	164,137. 3,636,574.	15	103,603		
	16	Total assets. Add lines 1 through 15 (must equ	512,452.	16	3,755,255 751,495		
	17	Accounts payable and accrued expenses	314,434.	17	731,433		
	18	Grants payable		18	12,371		
	19	Deferred revenue			19 20	12,571	
- 1	20 21	Tax-exempt bond liabilities					
١,		Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or forr trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				22	
Ea	23	Secured mortgages and notes payable to unrel				23	
- 1	.3 24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	. - 25	Other liabilities (including federal income tax, pa				27	
-	.0	parties, and other liabilities not included on line					
		of Schedule D	5 17 Z-1)	Complete Full X	221,579.	25	183,586
2	26	Total liabilities. Add lines 17 through 25			734,031.	26	947,452
<u>_</u>		Organizations that follow FASB ASC 958, che			,		
es		and complete lines 27, 28, 32, and 33.		_			
ဋ 2	27				2,015,585.	27	1,398,915
ğ 2	28	Net assets with donor restrictions	886,958.	28	1,408,888		
2		Organizations that do not follow FASB ASC 9					
2		and complete lines 29 through 33.					
j 2	29	Capital stock or trust principal, or current funds			29		
3 3	80	Paid-in or capital surplus, or land, building, or e				30	
¥ з	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,902,543.	32	2,807,803
_	33	Total liabilities and net assets/fund balances			3,636,574.	33	3,755,255

Par	t 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	7,94	7.7	17.
2	Total expenses (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	8,04		
3		3		$\frac{2}{4}, 7$	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,90		
5	Net unrealized gains (losses) on investments	5	2,50	_,_	<u> </u>
6		6			
7	Donated services and use of facilities	7			
8	Investment expenses Prior period adjustments	8			
		9			0.
9	, , , , , , , , , , , , , , , , , , , ,	9			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	2,80	7 2	ΛZ
Par	t XII Financial Statements and Reporting	10	2,00	7,0	03.
	Check if Schedule O contains a response or note to any line in this Part XII				X
	Check if Schedule O Contains a response of hote to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				110
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0			
2a		<u></u>	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:	011 4			
	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 separate				
	consolidated basis, or both:	, baoio,			
	X 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	audit			
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	oddio O.			
ou			3a		x
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	red audit	. 54		
~		ou dudit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

			ACES MEDIA						3-0887610						
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.							
The	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, cl	heck only	one box.)									
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).								
2		A school described in sect	ion 170(b)(1)(A)(ii). ((Attach Schedule E (Form	n 990).)										
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).								
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,						
		city, and state:													
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental un	it describe	ed in						
		section 170(b)(1)(A)(iv). (0	Complete Part II.)												
6		A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).								
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in													
		section 170(b)(1)(A)(vi). (Complete Part II.)													
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a l	and-grant	college						
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of t	he college	or						
		university:													
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi _l	o fees, and	d gross receipts from						
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment						
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.						
		See section 509(a)(2). (Co	mplete Part III.)												
11		An organization organized a	and operated exclusi	ively to test for public sat	fety.See	section 50	09(a)(4).								
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or						
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on						
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.							
а	ı		anization operated, s	supervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving						
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting						
	_	organization. You must o	complete Part IV, Se	ections A and B.											
b	· L		anization supervised	or controlled in connect	ion with it	s supporte	ed organization	(s), by hav	ving						
		control or management o			ame perso	ns that co	ntrol or manag	e the supp	ported						
		organization(s). You mus													
С	:							y integrate	ed with,						
		its supported organization		•											
C	<u> </u>						• •	•	* *						
		that is not functionally int	-		-		•	an attentiv	/eness						
		requirement (see instruct	•	-											
е	•	☐ Check this box if the orga					Type I, Type II	, Type III							
		functionally integrated, or													
		er the number of supported on the supported on the following information in the following information in the support of the su	•	od organization(s)											
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other						
		organization	()	(described on lines 1-10	in your governi	ng document?	support (see ins	•	support (see instructions)						
				above (see instructions))	163	140									
Tota	al							_							

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

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3347346.	5435268.	4698383.	4250116.	5429397.	23160510.
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	2245246	- 40-060	460000	1050116	- 10000	00450540
	Total. Add lines 1 through 3	3347346.	5435268.	4698383.	4250116.	5429397.	23160510.
5							
	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)						7717085.
	Public support. Subtract line 5 from line 4.						15443425.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·			1	Г	_
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3347346.	5435268.	4698383.	4250116.	5429397.	23160510.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		500	2 552			6 450
	and income from similar sources	2,200.	502.	3,750.			6,452.
9	Net income from unrelated business						
	activities, whether or not the	000 600	126 540	100 161	450 000	405 050	0.01 100
	business is regularly carried on	202,632.	136,549.	180,161.	153,983.	197,872.	871,197.
10	Other income. Do not include gain						
	or loss from the sale of capital				1 040	0 200	0.070
	assets (Explain in Part VI.)				-1,249.		
	Total support. Add lines 7 through 10						24046238.
	Gross receipts from related activities,	•	,				,554,025.
13	First 5 years. If the Form 990 is for the	-		•			
<u></u>	organization, check this box and stop						
	ction C. Computation of Publi					T I	64 22
	Public support percentage for 2023 (I					14	64.22 %
	Public support percentage from 2022					15	66.28 %
16a	33 1/3% support test - 2023. If the c						77
	stop here. The organization qualifies		~		line 45 in 00 4/00/		
b	33 1/3% support test - 2022. If the contract the state of the contract the state of						
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact					_	
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						H
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 1/a, or 17b	o, check this box ar		
						Schedule A	(Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2010	(b) 2020	(a) 2021	(4) 2022	(2) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лт ини пот спеск а	DUX UITIIIIE 14, 19	a, OF TYD, CHECK TO	iis dux aiiu see ins	แนบแบที่	

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
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	0-		
ŀ	3a		
	3b		
ı	- CL		
	3с		
Ī			
	4a		
	4b		
	_		
ŀ	4c		
	5a		
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	5b		
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	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
_			

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Schedule A (Form 990) 2023

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23 Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 70 FACES MEDIA, INC.			13-0887610 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

Schedule A (Form 990) 2023

c Excess from 2021 d Excess from 2022 e Excess from 2023

_1

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

70 FACES MEDIA, INC.

Employer identification number 13-0887610

Par	t I Organizations Maintaining Donor Advised Fo	unds or Other Simila	r Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advised fund	s (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	ng that the assets held in de	onor advised fund	ls
	are the organization's property, subject to the organization's exclusive	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advise	ors in writing that grant fun	ds can be used or	nly
	for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any othe	r purpose conferri	ng
	impermissible private benefit?			
Par			form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (c			
	Preservation of land for public use (for example, recreation	or education) Pres	ervation of a histo	rically important land area
	Protection of natural habitat	Pres	ervation of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in	n the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
_				2a
b				2b
C	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included on line 2c acquired			
•	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or termina	ited by the organiz	zation during the tax
	year	at to to act and		
4	Number of states where property subject to conservation easeme	•		
5	Does the organization have a written policy regarding the periodic		-	Yes No
6	violations, and enforcement of the conservation easements it hold Staff and volunteer hours devoted to monitoring, inspecting, hand			
U	Stan and volunteer riodrs devoted to monitoring, inspecting, name	alling of violations, and ento	icing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing	conservation eas	sements during the year
•	7 thount of expenses mounted in mornioning, inspecting, harding	or violations, and emoroning	oonservation cae	ornanta danng tria yadi
8	Does each conservation easement reported on line 2d above satisfied above sati	sfy the requirements of sec	tion 170(h)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ea			
	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of Art	t, Historical Treasure	es, or Other Si	imilar Assets.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, no	ot to report in its revenue st	atement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public e	xhibition, education, or res	earch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial	statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue stater	ment and balance	sheet works of
	art, historical treasures, or other similar assets held for public exh	ibition, education, or resea	rch in furtherance	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 treasure	es, or other similar assets f	or financial gain, p	provide
	the following amounts required to be reported under FASB ASC 9			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2023

Pai	t III Organizations Maintaining Co	llections of Art	t, Histor	ical Trea	asures, or Othe	er Si	milar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	n, and other records	s, check ar	ny of the fo	ollowing that make	signifi	icant us	se of its			
	collection items (check all that apply).										
а	Public exhibition	d	Lo	an or exch	nange program						
b	Scholarly research	е	Ot	:her							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	how they	further the	e organization's exe	empt	purpose	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, histo	rical treas	ures, or other simila	ar ass	ets				
	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang	ements Complet	te if the or	ganization	answered "Yes" or	Forn	n 990, F	Part IV, lii	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n, or other intermed	liary for co	ntributions	s or other assets no	t incl	uded		_		
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	lowing tab	le:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo					ility?		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds Complete if t						T1	bl.	() [
	-	(a) Current year	(b) Prio		(c) Two years back	(d)		ars back	(e) Four	-	
1a	Beginning of year balance	30,507.		30,507.	30,507.	-	3	0,507.		30,5	307.
b	Contributions					-					
С	Net investment earnings, gains, and losses					-					
	Grants or scholarships					-					
е	Other expenditures for facilities										
	and programs					-					
f	Administrative expenses	20 505		20 505	20 505	1		0 505		- 20 7	
g	End of year balance	30,507.		30,507.	30,507.		3	0,507.		30,5	507.
2	Provide the estimated percentage of the curre			column (a))	held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment										
0-	The percentages on lines 2a, 2b, and 2c shou	•			al a alora in taka wali ƙasar						
за	Are there endowment funds not in the posses	sion of the organiza	tion that a	ire neid an	a administered for	ne			Г	Yes	No
	organization by:										X
	(i) Unrelated organizations?(ii) Related organizations?								3a(i)	\rightarrow	X
h	If "Yes" on line 3a(ii), are the related organizations?	ione listed as requir							3a(ii) 3b	\rightarrow	
4	Describe in Part XIII the intended uses of the o								_ JD		
	t VI Land, Buildings, and Equipme		WILICITE IUIT	us.							
	Complete if the organization answered		. Part IV. li	ine 11a. Se	ee Form 990. Part >	(. line	10.				
	Description of property	(a) Cost or of		(b) Cost			mulated	4	(d) Book	value	
	2000 Aproperty	basis (investm		basis (' '		iation	[*]	(w) DOOR	, value	
	Land	· ` `			,						—
b	Buildings	I									
C	Leasehold improvements										
	Equipment		736.		 	179	9,47	8.	4.8	3,25	8.
u	Other						, -,	- -		,	<u> </u>

Schedule D (Form 990) 2023

48,258.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VIII Investments - Other Securities	n Form 900 Part IV line	o 11h Soo Form 000 Part V line 12	rage s
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
4) Financial desirations	(b) DOOK Value	(c) Wethod of Valdation. Cost of en	u-or-year market value
0) 01			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25	i.
(a) Description of liability	,	,	(b) Book value
(1) Federal income taxes			
(2) SEVERANCE PAYABLE			52,903.
(3) PAYROLL BONUS PAYABLE			130,683.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990. Part X, line 25, col.	(B))		183,586.
2. Liability for uncertain tax positions. In Part XIII, provide t	` '/		•

Schedule D (Form 990) 2023

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total r	evenue, gains, and other support per audited financial statements		1	7,947,717.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		eries of prior year grants			
d		(Describe in Part XIII.)			
е	Add lii	nes 2a through 2d		2e	0.
3	Subtra	act line 2e from line 1		3	7,947,717.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lii	nes 4a and 4b		4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,947,717.
Ра	rt XII	Reconciliation of Expenses per Audited Financial Sta		ses per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1				1	8,042,457.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donat	ed services and use of facilities	2a		
b	Prior y	rear adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		_
е	Add lii	nes 2a through 2d		2e	0.
3	Subtra	act line 2e from line 1		3	8,042,457.
4	-				
	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:			
а			1 . 1		
a b	Invest	nts included on Form 990, Part IX, line 25, but not on line 1:	4a		_
	Invest Other Add lii	nts included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.) nes 4a and 4b	4a 4b	4c	0.
b c 5	Invest Other Add lii Total e	nts included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)	4a 4b	4c	0. 8,042,457.

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.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITION IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740. FASB ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740 ON JANUARY 1, 2009. THERE WAS NO IMPACT ON THE TOTAL NET ASSETS AS A RESULT OF THE ADOPTION OF FASB ASC 740.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 70 FACES MEDIA, INC.	13-0887610 Page 5
Schedule D (Form 990) 2023 70 FACES MEDIA, INC. Part XIII Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** 70 FACES MEDIA, INC. 13-0887610 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region MIDDLE EAST AND NORTH AFRICA -ALGERIA, BAHRAIN, REPORTING AND DJIBOUTI, EGYPT 0 18 PROGRAM SERVICES CORRESPONDENCE 30,446. EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, REPORTING AND AUSTRIA, BELGIUM 0 PROGRAM SERVICES CORRESPONDENCE 22 13,775. SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE, REPORTING AND COLUMBIA, ECUADOR 0 2 CORRESPONDENCE PROGRAM SERVICES 250. NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED REPORTING AND CORRESPONDENCE STATES 0 20 PROGRAM SERVICES 6,900. EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, REPORTING AND CORRESPONDENCE CAMBODIA 0 PROGRAM SERVICES 2,450. 0 66 53,821. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2023

14481107 138096 JTA

and 3b)

66

53,821.

recipient who rec	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	ded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ns listed above that are r	ecognized as charities by the f	foreign country,	recognized as a tax			

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

3 Enter total number of other organizations or entities

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Part III Grants and Other Assistanc Part III can be duplicated if ac			ites. Complete it	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes X N	No
Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) Yes X	No
Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621) Yes X N	No
Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865) Yes X N	No
Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990) Schedule F (Form 990)	3033 40

332074 11-29-23

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

70 FACES MEDIA, INC.

Employer identification number 13-0887610

Pa	art I Questions Regarding Compensation							
			Yes	No				
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2								
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>				
3	Indicate which, if any, 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							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations X Approval by the board or compensation 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 related organization:							
а	Receive a severance payment or change-of-control payment?	4a		X				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X				
С		4c		Х				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only coetion 501/a\(\alpha\) 501/a\(\alpha\) and 501/a\(\alpha\)00\) averaginations must complete lines 5.0							
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
_	contingent on the revenues of:	En		y				
a h	The organization?	5a		X				
D	Any related organization?	5b						
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
0	contingent on the net earnings of:							
_		6a		х				
	The organization?	6b		X				
D	Any related organization?	OD						
7	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	– ′–						
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
•	Regulations section 53.4958-6(c)?	9						
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) AMIRAM EDEN	(i)	250,354.	50,000.	0.	3,000.	29,895.	333,249.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DEBORAH KOLBEN	(i)	174,663.	9,056.	0.	2,980.	24,244.	210,943.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JORDANA COHEN	(i)	171,556.	9,106.	0.	0.	29,895.	210,557.	0.	
VP. DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) LEONARD LAZAR	(i)	186,338.	17,967.	0.	2,015.	600.	206,920.	0.	
VP BUSINESS DEVELOPMENT & STRATEGY/A	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DANIELLE ELKINS	(i)	168,157.	22,500.	0.	1,503.	10,536.	202,696.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) REBECCA WILCHINS	(i)	181,007.	17,500.	0.	1,894.	600.	201,001.	0.	
VP. AUDIENCE & DIGITAL STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) PHILISSA CRAMER	(i)	136,062.	0.	0.	1,471.	29,895.	167,428.	0.	
EDITOR IN CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) ANDREW SILOW-CARROLL	(i)	142,780.	0.	0.	1,409.	10,536.	154,725.	0.	
EDITOR IN CHIEF, NY JW	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								

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

SCHEDULE O (Form 990)

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.

2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

70 FACES MEDIA, INC.

Employer identification number 13-0887610

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SIX ONLINE PUBLICATIONS - THE JEWISH TELEGRAPHIC AGENCY, MY JEWISH
LEARNING, KVELLER, THE NOSHER, HEY ALMA AND THE NEW YORK JEWISH WEEK.
THROUGH OUR EXPANDING PORTFOLIO OF PUBLICATIONS, PRODUCTS AND EVENTS,
WE CONNECT PEOPLE AND COMMUNITIES IN NORTH AMERICA, ISRAEL AND AROUND
THE GLOBE, PROVIDING A MULTITUDE OF ENTRYWAYS FOR INDIVIDUALS TO
EXPLORE AND CONNECT WITH JEWISH CULTURE, TRADITIONS AND COMMUNITY
ONLINE. 70 FACES MEDIA EMPOWERS INDIVIDUALS TO DEEPEN THEIR
UNDERSTANDING OF THEIR JEWISH HERITAGE, EXPLORE PERSONAL CONNECTIONS TO
JUDAISM AND FORGE MEANINGFUL RELATIONSHIPS WITHIN AND BEYOND THEIR
JEWISH COMMUNITIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE NOSHER: CONNECT PEOPLE TO THEIR OWN JEWISH IDENTITY AND GLOBAL
JEWISH EXPERIENCE THROUGH JEWISH FOOD.
FORM 990, PART VI, SECTION B, LINE 11B:
COPIES OF FORM 990 ARE DISTRIBUTED TO THE ORGANIZATIONS GOVERNING BOARD
PRIOR TO THE FILING OF FORM 990. MEMBERS OF THE GOVERNING BOARD ARE GIVEN A
WEEK TO COMMENT ON THE 990.
FORM 990, PART VI, SECTION B, LINE 12C:
MUST BE COMPLETED BY ALL NEW BOARD MEMBERS AND UPDATED ANUALLY

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 13-0887610 70 FACES MEDIA, INC. ALL MEMBERS OF 70 FACES MEDIA, INC. MANAGEMENT, WITH THE EXCEPTION OF THE CEO, RECEIVE EVALUATIONS ON AN ANNUAL BASIS, AND DISCRETIONARY SALARY INCREASES ARE AWARDED ON THE BASIS OF THOSE EVALUATIONS. 70 FACES MEDIA, INC.'S CEO RECEIVES AN ANNUAL EVALUATION BY THE PRESIDENT OF THE 70 FACES MEDIA, INC. BOARD OF DIRECTORS. THE CEO'S SALARY IS SET BY AN AD-HOC COMPENSATION COMMITTEE, CONSISTING OF THE BOARD PRESIDENT, BOARD CHAIR, AND CHAIR(S) OF THE BOARD COMMITTEE ON PERSONNEL AND BENEFITS. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST PART XII; LINE 2C NO CHANGE TO POLICIES AND PROCEDURES.

332212 11-14-23 Schedule O (Form 990) 2023

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

OMB No. 1545-0047

Department of the Treasury

F Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer 70 FACES MEDIA, 13-0887610 INC. Name and title of officer or person subject to tax AMIRAM EDEN CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here **b Tax due** (Form 5330, Part II, line 19) Form 5330 check here 9a 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize ROSENBERG AND MANENTE 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 10/15/24 Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 13268511778 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/04/24 ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

EXTENDED TO NOVEMBER 15, 2024

Form	990-T	E	Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0000
		For ca	lendar year 2023 or other tax year beginning, and ending		2023
Departm Internal I	ent of the Treasury Revenue Service	,	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if		Name of organization (X Check box if name changed and see instructions.)	D En	nployer identification number
D F	address changed.	Da:4	70 PACES MEDIA INC		13-0887610
	mpt under section 501(c)(3)	Print or	70 FACES MEDIA, INC.		oup exemption number
	408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box, see instructions. 520 8TH AVE, 4TH FL	_ (se	ee instructions)
=	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529A		NEW YORK, NY 10018	F [Check box if
			ok value of all assets at end of year	L_	an amended return.
G Ch	neck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	e college/university
			6417(d)(1)(A) Applicable entity		
	neck if filing only to				ount from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T) e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation	L	Yes NO
			70 FACES MEDIA, INC. Telephone number	212-	-643-1890
Part			d Business Taxable Income		
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses (see instructions)	. 1	130,151.
2	Reserved			2	
3	Add lines 1 and 2	2		3	130,151.
4			(see instructions for limitation rules)		0.
5	Total unrelated b	usiness	s taxable income before net operating losses. Subtract line 4 from line 3		130,151.
6		•	ting loss. See instructions	6	
7			ess taxable income before specific deduction and section 199A deduction.		120 151
_	Subtract line 6 fr				130,151.
8			erally \$1,000, but see instructions for exceptions)		1,000.
9 10			eduction. See instructions		1,000.
11			lines 8 and 9 cable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	129,151.
Part				. ''	123/131
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	27,122.
2			rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11, fro	m:	Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See in	nstructi	ons	3	
4			instructions		
5	Alternative minim	num tax		5	
6			acility income. See instructions		07 100
7 Part			gh 6 to line 1 or 2, whichever applies	7	27,122.
1a			orations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see		ations)		
C	•		Attach Form 3800 (see instructions) 1c		
d			mum tax (attach Form 8801 or 8827)		
e	Total credits. Ac			1e	
2			rt II, line 7		27,122.
За	Amount due from	n Form	4255 3a		
b	Amount due from	n Form	8611 <u>3b</u>		
С	Amount due from	n Form	8697 <u>3c</u>		
d	Amount due from	n Form			
е	Other amounts d	•			_
f	Total amounts du	ue. Add	lines 3a through 3e	3f	0.
4			nd 3f (see instructions).		27 122
F			x amount here		27,122.
5	Current net 965 1	ıax iiabl	lity paid from Form 965-A, Part II, column (k)	. 5	1

m 000-T (2023)

Part III Tax and Payments Continued
b Current year's estimated tax payments. Check if section 643(g) election applies applies Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Ge G G G G G G G G G G G G G G G G G G
applies
C Tax deposited with Form 8868 d Foreign organizations. Tax paid or withheld at source (see instructions) Beachup withholding (see instructions) Ge Backup withholding (see instructions) Ge
d Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Ge
Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Elective payment election amount from Form 3800 h Payment from Form 2439 i Credit from Form 4136 j Other (see instructions) 7 Total payments. Add lines 6a through 6j 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount owed 9 Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Overpayment, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want. Credited to 2024 estimated tax 5, 961. Refunded 11 O. Part IV Statements Regarding Certain Activities and Other Information 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file. 1 Enter the amount of time 4, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 1 If "Yes," see instructions for other forms the organization may have to file. 2 Enter the amount of tax exempt interest received or accrued during the tax year. 4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryover. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code 5 Supplemental Information Provide any additional information Information Provide any additional inform
f Credit for small employer health insurance premiums (attach Form 8941) g Elective payment election amount from Form 3800 h Payment from Form 2439 i Credit from Form 4136 g Gh h Payment from Form 4136 i Credit from Form 4136 g Gh j Other (see instructions) 7 Total payments. Add lines 6a through 6] 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is nargler than the total of lines 4, 5, and 8, enter amount oved 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enfort the amount of line 10 you want: Credited to 2024 estimated tax 9 , 961. Refunded 11 0. Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code S S S S G A Reserved for future use B Reserved for future use B Reserved for future use b Reserved for future use b Reserved for future use b Reserved for future use b Reserved fo
g Elective payment election amount from Form 3800 69 69 60 60 60 60 60 60 60 60 60 60 60 60 60
h Payment from Form 2439
i Credit from Form 4138 j Other (see instructions) 7 Total payments. Add lines 6a through 6j 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax 5, 961. Refunded 11 0. Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 1 If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year. 4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-7). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code \$ \$ 4 Contractive the tax year. See instructions. Business Activity Code and available post-2017 NOL carryover by Available post-2017 NOL carryover by Rown department of the part of
j Other (see instructions) 7 Total payments. Add lines 6a through 6j 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax 5, 961. Refunded 11 0. Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization way have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax exempt interest received or accrued during the tax year 4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
7 Total payments. Add lines 6a through 6] 7 33,083. 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 10 Overpayment. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owerpaid 10 5,961. 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax 5,961. Refunded 11 0. Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 4 Enter available pre-2018 NOL carryovers here \$ 5 Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover be resulted information. Part V Supplemental Information Provide any additional information. See instructions.
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9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax 5, 961. Refunded 11 0. Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 1 If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year 4 Enter available pre-2018 NOL carryovers here 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Business Activity Code and available post-2017 NOL carryovers. Business Activity Code 4 Reserved for future use 5 Reserved for future use 6 Reserved for future use 7 Supplemental Information 8 Provide any additional information. See instructions. 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 prepare (other than taxpayer) is based on all information of which prepare has any knowledge.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax 5, 961 Refunded 11 0 . Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year 4 Enter available pre-2018 NOL carryovers here \$
Enter the amount of line 10 you want: Credited to 2024 estimated tax 5 , 961
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over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year 4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code \$ \$ \$ 6 a Reserved for future use b Reserved for future use b Reserved for future use Do not include any post-2017 NOL carryover Supplemental Information Part V Supplemental Information
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
here
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If "Yes," see instructions for other forms the organization may have to file. 3
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 4 Enter available pre-2018 NOL carryovers here \$ 5 Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover \$ \$ \$ 6 a Reserved for future use b Reserved for future use Part V Supplemental Information Provide any additional information. See instructions. 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 taxpayer) is based on all information of which preparer has any knowledge.
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code
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Business Activity Code S S S G a Reserved for future use B Reserved for future use B Reserved for future use D Reserved fo
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Sign correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
osigni
Here CEO May the IRS discuss this return with the preparer shown below (see
Signature of officer Date Title instructions)? X Yes No
Print/Type preparer's name Preparer's signature Date Check if PTIN
Paid self-employed
Preparer PHIL ROSENBERG PHIL ROSENBERG 11/04/24 P00221232
- DOGENTEEDO NIE MANTENEE
Use Only Firm's name ROSENBERG AND MANENTE Firm's EIN 20-4153538
Use Only Firm's name ROSENBERG AND MANENTE Firm's EIN 20-4153538 12 W. 32ND STREET - 10TH FLOOR

Form **990-T** (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

A Name of the organization To FACES MEDIA INC Sequence 1 3 - 088 761 0		ment of the Treasury I Revenue Service Do not enter SSN numbers on this form as it						3).	Open to Public Inspection for 501(c)(3) Organizations Only
Describe the unrelated trade or business WEBSITE ADVERTISING SPACE	A N								
Part Unrelated Trade or Business Income	<u>c</u> ւ	Unrelated business activity code (see instructions) 5131	90				D Sequen	ce:	1 of 1
Part Unrelated Trade or Business Income	F F	escribe the unrelated trade or business WEBSITE ADVI	ERTIS	ING SI	PACE	2			
b Less returns and allowances							(B) Expens	ses	(C) Net
2 Cost of goods sold (Part III, line 8)	1 a	·							
3 197,872. 197,872. 197,872. 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 4a 4 4 4 4 4 4 4	b		1c	19	<u>7,8</u>	72.			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement). 5 Income (loss) from a partnership or an S corporation (attach statement). 6 Rent income (Part IV). 7 Unrelated debt-financed income (Part V). 8 Interest, annuties, royalties, and rents from a controlled organization (Part VI). 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VI). 10 Exploited exempt activity income (Part VIII). 11 Advertising income (Part IX). 12 Other income (See instructions; attach statement). 13 Total. Combine lines 3 through 12 In 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2		2						
1120) See instructions 4a 4b 4b 4b 4c 4c 4c 4c 4c	3	Gross profit. Subtract line 2 from line 1c	3	19	7,8	72.			197,872.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 4c april (loss) from a partnership or an S corporation (attach statement) 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annutiles, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (See instructions; attach statement) 12 Other income (see instructions) attach statement) 13 Total. Combine lines 3 through 12 14 197,872. 197,872. 197,872. 197,872. 197,872. 197,872. 197,872. 10 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 2 Salaries and maintenance 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement). See instructions 6 Taxes and licenses 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Employee benefit programs 11 Contributions, add lines 1 through 14 12 Excess readership costs (Part IX) 15 Total deductions, Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,	4 a	Capital gain net income (attach Schedule D (Form 1041 or Form							
c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annutities, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 12 Other income (see instructions attach statement) 13 Total. Combine lines 3 through 12 13 197, 872. Part III Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement). See instructions 6 Taxes and licenses 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 9 Depletion 9 Depletion 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Employee benefit programs 11 Employee benefit programs 11 Excess readership costs (Part IX) 12 Excess readership costs (Part IX) 13 Corporation (SEE STATEMENT 1 14 67, 721. 15 Total deductions, Add lines 1 through 14 15 Interest clatach statement before net operating loss deduction. Subtract line 15 from Part I, line 13,		1120)). See instructions	4a						
5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VI) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 13 Total: Combine lines 3 through 12 13 197,872. Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 2 Salaries and maintenance 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement). See instructions 5 Interest (attach statement). See instructions 6 Taxes and licenses 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 10 Contributions to deferred compensation plans 11 Depletion 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 14 Other deductions. Add lines 1 through 14 15 G7, 721. 16 Unrelated business income before net operating loss deductions. Subtract line 15 from Part I, line 13,	b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
Statement 5	С	Capital loss deduction for trusts	4c						
6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 15 Total Combine lines 3 through 12 16 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Repairs and maintenance 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 4 Interest (attach statement). See instructions 5 Interest (attach statement). See instructions 6 Taxes and licenses 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Employee benefit programs 11 Employee benefit programs 11 Excess exempt expenses (Part VIII) 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 14 Other deductions (attach Statement) 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,	5	Income (loss) from a partnership or an S corporation (attach							
The rest of the financed income (Part V)		statement)	5						
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VII) 11 Advertising income (Part IX) 11 10 11 11 12 12 13 197, 872.	6		6						
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9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 14 197,872. Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 2 1 3 Repairs and maintenance 3 3 4 4 Bad debts 5 Interest (attach statement). See instructions 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 a	8								
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10 Exploited exempt activity income (Part VIII) 10 11 Advertising income (Part IX) 11 11 12 13 Total. Combine lines 3 through 12 13 197,872.	9	Investment income of section 501(c)(7), (9), or (17)							
11									
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement). See instructions 6 Taxes and licenses 6 To Depreciation (attach Form 4562). See instructions 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 9 Depletion 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Employee benefit programs 11 Excess readership costs (Part IX) 13 Excess readership costs (Part IX) 14 Other deductions (attach statement) 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,	10	Exploited exempt activity income (Part VIII)							
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12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 14 Other deductions (attach statement) 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,									
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Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		-							
400.454		0							·
								16	130,151.
17 Deduction for net operating loss. See instructions 17 0.		Deduction for not operating loss. See instructions						17	0

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

	1
Page	2

Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion		rage Z
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			I I	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	•			Van Na
9 Part	Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and				Yes No
1	Description of property (property street address, city, s	-	-		
•	A	state, ZIP code). Oneck	ii a dual-use. See iiisiit	actions.	
	В				
	c 🗆				
	D				
		A	В	С	
2	Rent received or accrued		_	-	
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
_	-		l: 0 l (D)		0.
Part	Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s	nter nere and on Part I	, line 6, column (B)		0.
1	Description of debt-financed property (street address,		hack if a dualuse See	instructions	
•	A Street address,	city, state, ZIF code). C	nieck ii a duaruse. See	ilistructions.	
	В				
	c \square				
	D				-
		A	В	С	
2	Gross income from or allocable to debt-financed		_	-	
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				_
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Pa	rt I, line 7, column (A)		0.
			T		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	910			0.

14481107 138096 JTA

Part '	art VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)									
	Exempt Controlled Organization						าร			
	1. Name of controlled		2. Employer	3. Net	unrelated	4. Tota	al of specified	5. Part of colu	olumn 4 6. Deductions dir	
	organization		identification		ne (loss)	payn	nents made	that is included controlling orga		connected with
			number	(see ins	structions)			tion's gross inc		income in column 5
(1)										
(2)										
(3)										
(4)										
					Controlled Or	-	1			
7.	. Taxable Income	l	Net unrelated		otal of specif			of column 9 cluded in the		Deductions directly
		1	come (loss)	pa	yments mad	е		organization's		connected with
		(566	e instructions)				gross	income	IIIC	come in column 10
(1)										
(2)										
(3)										
<u>(4)</u>							A al al a a l		A -1 -1	Lastrona Caral 11
								nns 5 and 10. and on Part I,		columns 6 and 11. r here and on Part I,
					line 8, colur		,		line 8, column (B).	
Totals								0.		0.
Part '	VII Investment	ncome	of a Section 50	1(c)(7). (9). or (17)	Orgar	nization (s	ee instructions)	I.	
		cription of		-(-)(-)) (2. Amou		3. Deduction		-asides	5. Total deductions
					incon		directly conn	ected (attach s		
							(attach stater	ment)		(add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
					Add amou column 2.					Add amounts in column 5. Enter
					here and or					here and on Part I,
					line 9, colu					line 9, column (B).
Totals	VIII = =					0.				0.
Part '			Activity Income,	Otner 1	nan Adve	ertising	gincome	(see instructions)) 	
1	Description of exploite	•				- D1-1		- (4)		
2	Gross unrelated busin						•	. ,	2	
3	Expenses directly con		•					•		
A	line 10, column (B)								3	
4	Net income (loss) from					-	-		,	
5	lines 5 through 7 Gross income from ac		e not unrelated busin						5	
5 6	Expenses attributable								6	
7	Excess exempt expen									
•	4. Enter here and on F								7	
	Entor Horo and Offi	GI C 11, 11110	·-							A (Form 000-T) 2022

Schedule A (Form 990-T) 2023

. uit	IX	Advertising Income				
1	Nam	ne(s) of periodical(s). Check box if reporting	g two or more periodicals on a	consolidated basis.		
	Α	<u> </u>				
	В	<u> </u>				
	c 🛓	<u> </u>				
	D L					
Enter a	amour	nts for each periodical listed above in the c	corresponding column.	T		
			Α	В	С	D
2		ss advertising income				
	Add	columns A through D. Enter here and on I	Part I, line 11, column (A)			0.
а	Б.			T	1	
3		ct advertising costs by periodical				0.
а	Add	columns A through D. Enter here and on I	Part I, line 11, column (B)			<u> </u>
4	۸۵۰	orticing gain (loss) Subtract line 2 from lin	•	T		
4		ertising gain (loss). Subtract line 3 from lind or any column in line 4 showing a gain,	e			
		plete lines 5 through 8. For any column in				
		4 showing a loss or zero, do not complete				
5		dership costs				
6		ulation income				
7		ess readership costs. If line 6 is less than				
		5, subtract line 6 from line 5. If line 5 is les	s			
		ı line 6, enter -0-				
8		ess readership costs allowed as a				
	dedı	uction. For each column showing a gain o	n			
		4, enter the lesser of line 4 or line 7				
а		line 8, columns A through D. Enter the gre	eater of the line 8a columns to	tal or -0- here and on		
David	Part V	II, line 13	and Turnton			0.
Part	Part X	Compensation of Officers, Dire	ectors, and Trustees (s	see instructions)		
Part	Part X	Compensation of Officers, Dire	ectors, and Trustees (s	see instructions)	3. Percentage	4. Compensation
Part	Part X	Compensation of Officers, Direction 1. Name	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted	4. Compensation attributable to
	Part X	Compensation of Officers, Dire	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business	4. Compensation
(1)	Part X	Compensation of Officers, Dire	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2)	Part X	Compensation of Officers, Dire	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	Part X	Compensation of Officers, Dire	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2)	Part X	Compensation of Officers, Dire	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	X	1. Name	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dire	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	1. Name r here and on Part II, line 1	ectors, and Trustees (s	see instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
PAYROLL TAXES WEBHOSTING SALARIES BENEFITS TECHNOLOGY FINANCE SALARIES		3,478. 28,275. 11,368. 7,399. 17,201.
TOTAL TO SCHEDULE A, PART	II, LINE 14	67,721.

Alternative Minimum Tax-Corporations

Employer identification number

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4626 for instructions and the latest information.

	70 FACES MEDIA, INC.				1	3-088'	7610
	Is the corporation filing this form a member of a controlled group treated as a single	employ	ver under sections 59(k)(1)(D) and 52?		Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and		` ' '	, , ,			
	statement income or loss for each member of the controlled group treated	•					
	account in the determination of "applicable corporation" under section 59(. ,				
	Is the corporation filing this form a member of a foreign-parented multinational grou	, , , , ,		section 59(k)(2)	(B)? [Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and		,	(, (,	(0):	103	140
	statement income or loss for each member of the FPMG under section 59(•					
_	art I Applicable Corporation Determination (Report all am	, , , , ,					
	If you have already determined in current or prior years you are an a			Part I and contin	ue to Pa	art II	
	in you have already determined in our one or prior yours you are arre	ррпоа	(a) First Preceding	(b) Second Pr			Preceding
			Year Ended	Year End	•		Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
' a	Open all data directions are been as with a AEO of the anamount for	1a					
b	Include AFS net income or loss of other includible entities (add	- ia					
b	· · · · · · · · · · · · · · · · · · ·	1b					
С	Exclude AFS net income or loss of excludible entities (add net	10		1			
C	land and additional materials	1c					
. ام	,	1d					
d	Adjustment for certain consolidating entries (see instructions) Specified additional net income or loss item B. Reserved for future use	1a					
e	AFS net income or loss of all entities in the test group before	ie					
f	5 .	44					
•	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:	0-					
a	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
С	Pro-rata share of net income from controlled foreign corporations for						
	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c					
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
e	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
9	Alaska native corporations	2g					
h	Certain credits (see instructions)	2h					
!	Mortgage servicing income	2i					
J	Tax-exempt entities (organizations subject to tax under section 511)	2j					
k	Depreciation	2k		-			
ı	Qualified wireless spectrum	21		-			
m		2m		-			
n	Adjustments related to bankruptcy and insolvency	2n		-			
0	Certain insurance company adjustments	20					
р	Adjustment P - Reserved for future use	2p					
q	Adjustment Q - Reserved for future use	2q					
r	Adjustment R - Reserved for future use	2r					
s	Adjustment S - Reserved for future use	2s					
z	Other (see instructions)	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4		1			
5	AFSI. Combine lines 1f and 4	5			T _		
6	AFSI of first, second, and third preceding tax years. Combine columns (a),				6		
7	3-year average annual AFSI (see instructions)				7		

Part	Applicable Corporation Determination (Report all amo	unts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?		,	,	
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.	_			
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns ((a), (b), and (c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test			15	
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				
					Form 4626 (2023)

Par	rt II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	129,151.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use		
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	129,151.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
С	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
е	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7		
h	Patronage dividends and per-unit retain allocations (cooperatives only)		
i	Alaska native corporations		
j	Certain credits (see instructions)	2 j	
k	Mortgage servicing income	2k	
- 1	Covered benefit plans described in section 56A(c)(11)(B)	21	
m			
n	Depreciation	2n	
0	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments		
s	AFSI adjustment S · Reserved for future use	0-	
t	AFSI adjustment T - Reserved for future use	01	
u	AFSI adjustment U - Reserved for future use		
z	Other (see instructions)	2z	
3	Total adjustments. Combine lines 2a through 2z	3	
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		129,151.
5	Financial statement net operating loss (FSNOL) (see instructions)		
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		129,151.
7	Multiply line 6 by 15% (0.15)	7	19,373.
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)		19,373.
10	Regular tax liability (see instructions)	10	27,122.
11	Base erosion minimum tax (see instructions)	11	0.
12	Combine lines 10 and 11	12	27,122.
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	0.
Par	rt III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6 a	Adjustment A - Reserved for future use	6a	
b	Adjustment B - Reserved for future use	6b	
С	Adjustment C - Reserved for future use	6c	
d	Adjustment D - Reserved for future use	6d	
е	Adjustment E - Reserved for future use	6e	
f	Adjustment F - Reserved for future use	6f	
	Adjustment G - Reserved for future use	6g	
_	Adjustment H - Reserved for future use	6h	
	Income taxes in other places	6z	
	Total Combine lines 1 through 6z Enter here and on Part II line 2g	7	

JTA___

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Pai	art IV	orations Foreign Tax Credit		
Section I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:			
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,			
	Part I, column 2(j) 1a			
b	Adjustment			
С	Adjustment	1c		
d	d Adjustment	1d		
е	Adjustment	1e		
f	Adjustment	1f		
g	a Adjustment	1g		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g		2	
3	Allowable controlled foreign corporation (CFC) AM	T foreign income taxes:		
а	Pro-rata share of CFC AMT foreign income taxes for the share of CFC AMT foreign income taxes for the share of CFC AMT foreign income taxes.	rom Part IV, Section II, line		
	11, column (n)	3a		
b	 Carryover of excess foreign taxes (from Part IV, Se 	ection III, line 4, column (vii))		
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b		3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%	
е		````		
	worksheet) (see instructions)	3e		
f	· · · · · · · · · · · · · · · · · · ·			
g	, , , , , , , , , , , , , , , , , , , ,			
4	CAMT FTC Line 4 - Reserved for future use			
5	CAMT FTC Line 5 - Reserved for future use			
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8			