** PUBLIC DISCLOSURE COPY ** 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 Internal Revenue Service

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

OMB No. 1545-0047
2023
Open to Public
Inspection

Α	For the	2023 calendar year, or tax year beginning ar	nd ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Σ	Addres	MEDIA RESEARCH CENTER			
	Name change	Doing business as		54-14290	09
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone numbe	r
	Final return/	2340 DULLES CORNER BLVD	1000	571-267-	3500
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	24,385,868.
	Ameno			H(a) Is this a group re	
F	Applic			for subordinates	
	pendir			H(b) Are all subordinates in	
$\overline{}$	Ταν. Αν	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	- 1 ' '	list. See instructions
	Websit		1) 01 02	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vas		M State of legal domicile: VA
	art I	Summary	= 100	ii or iormation. 1907 1	VI Otate of legal dofficite. V 11
	1	Briefly describe the organization's mission or most significant activities: TO	CREAT	E A MEDIA CU	LTURE IN
Governance		AMÉRICA WHERE TRUTH AND LIBERTY FLOURISH	Ι.		
ī	2	Check this box if the organization discontinued its operations or disp	osed of mo	re than 25% of its net as:	sets.
Š	3	•		3	15
ç	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
≪ "	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			100
<u>.</u>	6	Total number of volunteers (estimate if necessary)			0
Activities &	7 2			7a	172,839.
Ā	'	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_		Net unrelated business taxable moonle norm of 17 of 17 art 1, me 17		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		11,075,545.	12,427,643.
Revenue	9			289,923.	172,839.
Š	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,165,864.	5,971,722.
A.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		73,991.	128,561.
	1			12,605,323.	18,700,765.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		26,118.	15,700.
	1			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)		8,314,558.	
Fxnenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		422,411.	360,102.
Ę.	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,438,	106	422,411.	300,102.
X	D			7,691,891.	6,818,471.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,454,978. -3,849,655.	16,296,481.
		Revenue less expenses. Subtract line 18 from line 12			2,404,284.
S 01			-	Beginning of Current Year	End of Year
t Assets or	ਰੂ 20	Total assets (Part X, line 16)		13,690,685.	16,474,757.
F. A.		Total liabilities (Part X, line 26)		6,218,213.	11,505,140.
Net		Net assets or fund balances. Subtract line 21 from line 20		7,472,472.	4,969,617.
	art II	Signature Block			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedu		•	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepar	er has any knowledge.	
		Signature of officer		I Date	
Sig				Date	
He	re	L. BRENT BOZELL, PRESIDENT			
_		Type or print name and title		Doto Lou F	DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		HIN CHIU LO HIN CHIU LO		09/13/24 self-employ	
	parer	Firm's name PRAGER METIS CPAS, LLC		Firm's EIN 0	6-1667465
Use	Only	Firm's address 1951 KIDWELL DRIVE, SUITE 200		,_	02\004 0500
		TYSONS CORNER, VA 22182		Phone no. (7	03)821-0702
		S discuss this return with the preparer shown above? See instructions			X Yes No
1 14	A For	Panerwork Reduction Act Notice see the senarate instructions	1 12-21-22		Form 990 (2023)

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MEDIA RESEARCH CENTER DOCUMENTS AND COMBATS THE FALSEHOODS AND
	CENSORSHIP OF THE NEWS MEDIA, ENTERTAINMENT MEDIA AND BIG TECH IN
	ORDER TO DEFEND AND PRESERVE AMERICA'S FOUNDING PRINCIPLES AND
	JUDEO-CHRISTIAN VALUES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,443,943. including grants of \$15,700.) (Revenue \$)
	NEWS ANALYSIS DIVISION - BRINGS POLITICAL BALANCE TO THE NATION'S NEWS
	MEDIA BY DOCUMENTING AND COUNTERING LIBERAL BIAS FROM TELEVISION
	NETWORK NEWS SHOWS AND MAJOR PRINT PUBLICATIONS.
4b	(Code:) (Expenses \$ 2 , 253 , 717including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ 2,253,717 including grants of \$) (Revenue \$) (Revenue \$) MRCTV - AN ONLINE MEDIA PLATFORM DESIGNED TO BROADCAST CONSERVATIVE
	VALUES, CULTURE, POLITICS, LIBERAL MEDIA BIAS, AND ENTERTAINMENT TO A
	NEW AND DIVERSE AUDIENCE ON A SOCIAL MEDIA OPTIMIZED SIGHT.
	NEW AND DIVERSE AUDIENCE ON A SOCIAL MEDIA OFITMIZED SIGHT.
	2 221 242
4c	(Code:) (Expenses \$2,821,049. including grants of \$) (Revenue \$)
	MRC FREE SPEECH AMERICA - A MOVEMENT TO STOP BIG TECH CENSORSHIP OF
	CONSERVATIVES.
	Other program services (Describe on Schedule O.)
-tu	(Expenses \$ 4,094,888 • including grants of \$) (Revenue \$ 0 •)
 4е	Total program service expenses 12,613,597.
40	Form 990 (2023)
	10111 999 (2020)

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				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	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		Х
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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	Gordon Gordon Corractor, Gordon (79), mile 1: 11 165. Complete Gorleuule I, Faits I aliu II			L

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Form **990** (2023)

Form 990 (2023) MEDIA RESEARCH CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<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			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		х
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	Λ	_
ь		35b		х
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ <u></u>
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				-
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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ı aı	Statements Regarding Other Ins Fillings and Tax Compliance (continued)			
			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	_
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	_
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		_
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114. Beneat of Foreign Book and Financial Associate (FRAR)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Eo.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		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		-25
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Va		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ou		
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	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.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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MEDIA RESEARCH CENTER 54-1429009 Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 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. 11 **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 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 990 is required to be filed	AZ, AK, CA, CI, FL, GA, IL, KS, MD, MA, MI, MN

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.

X Own website Another's website X Upon request Other (explain on Schedule O)

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

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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION -571-267-3500

2340 DULLES CORNER BLVD, SUITE 1000, HERNDON, VA 20171

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2023)

16b

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)	(B)	J	mea		C)	ipoi	out	(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week				l	174443		from the	from related	other
	(list any hours for	direct				l _e		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	·	and related
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
44.	line)	Pul	lus	JJ0	Ke	e Fig	For			
(1) DAVID MARTIN	40.00	·		7,7				204 450	_	242 550
EXECUTIVE VP/ASST TREASURER	3.00	Х		Х				304,450.	0.	242,550.
(2) L. BRENT BOZELL III PRESIDENT/DIRECTOR	3.00	х		х				206 000	0.	22 200
(3) EDWARD MOLCHANY	40.00	^		^				296,000.	0.	22,308.
SENIOR VP	1.00	1				x		240,510.	0.	40,266.
(4) COLEY JACKSON	40.00							210/3101	•	10,2001
VP OF DEVELOPMENT		1				x		220,718.	0.	22,926.
(5) DANIEL SCHNEIDER	40.00							,	-	, -
VICE PRESIDENT OF FSA						X		207,600.	0.	24,710.
(6) ERIC PAIREL	40.00									-
VP & CHIEF TECHNOLOGY OFFICER						Х		174,095.	0.	24,273.
(7) BRENT BAKER	40.00									
VP OF RESEARCH & PUBLICATI						X		177,620.	0.	10,220.
(8) MELISSA LOPEZ	40.00	<u> </u>								
SECRETARY	3.00	Х		Х				78,775.	11,450.	6,483.
(9) KARL OTTOSEN	1.00]						_	_	_
CHAIRMAN/DIRECTOR	1	Х		Х				0.	0.	0.
(10) TIM DONNER	1.00	ļ								
TREASURER/DIRECTOR	1	Х		Х				0.	0.	0.
(11) DR. SEYMOUR FEIN	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(12) MELISSA EMERY	1.00	٠,,								
TREASURER / DIRECTOR	1 00	Х						0.	0.	0.
(13) CAMERON SMITH DIRECTOR	1.00	·							_	
	1 00	Х						0.	0.	0.
(14) JACQUES DUBOIS	1.00	₩.						0.	0.	0.
(15) HON. CURTIN WINSOR, JR	1.00	Х						0.	0.	U•
DIRECTOR	1.00	Х						0.	0.	0.
(16) KAREN WRIGHT	1.00							0.	0.	•
DIRECTOR	1.00	Х						0.	0.	0.
(17) DON COOPER	1.00	<u> </u>	\vdash						.	<u> </u>
DIRECTOR		х						0.	0.	0.
	1			-				, , ,	1	Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	not ch unles	ss per	more son i	than o s both r/trus	an an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru ste e	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
(18) JOAN HOLT LINDSEY	1.00								_	_
DIRECTOR	1 00	Х						0.	0.	0.
(19) WILLIAM WALTON DIRECTOR	1.00	х						0.	0.	0.
(20) MS. ABBY MOFFAT	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal							-	1,699,768.	11,450.	393,736.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								1,699,768.	11,450.	393,736.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization: Hepott compensation for the calculating with or with	in the organization of tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
MORGAN, MEREDITH & ASSOCIATES, 22780		
INDIAN CREEK DRIVE, SUITE 100, DULLES, VA	MARKETING	395,401.
CREATIVE RESPONSE CONCEPTS, 2760		
EISENHOWER AVE., 4TH FLOOR, ALEXANDRIA, VA	PUBLIC RELATIONS	273,213.
META, INC., 15161 COLLECTIONS CENTER		
DRIVE, CHICAGO, IL 60693	ADVERTISING	262,057.
PMG, 7160 COLUMBIA GETAWAY DR, SUITE 300,		
COLUMBIA, MD 21046	MARKETING	239,590.
SNAPSTREAM MEDIA, 9450 SW GEMINI DRIVE,	MAINTENCE FOR	
PMB 19507, BEAVERTON, OR 97008	ARCHIVE SYSTEM	218,458.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 7		
		- 000

Form **990** (2023)

54-1429009

Form 990 (2023) MEDIA R
Part VIII Statement of Revenue

			Check if Schedule O cor	ntains a	response (or note to any lin	e in this Part VIII			
			Officer if Gericadic G cor	itali is a	тезропае (or flote to arry iii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenuè excluded
								function revenue	business revenue	from tax under sections 512 - 514
										Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		1a					
			Membership dues		1b					
		С	Fundraising events		1c					
iift ar		d	Related organizations		1d					
s, (mi		е	Government grants (contribu	utions)	1e					
ion		f	All other contributions, gifts, gra	ants, and						
but			similar amounts not included ab	ove	1f	12,427,643.				
ÖĘ		g	Noncash contributions included in line	s 1a-1f	1g \$	443,496.				
Sol		h	Total. Add lines 1a-1f				12,427,643.			
						Business Code				
Φ.	2	а	ADVERTISING			541800	172,839.		172,839.	
Ņ.	_	b	_				, -		, -	
ser iue		C								
m S		_								
gra Re		d								_
Program Service Revenue		e	All allege and a second and a second							
-			All other program service rev				172,839.			
			Total. Add lines 2a-2f				172,035.			
	3			-			205,660.			205 660
							203,000.			205,660.
	4		Income from investment of t		-		00.437			00 427
	5		Royalties				80,437.			80,437.
				(1) Real	(ii) Personal				
	6	а	Gross rents 6	ia						
		b	Less: rental expenses 6	ib						
		С	Rental income or (loss)	ic						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory 7	'a 11,4	451,165.					
		b	Less: cost or other basis							
<u>e</u>			and sales expenses 7	′b 5,6	685,103.					
en		С	Gain or (loss)	c 5,	766,062.					
3eV			Net gain or (loss)				5,766,062.			5766062.
her Revenue			Gross income from fundraising							
₽			including \$	-						
			contributions reported on lin	e 1c). S	ee					
			Part IV, line 18	-	I					
		b	Less: direct expenses		I .					
			Net income or (loss) from fur							
			Gross income from gaming a							
	_		Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from ga							
			Gross sales of inventory, les							
	10	u	and allowances		I					
		h	Less: cost of goods sold							
			Net income or (loss) from sa							
			THOS INCOME OF GOOD HOME OF	100 01 111	vontory	Business Code				
snc	11	а	REIMBURSEMENTS			900099	48,124.			48,124.
nec		b					,			,
ella		c								
Miscellaneous Revenue			All other revenue							
Σ			Total. Add lines 11a-11d				48,124.			
	12		Total revenue. See instructions				18,700,765.	0.	172,839.	6100283.

332009 12-21-23

Form **990** (2023)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses 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 15,700. 15,700. 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, 950,565. 841,305. 62,844. 46,416. 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) 5,956,017. 5,134,536. 420,828. 400,653. Other salaries and wages 7 Pension plan accruals and contributions (include 6,128. 102,896. 96,473. 295. section 401(k) and 403(b) employer contributions) $1,673,\overline{453}$ 1,578,056. 4,448. 90,949. Other employee benefits 9 419,277. 372,276. 23,131. 23,870. 10 Payroll taxes Fees for services (nonemployees): Management 209,126. 209,126. Legal 122,385. 122,385. Accounting Lobbying 360,102. 360,102. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,012,473. 26,430. 1,038,903. column (A), amount, list line 11g expenses on Sch O.) 513,287. 513,287. Advertising and promotion 12 195,372. 90,535. 102,165. 2,672. Office expenses 13 583,719. 578,145. 5,297. 277. Information technology 14 Royalties 15 49,776. 19,533. 1,021,008. 951,699. 16 Occupancy 258,282. 197,002. 56,536. 4.744. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 135,374. 29,187. 106,187. Conferences, conventions, and meetings 19 152,921. 4,588. 367. 147,966. 20 Payments to affiliates 21 104,718. 101,325. 3,142. 251. Depreciation, depletion, and amortization 22 195,182. 188,248. 6,448. 486. 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.) 854,586. 230,254. 621,028. 3,304. POSTAGE PRINTING 707,593. 219,649. 5,863. 482,081. 426,279. 102,780. 323,499. MAILING 117,563. d LIST RENTAL 34,141. 83,422. 182,173. 101,560. 16,561. 64,052. e All other expenses 16,296,481. 12,613,597. 1,244,688. 2,438,196. 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. 1,620,739. 2,315,342. 694,603 0. Check here X if following SOP 98-2 (ASC 958-720)

332010 12-21-23 Form **990** (2023)

<u>rar</u>	t X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			234,800.	1	1,226,530
	2	Savings and temporary cash investments	22,124.	2	217,268		
	3	Pledges and grants receivable, net	389,801.	3	687,147		
	4	Accounts receivable, net			57,234.	4	303,960
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			154,600.	9	109,578
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,395,758.			
	b	Less: accumulated depreciation		824,877.	220,823.		570,881 5,816,046
	11	Investments - publicly traded securities			11,775,856.	11	5,816,046
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		005 445	14		
	15	Other assets. See Part IV, line 11			835,447.	15	7,543,347
	16	Total assets. Add lines 1 through 15 (must equa			13,690,685.	16	16,474,757
	17	Accounts payable and accrued expenses			2,545,319.	17	3,657,807
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or forme					
		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these			2,500,000.	22	
_	23	Secured mortgages and notes payable to unrelat			2,300,000.	23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D	17-24).	Complete Part X	1,172,894.	25	7,847,333
	26				6,218,213.		11,505,140
	20	Organizations that follow FASB ASC 958, chec		• X	0,210,213.	20	11,303,140
န္တ		and complete lines 27, 28, 32, and 33.	K HEIG	, 1			
2	27				5,184,774.	27	2 023 196
33	28	Net assets with donor restrictions	2,287,698.	28	2,023,196 2,946,421		
9	20	Organizations that do not follow FASB ASC 95			2/20//0501	20	2,310,111
ᆵ		and complete lines 29 through 33.	, onc				
ة	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ			30		
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			7,472,472.	32	4,969,617
Z	33				13,690,685.	33	16,474,757

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,			
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	40	4,2	84.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4					
5	Net unrealized gains (losses) on investments	5	-4,	77	3,6	29.
6	Donated services and use of facilities	6				
7	Investment expenses	7		-7	1, 7	52.
8	Prior period adjustments	8		-5	3,7	58.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4,	96	9,6	17.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
			F	orm	990	(2023)

SCHEDULE A

(Form 990)

Total

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.

Employer identification number

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

OMB No. 1545-0047

Open to Public Inspection

		MEDI	A RESEARCH	CENTER			5	4-1429009
P	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)			
3		A hospital or a cooperative)(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in cor	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 col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C		,	•	, 0		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
	X		ū				• •	oublic described in
•		section 170(b)(1)(A)(vi). (C		ntial part of its support in	om a gove	or in the state of	ariit or irom the general i	pablic accombca in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \			
9		An agricultural research org				ad in coni	unction with a land-grant	college
9		or university or a non-land-g						
			grant conege or agrici	ulture (see iristructions).	Litter the i	name, city	, and state of the college	, OI
10		university: An organization that norma	Illy receives (1) more:	than 33 1/30% of its supp	ort from o	ontribution	ne momborehin foos an	d gross rosoints from
10	ш		*				•	
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) irc	om busines	sses acqui	red by the organization a	arter June 30, 1975.
44		See section 509(a)(2). (Col		valv to toot for public on	fatu Caa	aaatian E()O(=\/4\	
11	=	An organization organized a	•	•	•			
12		An organization organized a	•	•	-		•	• •
		more publicly supported or						Sneck the box on
		lines 12a through 12d that	* *			-		
;	a		· · · · · · · · · · · · · · · · · · ·		•	-		· ·
		the supported organization			majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o						
	b		•					-
		control or management o			ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus						
(c		-				• •	ed with,
		its supported organization		·				
(d						•	* *
		that is not functionally int	-		-		='	veness
		requirement (see instructi	•	= '				
•	e	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supportion	ng organiz	ation.		
		er the number of supported o	•					
		vide the following information			(iv) le the eras	anization listed		(-1) A (-1)
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see matructions)

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.")	10059850.	17487201.	11057890.	11075545.	12427643.	62108129.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10059850.	17487201.	11057890.	11075545.	12427643.	62108129.
	The portion of total contributions						022002231
J	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,						
							8569399.
_	**						53538730.
	Public support. Subtract line 5 from line 4.						p3336730•
	•	() 0040	(1.) 0000	() 0004	(1) 0000	() 0000	(n T
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022 11075545.	(e) 2023	(f) Total
	Amounts from line 4	10033630.	1/40/201.	1103/090.	110/3343.	1242/043.	02100129.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	417 000	214 261	260 120	070 001	206 207	1 4 - 4
	and income from similar sources	417,092.	314,261.	269,130.	270,881.	286,097.	155/461.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	34,463.	31,371.	32,814.	30,965.		177,737.
11	Total support. Add lines 7 through 10						63843327.
	Gross receipts from related activities,	•	,			12	3,975.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (line 6, column (f), d	ivided by line 11, o	column (f))		14	83.86 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	85 . 96 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circle						
18	Private foundation. If the organization						
<u></u>				,,	, 2 and box 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.)

Sed	etion A. Public Support	siow, picase comp	note i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6		, ,		,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
	check this box and stop here		-				<u></u>
	ction C. Computation of Publi		<u>-</u>			 	
	Public support percentage for 2023 (I			column (f))		15	<u>%</u>
	Public support percentage from 2022		•			16	<u>%</u>
	ction D. Computation of Inves			ina 10. as l		147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 3			on line 14 and line		18	7 is not
ıya	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, che						
/()	Private foundation. If the organization	n did not check a	DOX ON line 14 19	a or igo check th	us dox and see in:	SITUCHORS	1 1

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		
•		
2		
3a		
3b		
30		
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3c		
4a		
4b		
4c		
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5a		
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Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on	e or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	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 suppo organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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			
Caal	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	/ (see instruction		N 1 -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
J	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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	25		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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	Ja		
~	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus		•			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
	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					
0						
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	7				
7	Other expenses (see instructions)					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(D) 0		
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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	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				
	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				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
•	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see		
•	inetructions	any integrate	a Type iii supporting orga	ii ii Zatioi i (See		

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	<u> </u>	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ovido dotano ni		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a annual annual and annual	(i)	(ii)	<u> </u>	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
۵	Excess from 2023				

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
DETADLID GENERAL AND MIGGELLANGOIG INCOME
2019 AMOUNT: \$ 32,857.
2020 AMOUNT: \$ 14,526.
2021 AMOUNT: \$ 17,597.
2022 AMOUNT: \$ 26,332.
2023 AMOUNT: \$ 48,124.
MRC STORE
2019 AMOUNT: \$ 1,606.
2020 AMOUNT: \$ 16,845.
2021 AMOUNT: \$ 15,217.
2022 AMOUNT: \$ 4,633.

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF.

Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

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

2023

Name of the organization

Employer identification number

54-1429009 MEDIA RESEARCH CENTER Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

MEDIA RESEARCH CENTER

54-1429009

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 249,960.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

5 3

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

MEDIA RESEARCH CENTER

54-1429009

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	2000 SHARES OF XOM STOCKS	-	
5		\$\$	_03/10/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		• • • \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			Schedule R (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** 54-1429009 MEDIA RESEARCH CENTER Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

MEDIA RESEARCH CENTER

Employer identification number 54-1429009

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Funds and other accounts
	T	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		_
4	Aggregate value at end of year		16.1
5	Did the organization inform all donors and donor advisors in	_	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai		ganization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organization		artiv, inte 7.
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Treservation o	Ta sortifica motorio strastaro
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			_
	Number of conservation easements on a certified historic str		
	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	har Similar Assats
ı aı	Complete if the organization answered "Yes" on Form	· ·	niei Oililiai Assets.
			and belonge about works
ıa	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar	·	•
h	If the organization elected, as permitted under FASB ASC 95		
ь	art, historical treasures, or other similar assets held for public	-	
	provide the following amounts relating to these items.	exhibition, education, or research in furti	retaince of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	pasures or other similar assets for financia	
_	the following amounts required to be reported under FASB A		. gairi, provide
a	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

	t III Organizations Maintaining Co	ollections of Art.		asures, or	Other	Simil		Contin		age Z
3	Using the organization's acquisition, accession							COILLII	ueu)	
Ŭ	collection items (check all that apply).	ori, and other records	, or look arry or the r	onowing that	mano on	grimoar	11 450 01 115			
а	Public exhibition	d	I oan or excl	hange progra	m					
b Scholarly research e Other										
c	Preservation for future generations	ū								
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's ever	ant nurr	nose in Part	XIII		
5	During the year, did the organization solicit or						JOSC IIII ait	XIII.		
•	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		on the organization	i anomoroa i	00 0111	01111 00	,0,1 0,11,1			
1a	Is the organization an agent, trustee, custodia	an. or other intermedi	arv for contribution	s or other ass	sets not	include	d			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
_	g		- · · · · · · · · · · · · · · · · · · ·					Amount		
С	Beginning balance					10	:			
	Additions during the year					. —				
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fo						<u> </u>	Yes	\Box	No
	If "Yes," explain the arrangement in Part XIII.		•					_		j
Par						D.				
		(a) Current year	(b) Prior year	(c) Two year			e years back	(e) Four	years	back
1a	Beginning of year balance	6,454,970.	8,053,927.	9,309	,750.	8	,445,695.	8,	094,	626.
	Contributions	4,211,649.	3,635,383.	837	,925.	2	,311,203.	1,	047,	957.
	Net investment earnings, gains, and losses	608,925.	-1,174,775.	1,945			,152,304.		181,	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	8,987,900.	4,059,565.	4,039	,632.	2	,599,452.	3,	278,	790.
f	Administrative expenses									
g	End of year balance	2,287,644.	6,454,970.	8,053	,927.	9	,309,750.	8,	445,	695.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:	•					
а	Board designated or quasi-endowment	69.0000	%	,						
	Permanent endowment 31.0000	%	_							
	Term endowment .0000	 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	nd administer	ed for the	е		_		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		_X_
	(ii) Related organizations?							3a(ii)		_X_
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot		or other		ccumul		(d) Book	c value	Э
		basis (investm	ent) basis	(other)	dep	oreciation	on			
1a	Land									
	Buildings									
	Leasehold improvements			9,599.		387 <u>,</u>		292	2,06	<u> 88</u>
	Equipment			1,585.	4	136,		155	5,2	77.
	Other		12	4,574.		1,	038.	123	3,53	36.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part X	line 10c column	(R))	·			570),88	31.

Schedule D (Form 990) 2023

Part VII	Investments -	Other Securities

Part VII Investments - Other Securities	5 000 B . W.	0 5 000 5
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

(6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH VALUE OF LIFE INSURANCE	174,916.
(2) DEPOSIT	213,460.
(3) OPERATING LEASE ROU ASSET	7,154,971.
(4)	
<u>(5)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,543,347.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT LIABILITY	338,354
(3) SBA LOAN	133,234
(4) OPERATING LEASE LIABILITY	7,375,745
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))	7,847,333.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

Par	rt XI Reconciliation of Revenue per Audited Financial Stateme		h Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	13,852,384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		<u>-4,773,629.</u>	_	
b	Donated services and use of facilities			_	
С	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-4,773,629.
3	Subtract line 2e from line 1			3	18,626,013.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-40		
а	Investment expenses not included on Form 990, Part VIII, line 7b		74,752.	-	
b	Other (Describe in Part XIII.)	4b			F.4. F.5.
С	Add lines 4a and 4b			4c	74,752.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten		'	5	18,700,765.
Pai			itn Expenses per i	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				16 006 404
1	Total expenses and losses per audited financial statements			1	16,296,481.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	16,296,481.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information			5	16,296,481.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III			l; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inf	ormation.		
DNE	RT V, LINE 4:				
1 71	XI V, DIND 4.				
тнь	E ENDOWMENT FUNDS ARE USED TO SUPPORT THE	СЕИТЕ	R.		
	THE THE PROPERTY OF THE PROPER	CDIVID	11.		
PAF	RT X, LINE 2:				
тнг	E CENTER IS A TAX-EXEMPT ENTITY UNDER SECT	TON 5	01(C)(3) OF	тне	TNTERNAL
		1011 5	01(0)(0) 01		111111111111111111111111111111111111111
REZ	JENUE CODE. ACCORDINGLY, NO PROVISION FOR	FEDER	AL OR STATE	OF '	VTRGTNTA
'	TOO TOO TOO TOO TOO TOO TOO				
ТАХ	KES IS REQUIRED. THE CENTER'S INFORMATION	RETU	RNS ARE SUBJ	ЕСТ	TO REVIEW
					··
BY	THE INTERNAL REVENUE SERVICE AND THE STAT	E OF	VIRGINIA THR	EE	YEARS
		- - -			

Schedule D (Form 990) 2023

AFTER THEY ARE FILED. MANAGEMENT HAS EVALUATED THE CENTER'S TAX POSITIONS

AND HAS CONCLUDED THAT THE CENTER HAS TAKEN NO UNCERTAIN TAX POSITIONS

THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023 MEDIA RESEARCH CENTER Part XIII Supplemental Information (continued)	54-1429009 Page 5
Part XIII Supplemental Information (continued)	

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number
	ESEARCH CENTER					54-1429	
Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e X Solicitat f Solicitat g X Special or oral agreement with any individual teart VII) or entity in connection with prividuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	☐ No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
CLEARWORD COMMUNICATIONS		Yes	No				
GROUP - 20130 LAKEVIEW CENTER	DIRECT MAIL CONSULTING		Х	1,911,908.		100,000.	1,811,908.
LDMI - 22 JOHN MARSHALL ST., STE. B, WARRENTON, VA 20186	DIRECT MAIL CONSULTING		х	1,361,440.		60,183.	1,301,257.
THE RICHARD NORMAN COMPANY - 113 EAST MARKET STREET, SUITE HSP DIRECT - 20130 LAKEVIEW	DIRECT MAIL CONSULTING		х	423,361.		153,919.	269,442.
CENTER PLAZA, #300, ASHBURN,	DIRECT MAIL CONSULTING		х	300.		4,520.	-4,220.
Total 3 List all states in which the organization	on is registered or licensed to solicit o			3,697,009.	it is 4	318,622.	3,378,387.
or licensing. AZ, AK, CA, CT, DC, FL, GA,							
TN, UT, VA, WA, WV, WI				10 /111/111 /110	, 01.	., σιι , σιι , .	11/111/00

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

1-1429009 Page 2			ESEARCH CENTI		chedu Part l
				Fundraising Events. Complete if the of fundraising event contributions and ground and ground areas and ground areas and ground areas are supplied to the contribution of the contributio	art
(d) Total events (add col. (a) through	(c) Other events	(b) Event #2	(a) Event #1	or landraising event contributions and gre	
col. (c))	(total number)	(event type)	(event type)		
					Revenue
				Gross receipts	1
				Less: Contributions	2
				Gross income (line 1 minus line 2)	3
				Cash prizes	4
				Noncash prizes	5
				Rent/facility costs	6 g
				Food and beverages	Direct Expenses 4
				Entertainment	
				Other direct expenses	
			. ,	Direct expense summary. Add lines 4 through	
				Net income summary. Subtract line 10 from li Gaming. Complete if the organization is	11 Part
	eported more than	990, Part IV, III le 19, 01 le	answered res on Form	\$15,000 on Form 990-EZ, line 6a.	ui t
(d) Total gaming (add col. (a) through col. (d	(c) Other gaming	(b) Pull tabs/instant bingo/progressive bingo	(a) Bingo	,	Revenue
				Creas revenue	
-				Gross revenue	十
				Cash prizes	2 3
				Noncash prizes	3
_				Rent/facility costs	اپ
				Other direct expenses	
%	Yes %	Yes %	Yes %		
	No	No	No	Volunteer labor	6
			s 5 in column (d)	Direct expense summary. Add lines 2 through	7
			from line 1 column (d)	Net gaming income summary. Subtract line 7	8
<u>: </u>			Trom into 1, ocianii (a)	The garming moonie commany: Castract mio	1 -
Yes N			ctivities in each of these s	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	a Is
				No," explain:	b If "
					_
Yes N	ear?	rminated during the tax ve	voked, suspended. or te	ere any of the organization's gaming licenses re	Da We
				Yes," explain:	
			voked, suspended, or te	No," explain: ere any of the organization's gaming licenses re	b If " 0a We

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 MEDIA RESEARCH CENTER 54-1	429009	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ISD	70
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. L. Tes	140
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Addross		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Canning manager compensation ψ		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
•		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ Vaa	□ Na
retain the state gaming license?	Yes	∟ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III.	. III. I'm O . (01- 40I-
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9, 8	9b, 10b,
130, 130, 10, and 170, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
(I) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP		
(I) ADDRESS OF FUNDRAISER:		
20130 LAKEVIEW CENTER PLAZA, SUITE 300, ASHBURN, VA 20147		
(I) NAME OF FUNDRAISER: LDMI		
(I) ADDRESS OF FUNDRAISER: 22 JOHN MARSHALL ST., STE. B, WARRENTON, VA 20186		
22 COUNTRACTION DIO, DIEGO D, WARKENION, VA ZUIOU		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MEDIA RES	54-1429009						
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or ass	stance?						Yes X No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	1	1			(f) Method of	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COUNCIL FOR NATIONAL POLICY 444 NORTH CAPITOL ST NW #830 WASHINGTON, DC 20001	72-0921017	501(C)3	6,000.	0.			TO SUPPORT THE ORGANIZATION TO ACHIVE ITS MISSION.
2 Enter total number of section 501(c)(3) :3 Enter total number of other organization	-		ne line 1 table		<u> </u>	1	1.

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 MEDIA RES	EARCH CENTER				54-1429009	Page 2
Part III Grants and Other Assistance to Domestic Part III can be duplicated if additional space	Individuals. Complete if the is needed.	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV Supplemental Information. Provide the info	I I ormation required in Part I, line	e 2; Part III, columr	l n (b); and any other ac	l Iditional information.		

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.

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.

Employer identification number

MEDIA RESEARCH CENTER

54-1429009 **Questions Regarding Compensation**

			Yes	No
1a	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	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		<u>X</u>
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	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 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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) DAVID MARTIN	(i)	304,450.	0.	0.	9,025.	233,525.	547,000.	0.
EXECUTIVE VP/ASST TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) L. BRENT BOZELL III	(i)	296,000.	0.	0.	9,000.	13,308.	318,308.	0.
PRESIDENT/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EDWARD MOLCHANY	(i)	240,510.	0.	0.	7,297.	32,969.	280,776.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) COLEY JACKSON	(i)	220,718.	0.	0.	4,400.	18,526.	243,644.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL SCHNEIDER	(i)	207,600.	0.	0.	6,300.	18,410.	232,310.	0.
VICE PRESIDENT OF FSA	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIC PAIREL	(i)	174,095.	0.	0.	5,295.	18,978.	198,368.	0.
VP & CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRENT BAKER	(i)	177,620.	0.	0.	5,349.	4,871.	187,840.	0.
VP OF RESEARCH & PUBLICATI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	MEDIA RESEAR	CH CEN'	TER			54-	1429	009	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	Method of o oncash contrib	determin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	8	443,496.	FAI	R MARKE	r va	LUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by					that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?)					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	tions?		31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

Name of the organization

MEDIA RESEARCH CENTER

Employer identification number 54-1429009

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: BUSINESS AND MEDIA INSTITUTE - BRINGS BALANCE TO ECONOMIC REPORTING AND PROMOTES FAIR PORTRAYAL OF THE BUSINESS COMMUNITY IN THE MEDIA BY AUDITING THE MEDIA'S COVERAGE OF THE FREE ENTERPRISE SYSTEM. 0. EXPENSES \$ 721,808. INCLUDING GRANTS OF \$ REVENUE \$ 0. MRC ACTION - EDUCATING AND MOBILIZING THE GENERAL PUBLIC AGAINST RUNAWAY LIBERAL MEDIA BIAS. EXPENSES \$ 2,054,661. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. YOUTH EDUCATION AND INTERN PROGRAM - MENTORS AMERICA'S YOUTH AND EDUCATES AND TRAINS STUDENTS TO RECOGNIZE BIAS AND THE NEED FOR BALANCED JOURNALISM. EXPENSES \$ 333,308. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CNS NEWS - PROVIDES AN ALTERNATIVE NEWS SOURCE THAT WOULD COVER STORIES THAT ARE SUBJECT TO A LIBERAL BIAS IN MANY NEWS OUTLETS. EXPENSES \$ 985,111. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THIS FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM AND A DRAFT IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. A BOARD MEETING TAKES PLACE TO DISCUSS THE FORM 990 PRIOR TO ITS FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS CONSISTENTLY MONITORS AND REVIEWS

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

332211 11-14-23

THE

CONFLICT OF

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

MEDIA RESEARCH CENTER

Employer identification number
54-1429009

INTEREST POLICY TO ENSURE COMPLIANCE WITH THE POLICY.

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

THE COMPENSATION COMMITTEE REVIEWS SALARY REQUIREMENTS BASED ON SALARY

COMPARISON DATA PROVIDED BY INDEPENDENT SURVEY AND OUTSIDE CONSULTANTS. THE

COMPENSATION COMMITTEE RECOMMENDS COMPENSATION LEVELS AND THE BOARD OF

DIRECTORS APPROVES COMPENSATION. CONTEMPORANEOUS DOCUMENTATION OF THE

DECISION WAS MADE BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AZ,AK,CA,CT,FL,GA,IL,KS,MD,MA,MI,MN,MS,NJ,NM,NY,NC,OH,OK,OR,PA,RI,SC,TN,UT

VA,WV,WI,AL,AR,HI,KY,NH,TX

FORM 990, PART VI, SECTION C, LINE 18:

THE CENTER COMPLIES WITH IRC SECTION 6104 AND MAKES ITS FORM 1023, FORM 990

AND 990-T AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 IS ALSO

AVAILABLE ON THE CENTER'S WEBSITE.

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

THE CENTER MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

990, PART XII, 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MEDIA RESEARC	H CENTER				E	mployer identific 54-14290		ımber
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year		Direct c	(f) ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	pecause it had one	or mor	e related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	Section 512(b controlled entity?	
				501(c)(3))			Yes	No
AMERICA, INC 27-3352652 12644 CHAPEL ROAD, STE 201	TO EDUCATE AMERICANS ABOUT TRADITIONAL & CONTEMPORARY					RESEARCH		
CLIFTON, VA 20124	AMERICAN VALUES	VIRGINIA	501(C)(4)		CENTE	R	X	
AMERICAN MOVEMENT FOUNDATION - 87-3862697	PROMOTING PUBLIC POLICIES							
2340 DULLES CORNER BLVD, SUITE 1000	WHICH ARE WIDELY SUPPORTED							
HERNDON, VA 20171	BY THE AMERICAN PUBLIC	VIRGINIA	501(C)(3)		N/A			X
AMERICAN MOVEMENT ASSOCIATION - 87-3888616	PROMOTING PUBLIC POLICIES							
2340 DULLES CORNER BLVD, SUITE 1000	WHICH ARE WIDELY SUPPORTED							
HERNDON, VA 20171	BY THE AMERICAN PUBLIC	VIRGINIA	501(C)(6)		N/A			X
AMERICAN MOVEMENT - 87-3752555	PROMOTING PUBLIC POLICIES							
2340 DULLES CORNER BLVD SUITE 1000	WHICH ARE WIDELY SUPPORTED							

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

SEE PART VII FOR CONTINUATIONS

BY THE AMERICAN PUBLIC

Schedule R (Form 990) 2023

N/A

HERNDON, VA 20171

VIRGINIA

501(C)(4)

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	ո)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
										\sqcup	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 3

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_		Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or	or more rela	ated organizations listed in	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		_X_			
b	Gift, grant, or capital contribution to related organization(s)				1b		<u>X</u>			
С	Gift, grant, or capital contribution from related organization(s)				1c		_X_			
d	Loans or loan guarantees to or for related organization(s)				1d		<u>X</u>			
е	Loans or loan guarantees by related organization(s)				1e		<u> </u>			
f	Dividends from related organization(s)				1f		<u>X</u>			
g	g Sale of assets to related organization(s)									
h	Purchase of assets from related organization(s)				1h		_X_			
i	Exchange of assets with related organization(s)				1i		X			
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_			
	Performance of services or membership or fundraising solicitations for related organization(s)				11		_X_			
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		_X_			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		<u>X</u>			
0	Sharing of paid employees with related organization(s)				10		<u>X</u>			
р	Reimbursement paid to related organization(s) for expenses				1 p	Х				
q	Reimbursement paid by related organization(s) for expenses				1q	Х				
							X			
r	r Other transfer of cash or property to related organization(s)									
	s Other transfer of cash or property from related organization(s)									
2	If the answer to any of the above is "Yes," see the instructions for information on who must cor	mplete this	s line, including covered re	elationships and transaction thresholds.						
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) Amount involved Method of determining amount involved									

12,401.CASH (1) AMERICA, INC Q (2) AMERICAN MOVEMENT 19,937.CASH Q 43,023.CASH (3) AMERICA, INC Ρ (4) (5)

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?	General manage partne	(k) Percentage ownership
			,	100 110		100	110		
	_								
									_
	-								000) 0000

Part VII | Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMERICA, INC.

EIN: 27-3352652

12644 CHAPEL ROAD, STE 201

CLIFTON, VA 20124

PRIMARY ACTIVITY: TO EDUCATE AMERICANS ABOUT TRADITIONAL & CONTEMPORARY

AMERICAN VALUES

DIRECT CONTROLLING ENTITY: MEDIA RESEARCH CENTER

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMERICAN MOVEMENT FOUNDATION

EIN: 87-3862697

2340 DULLES CORNER BLVD, SUITE 1000

HERNDON, VA 20171

PRIMARY ACTIVITY: PROMOTING PUBLIC POLICIES WHICH ARE WIDELY SUPPORTED BY

THE AMERICAN PUBLIC

DIRECT CONTROLLING ENTITY: N/A

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMERICAN MOVEMENT ASSOCIATION

EIN: 87-3888616

2340 DULLES CORNER BLVD, SUITE 1000

HERNDON, VA 20171

PRIMARY ACTIVITY: PROMOTING PUBLIC POLICIES WHICH ARE WIDELY SUPPORTED BY

THE AMERICAN PUBLIC

DIRECT CONTROLLING ENTITY: N/A

Schedule R (Form 990) 2023

IRS E-file Signature Authorization for a Tax Exempt Entity

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

Departm	ent of the Treasurv			Do not send to the IRS. Keep for your rec	ords.		LULU
	Revenue Service		(io to www.irs.gov/Form8879TE for the latest in	formation.		
Name o						EIN or SSN	
	MEDIA	RESEARC				54-14	129009
Name a	nd title of officer or pe	erson subject to		L. BRENT BOZELL			
Dord	T.ma of	Datum an		PRESIDENT Irn Information			
Part							
Form 5 or 10a whiche	5330 filers may ente below, and the am	r dollars and ount on that li	cents. F ine for t	using this Form 8879-TE and enter the applicable or all other forms, enter whole dollars only. If you ne return being filed with this form was blank, the . But, if you entered -0- on the return, then enter -0	check the box or n leave line 1b, 2	n line 1a, 2a, 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a , 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check l	nere		b Total revenue, if any (Form 990, Part VIII, col	umn (A), line 12)		1b
2a	Form 990-EZ che		一	b Total revenue, if any (Form 990-EZ, line 9)			
За	Form 1120-POL	•••	一	b Total tax (Form 1120-POL, line 22)			
4a	Form 990-PF che		一	b Tax based on investment income (Form 990			
5a	Form 8868 check		一				
6a	Form 990-T chec		X	 b Balance due (Form 8868, line 3c) b Total tax (Form 990-T, Part III, line 4) 			6b 0.
7a	Form 4720 check		一	b Total tax (Form 4720, Part III, line 1)			7b
8a	Form 5227 check		一	b FMV of assets at end of tax year (Form 522)			
9a	Form 5330 check			b Tax due (Form 5330, Part II, line 19)			
10a	Form 8038-CP c			b Amount of credit payment requested (Form			10b
Part			ignatu	re Authorization of Officer or Person			
Inder	nenalties of perium	I declare tha	t X	I am an officer of the above entity or I am a	nerson subject to	tay with resn	ect to (name
ater the cayment of the contract of the cayment of	nan 2 business days ont of taxes to receival identification nur heck one box only authorize PR as my signature	a prior to the prove confidential inber (PIN) as AGER ME on the tax years (res) regul	payment Il inform my sign ETIS ear 2023 ating ch	count. To revoke a payment, I must contact the U (settlement) date. I also authorize the financial in ation necessary to answer inquiries and resolve is ature for the electronic return and, if applicable, the CPAS, LLC ERO firm name selectronically filed return. If I have indicated with larities as part of the IRS Fed/State program, I also reen.	stitutions involversues related to the consent to ele	d in the proce ne payment. I cotronic funds to enter my P	ssing of the electronic have selected a withdrawal. PIN 29009 Enter five numbers, but do not enter all zeros return is being filed
	return. If I have	indicated with	nin this i	with respect to the entity, I will enter my PIN as return that a copy of the return is being filed with a y PIN on the return's disclosure consent screen.		s) regulating c	harities as part of the
Signatur Part	of officer or person subje	ct to tax ntion and A	uther	ntication		Date	
	er (EFIN) followed by	_			392781012 o not enter all zero		
submi		-	-	, which is my signature on the 2023 electronically equirements of Pub. 4163, Modernized e-File (Me			
ERO's	signature PRA	GER MET	ris (CPAS, LLC	_ Date09	/13/24	
			E	RO Must Retain This Form - See Instr	ructions		
		Do N		omit This Form to the IRS Unless Req		So So	
For Pr	ivacy Act and Pap			ct Notice, see instructions.			Form 8879-TE (2023)

LHA 302521 01-05-24

Form	990-T	E	Exempt Organization Business Income Tax Ret	urn	ОМВ	No. 1545-0047
			(and proxy tax under section 6033(e))			000
		For ca	lendar year 2023 or other tax year beginning, and ending	<u> </u>		2023
Departm Internal F	ent of the Treasury Revenue Service	ı	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	· · · .	501(c)(3)	Public Inspection for Organizations Only
A X	Check box if address changed.		Name of organization (D En	nployer ide	entification number
	mpt under section	Print	MEDIA RESEARCH CENTER			429009
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		roup exemp ee instructi	otion number ons)
	408(e) 220(e)	lypc	2340 DULLES CORNER BLVD, 1000			
	408A530(a) 529(a)529A		City or town, state or province, country, and ZIP or foreign postal code HERNDON , VA 20171	F [Che	ck box if
		С Во	ok value of all assets at end of year		an a	mended return.
G Ch	neck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust 6417(d)(1)(A) Applicable entity	State	e college	e/university
H Ch	neck if filing only to	o claim	Credit from Form 8941 Refund shown on Form 2439 Elective pa	ayment am	ount fro	m Form 3800
I Ch	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation			
J En	nter the number of	attach	ed Schedules A (Form 990-T)		_1	
K Du	uring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	? [Yes	X No
			d identifying number of the parent corporation			
	e books are in car		THE ORGANIZATION Telephone number	571-	-267-	-3500
Part			d Business Taxable Income			
1			ess taxable income computed from all unrelated trades or businesses (see instructions)			0.
2				2		
3	Add lines 1 and 2		To a land outline of a Built Man and a N		+	0.
4			(see instructions for limitation rules) s taxable income before net operating losses. Subtract line 4 from line 3			
5						0.
6 7		•	ting loss. See instructions ess taxable income before specific deduction and section 199A deduction.		+	
'	Subtract line 6 from		_	7		
8			erally \$1,000, but see instructions for exceptions)			1,000.
9			eduction. See instructions			
10			lines 8 and 9			1,000.
11			cable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11		0.
Part				,		
1	Organizations ta	xable	as corporations. Multiply Part I, line 11 by 21% (0.21)	1		0.
2	Trusts taxable a	t trust	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	struction	ons	3		
4	Other tax amoun	ts. See	instructions	4		
5	Alternative minim	ıum tax		5		
6			acility income. See instructions			
7 Part		Boves	gh 6 to line 1 or 2, whichever applies	7		0.
1a	Other credits (see		orations attach Form 1118; trusts attach Form 1116) 1a ctions) 1b			
b	•		7	_		
c d			Attach Form 3800 (see instructions) mum tax (attach Form 8801 or 8827) 1c 1d			
	Total credits. Ac		- U	1e		
е 2			1a through 1d art II, line 7			0.
2 3a	Amount due from					
b	Amount due from					
c	Amount due from					
d	Amount due from					
e	Other amounts d					
f		•	lines 3a through 3e	3f		0.
4			nd 3f (see instructions). Check if includes tax previously deferred under			
			x amount here	4		0.
5			lity paid from Form 965-A, Part II, column (k)			0.

Form 990-T (2023) Page 2 Tax and Payments (continued) Part III Payments: Preceding year's overpayment credited to the current year Current year's estimated tax payments. Check if section 643(g) election applies Tax deposited with Form 8868 6c Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Elective payment election amount from Form 3800 6g Payment from Form 2439 6h 6i Credit from Form 4136 Other (see instructions) j 7 Total payments. Add lines 6a through 6j Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2024 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority Yes No 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 Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a 2 Х 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 \$ 3 Enter available pre-2018 NOL carryovers here \$ 1,551,188. Do not include any post-2017 NOL carryover 4 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 541800 669,605. \$ \$ 6 a Reserved for future use **b** Reserved for future use Part V | Supplemental Information Provide any additional information. See instructions.

	Under penalties of perjur correct, and complete. D	wledge	and belief, it is	rue,						
Here			PRESIDENT				May the IRS discuss this return with the preparer shown below (see			vith
	Signature of officer		Date	Title			instru	ictions)?	Yes	No
	Print/Type prepar	er's name	Preparer's signature		Date	Check	if	PTIN		
Paid						self-employe	ed			
Preparer	HIN CHIU LO HIN CHIU			O 09/13/24			P00968200			
Use Only	Firm's name PRAGER METIS CPAS, LLC					Firm's EIN		06-16	6746	5
	1951 KIDWELL DRIVE, SUITE 200									
	Firm's address	1						03)821	<u>-070</u>	2
		•	·-	•	·-			•	000 T	

Form **990-T** (2023)

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/07	6,633.	6,633.	0.	0.
12/31/08	75,978.	75,978.	0.	0.
12/31/09	561,050.	31,492.	529,558.	529,558.
12/31/10	325,729.	0.	325,729.	325,729.
12/31/11	361,563.	0.	361,563.	361,563.
12/31/12	203,109.	0.	203,109.	203,109.
12/31/13	131,229.	0.	131,229.	131,229.
NOL CARRYOV	ER AVAILABLE THIS Y	'EAR	1,551,188.	1,551,188.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

ZUZJ

Department of the Treasury Internal 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

A N	lame of the organization MEDIA RESEARCH CENTER				B Employer i		
<u>c</u> .	Unrelated business activity code (see instructions) 54180	0			D Sequence	: 1	of 1
E 0	Describe the unrelated trade or business WEBSITE POP-	UP :	LINK REVENU	JE FI	ROM VISI	TOR	CLIC
Pai	t Unrelated Trade or Business Income		(A) Income		(B) Expense	s	(C) Net
		1			(-,		(2)
	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach	_					
6	statement)	5 6					
6 7	Rent income (Part IV) Unrelated debt-financed income (Part V)	7				+	
8	Interest, annuities, royalties, and rents from a controlled	-					
Ü	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)	۳				$\overline{}$	
5	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	/ / /					73.	-87,034.
12							,
13	170 020 050						-87,034.
Pai	† II Deductions Not Taken Elsewhere. See instruct	ions			ctions Dedu	uctions	s must be
1 (4)	directly connected with the unrelated business in						
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return		8a			8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	44,950.
14	Other deductions (attach statement)					14	
15	Total deductions. Add lines 1 through 14					15	44,950.
16	Unrelated business income before net operating loss deduction. Se		,	,			
	column (C)					16	-131,984.
17	Deduction for net operating loss. See instructions					17	0.
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line 10	<u> </u>				18	-131,984.
For F	aperwork Reduction Act Notice, see instructions.				S	chedule	e A (Form 990-T) 2023

LHA 323741 01-19-24

	1
Page	2

Part	III Cost of Goods Sold Enter met	hod of inventory valua	ition		1 ago 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			I I	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	•			Yes No
Part					
1	Description of property (property street address, city, s	state, ZIP code). Chec	k if a dual-use. See instr	uctions.	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
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				
	Add lines 2a and 2b, columns A through b				
3	Total rents received or accrued. Add line 2c, columns a	Athrough D. Enter he	e and on Part I line 6 o	olumn (A)	0.
Ŭ	Deductions directly connected with the income	Turiough B. Enter her		olariir y y	
4	in lines 2a and 2b (attach statement)				
7	in in 63 Za and Zb (attach Statement)				
5	Total deductions. Add line 4, columns A through D. E	nter here and on Part	L line 6. column (R)		0.
Part		ee instructions)	1, 11110 0, 001011111 (D)		
1	Description of debt-financed property (street address,		Check if a dual-use. See	instructions	
•	A	o,, oo, ooo,.			
	В 🗆				
	c -				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed	,			
_	property				
3	Deductions directly connected with or allocable				
3	to debt-financed property				
•	Straight line depreciation (attach statement)				
a					
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	9	% %	%	<u>%</u>
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	art I, line 7, column (A)		0.
			 	ı	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the				0.
11	Total dividends-received deductions included in line	10			0.

Part VI Int	erest, Annuities,	Royalties, and Re	ents Fro	m Contro	lled O	rganization	S (see instruc	tions)	
	Exempt Controlled Organization					าร			
1. Nar	 Name of controlled 		3. Net unrelated 4. Total		al of specified 5. Part of			. Deductions directly	
OI	organization		income (loss) payme		nents made	that is included controlling organic		connected with	
		number	(see ins	structions)			tion's gross in		income in column 5
(1)									
(2)									
(3)									
(4)									
-		No	nexempt C	Controlled Or	ganizati	ons			
7. Taxable	e Income	8. Net unrelated		otal of specif			of column 9	1	Deductions directly
		income (loss)	pa	yments made		that is included in the controlling organization's		connected with	
	((see instructions)					income	inco	ome in column 10
(1)									
(2)									
(3)									
(4)									
							ins 5 and 10.	Add columns 6 and 11. Enter here and on Part I.	
				Enter here an				e 8, column (B).	
							. ,		
Totals Part VII In	avectment Incom	o of a Spatian EO	1/0\/7\ /	O) or (17)		i-otion .	0.		0.
rait VII II	1. Description	ne of a Section 50	1(0)(1), (ee instructions)		5. Total deductions
	i. Description	of income		2. Amou incon		3. Deduction directly connection		-asides tatement	1
						(attach stater	1 '		(add cols 3 and 4)
(1)									
(2)									
(3)									
(4)									
.,				Add amou					Add amounts in
				column 2.					column 5. Enter
				line 9, colu					line 9, column (B).
Totals					0.				0.
Part VIII	Exploited Exemp	t Activity Income,	, Other T	Than Adve	ertising	Income (see instructions)	
1 Descrip	tion of exploited activi	ity:							
2 Gross u	inrelated business inc	ome from trade or busi	ness. Ente	r here and o	n Part I,	line 10, columi	n (A)	2	
3 Expense	es directly connected	with production of unre	elated busi	iness income	e. Enter l	nere and on Pa	ırt I,		
line 10,	column (B)							3	
4 Net inco	ome (loss) from unrela	ted trade or business.	Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete			
								4	
5 Gross in	ncome from activity th	at is not unrelated busi	iness incor	me				5	
		me entered on line 5						6	
		btract line 5 from line 6							
4. Enter	here and on Part II, li	ne 12						7	

Schedule A (Form 990-T) 2023

Page 4

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	g two or m	ore periodicals on a co	onsolidated basis.	STATEM	MENT 4
	A X NEWS BUSTERS INTERN	ET AD	SALES			
	B X CNS ADVERTISING					
	c X MRC INTERNET/EMAIL	ADVER'	rising			
	D X MRCTV ADVERTISING					
Enter a	amounts for each periodical listed above in the c	correspon <u>d</u>	ing column.			
			Α	В	С	D
2	Gross advertising income	[39,473.	9,52	5. 106,8	17. 17,024.
	Add columns A through D. Enter here and on I	Part I, line	11, column (A)			17. 17,024. 172,839.
а		_				
3	Direct advertising costs by periodical		15,703.	4,11	3. 238,8	01. 1,256.
а	Add columns A through D. Enter here and on I		44 1 (5)			259,873.
		_				
4	Advertising gain (loss). Subtract line 3 from line	e				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	.				
	line 4 showing a loss or zero, do not complete	,				
	lines 5 through 7, and enter -0- on line 8		23,770. 458,807.	5,41	2131,9 4.	84. <u>15,768.</u> 421,482.
5	Readership costs	L	458,807.	126,27	4.	421,482.
6	Circulation income	L				
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les	ss				
	than line 6, enter -0-	L	458,807.	126,27	4.	421,482.
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain or	n				
	line 4, enter the lesser of line 4 or line 7	L	23,770.	5,412	2.	15,768.
а	Add line 8, columns A through D. Enter the gre	eater of the	line 8a columns total	l or -0- here and or	า	
						44,950.
	Part II, line 13					44,330.
Part		ectors, a	and Trustees (se	e instructions)		44,930.
Part	X Compensation of Officers, Dire	ectors, a		e instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Direction 1. Name	ectors, a	and Trustees (se	e instructions)	3. Percentage of time devoted	Compensation attributable to
	X Compensation of Officers, Dire	ectors, a		e instructions)	3. Percentage of time devoted to business	4. Compensation
(1)	X Compensation of Officers, Dire	ectors, a		e instructions)	3. Percentage of time devoted to business %	Compensation attributable to
(1) (2)	X Compensation of Officers, Dire	ectors, a		e instructions)	3. Percentage of time devoted to business %	Compensation attributable to
(1) (2) (3)	X Compensation of Officers, Dire	ectors, a		e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2)	X Compensation of Officers, Dire	ectors, a		e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Directors of the Compensation of Officers of Of	ectors, a		e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name Letter here and on Part II, line 1		2. Title	e instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

FORM 990-T	DESCRIPTION OF ORGANIZATION'S	UNRELATED	STATEMENT 2
SCHEDULE A	BUSINESS ACTIVIT	Y	

WEBSITE POP-UP LINK REVENUE FROM VISITOR CLICKS TO INFORMATION UNRELATED TO

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH	A POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20 12/31/21 12/31/22	150,108. 214,052. 305,445.	0. 0. 0.	150,108. 214,052. 305,445.	150,108. 214,052. 305,445.
NOL CARRYO	VER AVAILABLE THIS Y	ZEAR	669,605.	669,605.

	STATE	MENT 4			
		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS
NEWS BUSTERS INTERNET	- NEWSBURSTERS				
AD SALES		39,473.	15,703.	0.	458,807.
	SUBTOTAL	39,473.	15,703.	0.	458,807.
CNS ADVERTISING	- CNS				
	ADVERTISING	9,525.	4,113.	0.	126,274.
	SUBTOTAL	9,525.	4,113.	0.	126,274.
MRC INTERNET/EMAIL ADVERTISING	- MRC INTERNET/EMAIL				
	ADVERTISING	106,817.	238,801.	0.	266,297.
	SUBTOTAL	106,817.	238,801.	0.	266,297.
MRCTV ADVERTISING	- MRCTV	17,024.	-	0.	421,482. 421,482.
MRCTV ADVERTISING	- MRCTV SUBTOTAL	17,024. 17,024.	1,256. 1,256.	0. 0.	

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STATE COPY

MEDIA RESEARCH CENTER 2340 DULLES CORNER BLVD, 1000 HERNDON, VA 20171

VIRGINIA DEPT. OF TAXATION P.O. BOX 1500 RICHMOND, VA 23218-1500

Form 500

Virginia Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2023 Virginia Corporation Income Tax Return



/
N
hange Change
Change
any
.00
mpany
Line 10:
.00
14:
.00
.00
.00
SCP.
SCP.
SCP.
SCP.
SCP00
SCP.
SCP00
.00 .00

2023 Virginia Form 500

Page 2

FEIN 54-1429009



INCOME						
Federal taxable	income (from enclosed federal return)				1.	0 .00
	rom Schedule 500ADJ, Section A, Line 7				2.	.00.
3. Total (add Lines 1 and 2)						.00.
4. Total subtraction	ns from Schedule 500ADJ, Section B, Lin	e 10			4.	.00.
	ct Line 4 from Line 3)				5.	.00.
	an Association's Bad Debt Deduction (see				6.	.00.
	income (subtract Line 6 from Line 5)				7.	.00
TAX COMPUTATION	ON					
8. Apportionable l	ncome (Schedule 500A Filers) - Compl	ete Lines 8(a) throug	gh 8(d). See instru	uctions.		
(a) Income subj	ect to Virginia tax from Schedule 500A, S	ection B, Line 3(j)			B(a).	.00.
. ,	ent factor percentage from Schedule 500		.,		B(b).	%
(c) Nonapportion	onable investment function income from S	Schedule 500A, Sec	tion B, Line 3(c)	8	B(c).	.00
(d) Nonapportion	onable investment function loss from Scho	edule 500A, Section	B, Line 3(e)	8	B(d).	.00.
9. Income tax (6%	of Line 7 or 6% of Line 8(a))				9.	0 .00
PAYMENTS AND	CREDITS					
10. Nonrefundable t	ax credits: Enter the amount from Schedu	ule 500CR, Section	2, Part 1, Line 1B		10.	.00
11. Adjusted corpor	ate tax (subtract Line 10 from Line 9)				11.	.00
12. 2023 estimated	Virginia income tax payments including o	verpayment credit f	rom 2022		12.	.00.
13. Extension paym	ent				13.	.00
	credits from Schedule 500CR, Section 4,	Daniel I I I am and A			14.	.00
15. Pass-through en	tity total withholding from Schedule 500A	ADJ, Section D			15.	.00
16. Total payments	and credits (add Lines 12 through 15)				16.	.00.
REFUND OR TAX	DUE					
17. Tax owed (if Line	e 11 is greater than Line 16, subtract Line	16 from Line 11)			17.	.00
18. Penalty (see inst	tructions)				18.	.00
19. Interest (see inst	tructions)				19.	.00
	e from Form 500C, Line 17 (enclose Form				20.	.00
21. Total due (add l	Lines 17 through 20)				21.	.00
22. Overpayment (if	Line 16 is greater than Line 11, subtract	Line 11 from Line 16	6)		22.	.00
23. Amount to be cr	redited to 2024 estimated tax				23.	.00
	efunded (subtract Line 00 from Line 00)				24.	.00.
under the penalties provide complete return, made in gu based on all information of	t, vice-president, treasurer, assistant treasurer, chief acc d by law that this return (including any accompanying sc bood faith, for the taxable year stated, pursuant to the including which he or she has any knowledge.	chedules and statements) home tax laws of the Comm	as been examined by n onwealth of Virginia. If p	ne and is, to the best of my prepared by a person other	knowledge and than the taxpa	d belief, a true, correct, and yer, this declaration is
	ex to the right, I (we) authorize the Depa	rtment to discuss	this return with t	, <u> </u>	eparer.	→ [X]
Date	Signature of Officer			PRESIDENT		
Printed Name of Officer				Phone Number		
L. BRENT B	OZELL			571-267-35	500	
Print Preparer's Name and PRAGER MET	IFITH NAME HIN CHIU LO IS CPAS, LLC			Preparer Phone Number (703)821-0	702	
Date 09/13/24	Individual or Firm, Signature of Preparer			1951 KIDWEI CORNER, VA	L DRI	
Preparer's FEIN, PTIN, or P00968200	SSN		Approved Vendor Cod			

2023 Virginia Schedule 500FED

Corporation Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500. Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Form 1120 - Deductions and Taxable Income 1. Federal Taxable Income before NOL and Special Deductions 2. Net Operating Loss Deduction 3. Special Deductions 4. Federal Taxable Income after NOL and Special Deductions Form 1120, Schedule C - Dividends and Special Deductions 5. Subpart F Income and/or Global Intangible Low-Taxed Income 6. Gross-Up for Foreign Taxes Deemed Paid	2. 3. 4. 5. 6.	.00 1000 .00 .00
2. Net Operating Loss Deduction 3. Special Deductions 4. Federal Taxable Income after NOL and Special Deductions Form 1120, Schedule C - Dividends and Special Deductions 5. Subpart F Income and/or Global Intangible Low-Taxed Income 6. Gross-Up for Foreign Taxes Deemed Paid	2. 3. 4. 5. 6.	.0 1000 .0 .0
3. Special Deductions 4. Federal Taxable Income after NOL and Special Deductions Form 1120, Schedule C - Dividends and Special Deductions 5. Subpart F Income and/or Global Intangible Low-Taxed Income 6. Gross-Up for Foreign Taxes Deemed Paid	3 4 5 6	1000 .o .o
4. Federal Taxable Income after NOL and Special Deductions Form 1120, Schedule C - Dividends and Special Deductions 5. Subpart F Income and/or Global Intangible Low-Taxed Income 6. Gross-Up for Foreign Taxes Deemed Paid	5 6	.0
Form 1120, Schedule C - Dividends and Special Deductions 5. Subpart F Income and/or Global Intangible Low-Taxed Income 6. Gross-Up for Foreign Taxes Deemed Paid	5 6	.0
Subpart F Income and/or Global Intangible Low-Taxed Income Gross-Up for Foreign Taxes Deemed Paid	6	_
6. Gross-Up for Foreign Taxes Deemed Paid	6	_
		.0
	7	
Form 1120, Schedule K or M-1		
7. Tax Exempt Interest		.0
Form 5884 - Work Opportunity Credit		
8. Salaries and Wages not deducted due to the WOTC	8.	.0
Form 4562 - Special Depreciation Allowance and Other Depreciation		
9. Special depreciation allowance for qualified property placed in service during the		
taxable year	9.	.0.
10. Property subject to 168(f)(1) election		.0
11. Other depreciation		
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Inco	me or Loss	
12. Total: Dividends	12	.0
13. Reserved for future use	13.	
14. Total: Inclusions (Exclude Gross-up)		.0
15. Total: Inclusions (Gross-up)		.0
16. Total: Interest		.0.
17. Total: Gross Rents, Royalties, and License Fees	17	.0
18. Total: Gross Income from Performance of Services		.0
19. Total: Other	19.	.0
20. Total: Total Gross Income or Loss from Outside the US		.0
Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions	5	
21. Total: Allocable - Rental, Royalty, and Licensing Expenses -		_
Depreciation, Depletion, and Amortization		0.
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses		0.
		0.
24. Total: Allocable - Other Allocable Deductions		0.
25. Total: Total Allocable Deductions		0.
26. Total: Apportioned Share of Deductions		.0.
27. Total: Net Operating Loss Deduction		0.
28. Total: Total Deductions		.0
Form 1118, Schedule A - Income or Loss Before Adjustments - Total Incom	ne	
29. Total: Total Income or (Loss) Before Adjustments	29	.0

VA-8879C Virginia Department of Taxation

Virginia Corporation Income Tax e-file Signature Authorization

Tax Year **2023**

DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number					
VEDEL DEGELDON GENERA	F.A. 1.400000					
MEDIA RESEARCH CENTER	54-1429009					
Part I Tax Return Information	1.					
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.					
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.					
3. Income tax (Form 500, Page 2, Line 9)	3.					
4. Total payments and credits (Form 500, Page 2, Line 16)	4.					
5. Total due (Form 500, Page 2, Line 21)	5.					
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.					
Part II Declaration and Signature Authorization of Officer						
return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2023 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.						
Officer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 29009 as my signature on the corp corporation income tax return. Do not enter all zeros PRAGER METIS CPAS, LLC	oration's 2023 electronic Virginia					
ERO Firm Name						
I will enter my e-File PIN as my signature on the corporation's 2023 electronic Virginia corporation inc if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The E						
Your Signature	Date					
Part III Certification and Authentication						
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 1392781012 Do not enter all zero						
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia corpora	ation income tax return for the					
corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of						
have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber star						
a signature pen, or computer software program.						
ERO's Signature PRAGER METIS CPAS, LLC	Date09/13/24					

Form VA-8879C (REV 8/23)

** PUBLIC DISCLOSURE COPY ** 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 Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning

<i>-</i> · ·	•. •	and the second s												
B Check if applicable:		C Name of organization	D Employer identifi	cation number										
X	Addre	MEDIA RESEARCH CENTER												
	Name			54-14290	09									
	Initial return		Room/suite	E Telephone number										
	Final	2340 DILLES CORNER BLVD	571-267-3500											
	termin		G Gross receipts \$	24,385,868.										
	Amen	1 , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re										
	Applic			for subordinates										
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	·····- —									
<u> </u>	Гах-ех	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) () (insert no.) $\overline{}}$ 4947(a)(1) o	or 527	1 ` ´	list. See instructions									
	Nebsi			H(c) Group exemption										
K F	orm of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile; VA									
	art I	Summary		<u>.</u>	-									
	1	Briefly describe the organization's mission or most significant activities: TO	CREATE	A MEDIA CU	LTURE IN									
Governance	AMERICA WHERE TRUTH AND LIBERTY FLOURISH.													
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.									
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15									
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11									
S S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	100									
ξį	6	Total number of volunteers (estimate if necessary)		6	0									
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	172,839.									
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.									
				Prior Year	Current Year									
ō	8	Contributions and grants (Part VIII, line 1h)		11,075,545.	12,427,643.									
Revenue	I .	Program service revenue (Part VIII, line 2g)		289,923.	172,839.									
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,165,864.	5,971,722.									
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		73,991.	128,561.									
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,605,323.	18,700,765.									
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		26,118.	15,700.									
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.									
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,314,558.	9,102,208.									
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,438,19	<u> </u>	422,411.	360,102.									
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	, , , , , , , , , , , , , , , , , , , 	7 (01 001	C 010 471									
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,691,891.	6,818,471.									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,454,978.	16,296,481.									
	19	Revenue less expenses. Subtract line 18 from line 12		-3,849,655. ginning of Current Year	2,404,284. End of Year									
Net Assets or		T - 1 (D - 1 / 1 / 1)	DE	13,690,685.	16,474,757.									
SSE	20	Total assets (Part X, line 16)		6,218,213.	11,505,140.									
let /	21	Total liabilities (Part X, line 26)		7,472,472.	4,969,617.									
	rt II	Net assets or fund balances. Subtract line 21 from line 20		1,412,412.	4,909,017.									
		lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of m	v knowledge and helief it is									
		et, and complete. Declaration of preparer (other than officer) is based on all information of whi			y Kilowioago ana bolloi, it io									
ti do	, 001100	s, and completel books and of property (called their called) to become an an information of the	ion proparoi	That any knowneage.										
Sig	n	Signature of officer		Date										
Her		L. BRENT BOZELL, PRESIDENT												
	_	Type or print name and title												
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN									
Paid	I	HIN CHIU LO HIN CHIU LO	lo	9/13/24 if self-employ	P00968200									
Prep	arer	Firm's name PRAGER METIS CPAS, LLC			6-1667465									
	Only	Firm's address 1951 KIDWELL DRIVE, SUITE 200												
		TYSONS CORNER, VA 22182		Phone no. (7	03)821-0702									
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No									

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MEDIA RESEARCH CENTER DOCUMENTS AND COMBATS THE FALSEHOODS AND CENSORSHIP OF THE NEWS MEDIA, ENTERTAINMENT MEDIA AND BIG TECH IN	
	ORDER TO DEFEND AND PRESERVE AMERICA'S FOUNDING PRINCIPLES AND	
	JUDEO-CHRISTIAN VALUES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule O.	No
4	•	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported. (Code:) (Expenses \$3 , 443 , 943 . including grants of \$15 , 700 .) (Revenue \$0	•)
4a	(Code:) (Expenses \$3,443,943. including grants of \$15,700.) (Revenue \$0 NEWS ANALYSIS DIVISION - BRINGS POLITICAL BALANCE TO THE NATION'S NEWS	<u>•</u>)
	MEDIA BY DOCUMENTING AND COUNTERING LIBERAL BIAS FROM TELEVISION	
	NETWORK NEWS SHOWS AND MAJOR PRINT PUBLICATIONS.	
	METHORIC MEMO BROWN THE INCOMPLETE TO DETERMINE TO DETERM	
4b	(Code:) (Expenses \$ 2,253,717. including grants of \$) (Revenue \$	•)
	MRCTV - AN ONLINE MEDIA PLATFORM DESIGNED TO BROADCAST CONSERVATIVE	
	VALUES, CULTURE, POLITICS, LIBERAL MEDIA BIAS, AND ENTERTAINMENT TO A	
	NEW AND DIVERSE AUDIENCE ON A SOCIAL MEDIA OPTIMIZED SIGHT.	
4c	(Code:) (Expenses \$2 , 821 , 049 • including grants of \$) (Revenue \$	•)
	MRC FREE SPEECH AMERICA - A MOVEMENT TO STOP BIG TECH CENSORSHIP OF	
	CONSERVATIVES.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 4,094,888 • including grants of \$) (Revenue \$ 0 •)	
4e	Total program service expenses 12,613,597.	
	Form 990 (2	(023

332002 12-21-23

Page 3

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				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	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		Х
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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	Gordon Gordon Corractor, Gordon (79), mile 1: 11 165. Complete Gorleuule I, Falts I aliu II			L

Form 990 (2023) MEDIA RESEARCH CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			
00	Schedule L, Part I	25b		<u> </u>
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	0.7		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A
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?	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes." complete</i>	<u> </u>		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
٠.	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		х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
33300	1 10 01 02	Form	990	(2023)

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Form 990 (2023) MEDIA RESEARCH CENTER

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)									
0-	Fatouthousehousef annalasses agreeted on Farma W.C. Transported of Wasse and Tay Chatemanta		Yes	No						
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 100									
L	, , , , , , , , , , , , , , , , , , , ,	2b	Х							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a	X							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X							
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
Ta	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х						
h	b If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	"								
	any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g										
h										
8	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?									
9	9 Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
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	4								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	4								
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.	10-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
h	Note: See the instructions for additional information the organization must report on Schedule O.									
D	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									
_		1								
C 1/10		14a		Х						
14a		14a		21						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140								
13	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? If "Yes," see the instructions and file Form 4720, Schedule N.									
16		16		Х						
.0	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 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								
	If "Yes," complete Form 6069.	'								

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.

Section A. Governing Body and Management 1a		Check if Schedule O contains a response or note to any line in this Part VI			X						
the exert method of voling members of the governing body at the end of the tax year If there are material differences in using rights among members of the governing body, or the governing body delegated broad authority to an exceptive committee or similar committee, explain on Schedule 0. b Enter the number of voling members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employees the are a family relationship or a business relationship with any other officers, directors, trustees, or key employees? 3 Did the organization of elegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization assests? 5 Did the organization have members, stockholders? 6 Did the organization have members, stockholders? 7 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? 5 Are any governance decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization between the proving body? 9 Is there any officer, incretor, trustee, or key employee is larged to a proving body? 9 Is an any powernance decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body? 9 Is there any officer, incretor, trustee, or key employee is larged to proving body? 9 Is there are proving incretor, trustee, or key employees is larged to Prat VII, Section A, who cannot be reached at the organization than the proving body and the proving body between the prov	Sec	tion A. Governing Body and Management									
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332006 12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (202	332006	GEE COMEDIA O BOD BUIL LIGH OF GRANES	Form	990	(2023)						

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)	(B)	J	mea		C)	ipoi	out	(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week				l	1711 43		from the	from related	other
	(list any hours for	direct				l _e		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	·	and related
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
44.	line)	Pul	lus	JJ0	Ke	e Fig	For			
(1) DAVID MARTIN	40.00	·		7,7				204 450	_	242 550
EXECUTIVE VP/ASST TREASURER	3.00	Х		Х				304,450.	0.	242,550.
(2) L. BRENT BOZELL III PRESIDENT/DIRECTOR	3.00	х		х				206 000	0.	22 200
(3) EDWARD MOLCHANY	40.00	^		^				296,000.	0.	22,308.
SENIOR VP	1.00	1				x		240,510.	0.	40,266.
(4) COLEY JACKSON	40.00							210/3101	•	10,2001
VP OF DEVELOPMENT		1				x		220,718.	0.	22,926.
(5) DANIEL SCHNEIDER	40.00							,	-	, -
VICE PRESIDENT OF FSA						X		207,600.	0.	24,710.
(6) ERIC PAIREL	40.00									-
VP & CHIEF TECHNOLOGY OFFICER						Х		174,095.	0.	24,273.
(7) BRENT BAKER	40.00									
VP OF RESEARCH & PUBLICATI						X		177,620.	0.	10,220.
(8) MELISSA LOPEZ	40.00	<u> </u>								
SECRETARY	3.00	Х		Х				78,775.	11,450.	6,483.
(9) KARL OTTOSEN	1.00]						_	_	_
CHAIRMAN/DIRECTOR	1	Х		Х				0.	0.	0.
(10) TIM DONNER	1.00	ļ								
TREASURER/DIRECTOR	1	Х		Х				0.	0.	0.
(11) DR. SEYMOUR FEIN	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(12) MELISSA EMERY	1.00	٠,,								
TREASURER / DIRECTOR	1 00	Х						0.	0.	0.
(13) CAMERON SMITH DIRECTOR	1.00	·							_	_
	1 00	X						0.	0.	0.
(14) JACQUES DUBOIS	1.00	₩.						0.	0.	0.
(15) HON. CURTIN WINSOR, JR	1.00	Х						0.	0.	U•
DIRECTOR	1.00	Х						0.	0.	0.
(16) KAREN WRIGHT	1.00							0.	0.	•
DIRECTOR	1.00	Х						0.	0.	0.
(17) DON COOPER	1.00	<u> </u>	\vdash						.	<u> </u>
DIRECTOR		х						0.	0.	0.
	1			-				, , ,	1	Form 990 (2022)

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Part VIII		_								<u> </u>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)										
(A)	(D)	(E)	(F)							
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	d a di	recto	r/trust	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	ste c	nstitutional trustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	I I	nal tr		Key employee	omb		1099-NEC)		and related
	below	/idua	tutio	Je.	ld we	est c loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(18) JOAN HOLT LINDSEY	1.00									
DIRECTOR		Х						0.	0.	0.
(19) WILLIAM WALTON	1.00									
DIRECTOR		Х						0.	0.	0.
(20) MS. ABBY MOFFAT	1.00									
DIRECTOR		Х						0.	0.	0.
			4 500 550	44 453						
1b Subtotal								1,699,768.	11,450.	
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)				<u></u>				1,699,768.	11,450.	393,736.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100.	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
	Description of services	Compensation
MORGAN, MEREDITH & ASSOCIATES, 22780		
INDIAN CREEK DRIVE, SUITE 100, DULLES, VA	MARKETING	395,401.
CREATIVE RESPONSE CONCEPTS, 2760		
EISENHOWER AVE.,4TH FLOOR, ALEXANDRIA, VA	PUBLIC RELATIONS	273,213.
META, INC., 15161 COLLECTIONS CENTER		
DRIVE, CHICAGO, IL 60693	ADVERTISING	262,057.
PMG, 7160 COLUMBIA GETAWAY DR, SUITE 300,		
COLUMBIA, MD 21046	MARKETING	239,590.
SNAPSTREAM MEDIA, 9450 SW GEMINI DRIVE,	MAINTENCE FOR	
PMB 19507, BEAVERTON, OR 97008	ARCHIVE SYSTEM	218,458.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization 7		
		200

Form **990** (2023)

54-1429009

Form 990 (2023) MEDIA R
Part VIII Statement of Revenue

		Check if Schodule O con	entaina a raananaa	ar note to any lin	o in this Dort VIII			
		Check if Schedule O co	ntains a response	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					TotalToveride		business revenue	from tax under
								sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran	b	Membership dues	1b					
e, E	С	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts		D 1 1 1 1 11	1d					
nii. Giği		Government grants (contribu						
Sir		All other contributions, gifts, gra						
uţi Je	•	similar amounts not included at		12,427,643.				
Ë	_			443,496.				
o p	g		es la-lf [IG]\$	445,450.	12 427 643			
O a	n	Total. Add lines 1a-1f		B 0. 4.	12,427,643.			
				Business Code	1.00 0.00		150.000	
<u>e</u>	2 a	ADVERTISING		541800	172,839.		172,839.	
Program Service Revenue	b							
Sch	С							
ev	d							
<u>б</u>	е							
Ā.	f	All other program service rev	venue					
	g	Total. Add lines 2a-2f			172,839.			
	3	Investment income (includin						
		other similar amounts)			205,660.			205,660.
	4	Income from investment of t						
	5	Royalties			80,437.			80,437.
	•		(i) Real	(ii) Personal	,			,
	6 a	Gross rents 6	6a					
			6b					
			6c					
		` ′ —						
		Net rental income or (loss)	(i) Securities	(ii) Other				
	<i>r</i> a	Gross amount from sales of	- ''	- `				
		· -	7a 11,451,165.	•				
	b	Less: cost or other basis	F 605 103					
Jue			7b 5,685,103.					
Revenue		· /	7c 5,766,062.	-				
	d	Net gain or (loss)	<u></u>		5,766,062.			5766062.
þer	8 a	Gross income from fundraising	events (not					
₹		including \$	of					
		contributions reported on lin	ne 1c). See					
		Part IV, line 18	8a	1				
	b	Less: direct expenses	8b					
	С	Net income or (loss) from ful	ndraising events					
	9 a	Gross income from gaming	activities. See					
		Part IV, line 19	9a	ı				
	b	Less: direct expenses		,				
		Net income or (loss) from ga		•				
		Gross sales of inventory, les						
		and allowances	I	a				
	h	Less: cost of goods sold						
		Net income or (loss) from sa		~1				
-	C	iver income of (1055) from Sa	iies of inventory .	Business Code				
SI	44 -	REIMBURSEMENTS		900099	48,124.			48,124.
eo ne	11 a	-		200022	40,124.			+0,124.
Miscellaneous Revenue	b							
Sce	C							
Ξ̈́	d	All other revenue			10 104			
		Total Add lines 11a-11d			48,124. 18,700,765.	0.	172,839.	6100283.
	12	Total revenue. See instructions	S .		TO,/UU,/05.	ι υ.	1 1/4,039.	I 0100702°

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon		this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	45 500	45 500		
	and domestic governments. See Part IV, line 21	15,700.	15,700.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	050 565	0.44 205	60.044	46 416
	trustees, and key employees	950,565.	841,305.	62,844.	46,416
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E 056 015	F 124 F26	400 000	400 653
7	Other salaries and wages	5,956,017.	5,134,536.	420,828.	400,653
8	Pension plan accruals and contributions (include	100 006	06 473	C 100	005
	section 401(k) and 403(b) employer contributions)	102,896.	96,473. 1,578,056.	6,128. 90,949. 23,131.	295 4,448 23,870
9	Other employee benefits	1,673,453.	1,5/8,056.	90,949.	4,448
10	Payroll taxes	419,277.	372,276.	23,131.	23,870
11	Fees for services (nonemployees):				
а	Management	000 106		000 106	
b	Legal	209,126.		209,126.	
С	Accounting	122,385.		122,385.	
d	, , , , , , , , , , , , , , , , , , , ,	260 100			260 100
е	, ,	360,102.			360,102
f	Investment management fees				
g	, ,	4 000 000	4 040 470	0.5 400	
	column (A), amount, list line 11g expenses on Sch 0.)	1,038,903.	1,012,473.	26,430.	
12	Advertising and promotion	513,287.	513,287.	100 155	
13	Office expenses	195,372.	90,535.	102,165.	2,672 277
14	Information technology	583,719.	578,145.	5,297.	277
15	Royalties	1 001 000	054 600	40 556	10 500
16	Occupancy	1,021,008.	951,699.	49,776.	19,533
17	Travel	258,282.	197,002.	56,536.	4,744
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	125 254	106 100	00 105	
19	Conferences, conventions, and meetings	135,374.	106,187.	29,187.	260
20	Interest	152,921.	147,966.	4,588.	367
21	Payments to affiliates	104 710	101 205	2 140	0.54
22	Depreciation, depletion, and amortization	104,718.	101,325.	3,142.	251
23	Insurance	195,182.	188,248.	6,448.	486
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) POSTAGE	854,586.	230,254.	3,304.	621,028
a b	PRINTING	707,593.	219,649.	5,863.	482,081
	MAILING	426,279.	102,780.	3,003.	323,499
q	LIST RENTAL	117,563.	34,141.		83,422
d		182,173.	101,560.	16,561.	64,052
	All other expenses Add lines 1 through 24s	16,296,481.	12,613,597.	1,244,688.	2,438,196
25 26	Total functional expenses. Add lines 1 through 24e	10,470, 4 01•	14,013,3910	1,244,000.	4, 1 30,130
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here	2,315,342.	694,603.	0.	1 620 720
	□ IT following SOP 98-2 (ASC 958-720)	4,313,344.	034,003.	U •]	1,620,739

Form **990** (2023)

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Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		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			234,800.	1	1,226,530.
	2	Savings and temporary cash investments			22,124.	2	217,268.
	3	Pledges and grants receivable, net			389,801.	3	687,147.
	4	Accounts receivable, net			57,234.	4	303,960.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	5			154,600.	9	109,578.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,395,758.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	824,877.	220,823.	10c	570,881.
	11	Investments - publicly traded securities			11,775,856.	11	5,816,046.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			835,447.	15	7,543,347.
	16	Total assets. Add lines 1 through 15 (must equ			13,690,685.	16	16,474,757.
	17	Accounts payable and accrued expenses			2,545,319.	17	3,657,807.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
<u> </u>		controlled entity or family member of any of the	-		2 500 000	22	
_	23	Secured mortgages and notes payable to unrel			2,500,000.	23	
	24	Unsecured notes and loans payable to unrelate		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	•		1,172,894.	05	7,847,333.
	06	of Schedule D			6,218,213.	25	11,505,140.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ock hara	X	0,210,213.	26	11,303,140.
S		and complete lines 27, 28, 32, and 33.	eck nere				
Se l	27	• , , ,			5,184,774.	27	2 023 196.
ala	28				2,287,698.	28	2,023,196. 2,946,421.
B	20	Organizations that do not follow FASB ASC 9		ck here	2/20//0301	20	2/310/1210
臣		and complete lines 29 through 33.	oo, che				
þ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in		Г		31	
Net Assets or Fund Balances	32				7,472,472.	32	4,969,617.
Z	33				13,690,685.	33	16,474,757.
	, 55	. Star habilities and flot abbots/fully balances			,,	55	Form 990 (2023)

Pai	Tt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,			
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	404	1,2	<u>84.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,	472	2,4	<u>72.</u>
5	Net unrealized gains (losses) on investments	5	-4,	773	3,6	<u> 29.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7		-74	1,7	52.
8	Prior period adjustments	8		-58	3,7	58.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4,	969	9,6	<u> 17.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990:		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	000	L
			ľ	Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

e latest information. Inspection

Employer identification number

OMB No. 1545-0047

MEDIA RESEARCH CENTER 54-1429009 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

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.")	10059850.	17487201.	11057890.	11075545.	12427643.	62108129.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10059850.	17487201.	11057890.	11075545.	12427643.	62108129.
	The portion of total contributions						022002231
J	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,						
							8569399.
_	** ************************************						53538730.
	Public support. Subtract line 5 from line 4.						p3336730•
	•	() 0040	(1.) 0000	() 0004	(1) 0000	() 0000	(n T
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022 11075545.	(e) 2023	(f) Total
	Amounts from line 4	10033630.	1/40/201.	1103/090.	110/3343.	1242/043.	02100129.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	417 000	214 261	260 120	070 001	206 207	1 4 - 4
	and income from similar sources	417,092.	314,261.	269,130.	270,881.	286,097.	155/461.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	34,463.	31,371.	32,814.	30,965.		177,737.
11	Total support. Add lines 7 through 10						63843327.
	Gross receipts from related activities,	•	,			12	3,975.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (line 6, column (f), d	ivided by line 11, o	column (f))		14	83.86 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	85.96 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to				="		
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circle						
18	Private foundation. If the organization						
<u></u>				,,	, 2 and box a		(Form 990) 2023

332022 12-21-23

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.)

Sed	etion A. Public Support	siow, picase comp	note i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6		, ,		,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
	check this box and stop here		-				<u></u>
	ction C. Computation of Publi		<u>-</u>			 	
	Public support percentage for 2023 (I			column (f))		15	<u>%</u>
	Public support percentage from 2022		•			16	<u>%</u>
	ction D. Computation of Inves			ina 10. as l		147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 3			on line 14 and line		18	7 is not
ıya	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, che						
/()	Private foundation. If the organization	n did not check a	DOX ON line 14 19	a or igo check th	us dox and see in:	SITUCHORS	1 1

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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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ŀ	3a		
	3b		
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	3с		
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	4a		
	4b		
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	10b		
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	Goule A (Form 990) 2023 MEDIA RESEARCH CENTER	4 144JUU	J Pa	age 5
Pa	rt IV 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	\vdash	
	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			
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
<u> </u>	tion b. Type i Supporting Organizations		Vaa	N.
_	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on		Yes	No
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	75.5,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to	he 1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	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,	2		
Sec	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		<u> </u>
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
а	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	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	y (see instruction		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	21		
2	these activities but for the organization's involvement.	2b		
3	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		
	a detector of each of the supported organizations: If Tes Of INO provide details in Fait VI.	<u></u>		

Schedule A (Form 990) 2023

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.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	on 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	on 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		
	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	on 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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			·

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
ее	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
REIMBURSEMENTS AND MISCELLANEOUS INCOME
2019 AMOUNT: \$ 32,857.
2020 AMOUNT: \$ 14,526.
2021 AMOUNT: \$ 17,597.
2022 AMOUNT: \$ 26,332.
2023 AMOUNT: \$ 48,124.
MRC STORE
2019 AMOUNT: \$ 1,606.
2020 AMOUNT: \$ 16,845.
2021 AMOUNT: \$ 15,217.
2022 AMOUNT: \$ 4,633.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

54-1429009 MEDIA RESEARCH CENTER Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

MEDIA RESEARCH CENTER

54-1429009

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$ <u>249,960.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

MEDIA RESEARCH CENTER

54-1429009

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	•	1425005
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	2000 SHARES OF XOM STOCKS	\$\$	03/10/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

PM150371

Schedule B (Form 990) (2023)

Name of organization **Employer identification number** 54-1429009 MEDIA RESEARCH CENTER Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23 Schedule B (Form 990) (2023)

Page 4

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

MEDIA RESEARCH CENTER

Employer identification number 54-1429009

Pai			ds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds) Funds and other accounts
4	Total number at and of year	(a) Bonor advised funds	,,	7 Turius and other accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year) 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	L writing that the assets held in donor ac	L dvised funda	8
Ū	are the organization's property, subject to the organization's	_		
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o			
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea		n of a histor	rically important land area
	Protection of natural habitat			ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the fo	rm of a con	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by	the organiz	ation during the tax
	year			
4	Number of states where property subject to conservation eas		_	
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing of	onservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	rvation eas	ements during the year
•	7 thount of expenses mounted in morntoning, inspecting, have	and children goods	i valioni casi	ornerite during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 17	'0(h)(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stat	ements that	t describes the
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stateme	nt and balar	nce sheet works
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, or research i	n furtherand	ce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these i	tems.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement a	nd balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in f	urtherance	of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre		icial gain, p	rovide
	the following amounts required to be reported under FASB A			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023

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

	t III Organizations Maintaining Co	ollections of Art		asures, or C	Other S	imilar		Continu	ray ıed)	ge ∠
3	Using the organization's acquisition, accession							COntin	<i>100)</i>	
_	collection items (check all that apply).	,	,		anto olgini					
а	Public exhibition	d	I oan or excl	nange program						
b	Scholarly research	e	Other	9 - 9						
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	s exempt	nurnos	e in Part	XIII.		
5	During the year, did the organization solicit or									
-	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		J			,	,	, -:		
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other asset	ts not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a							_		
	, ,	•	J					Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				_
	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been p	provided in Part	t XIII					
Pai										
		(a) Current year	(b) Prior year	(c) Two years b		Three ye	ears back	(e) Four	years ba	ack
1a	Beginning of year balance	6,454,970.	8,053,927.	9,309,7	750.	8,44	15,695.	8,	094,6	26.
	Contributions	4,211,649.	3,635,383.	837,9	925.	2,31	1,203.	1,	047,9	57.
									181,89	98.
d	Grants or scholarships									_
е	Other expenditures for facilities									_
	and programs	8,987,900.	4,059,565.	4,039,6	532.	2,59	9,452.	3,	278,79	90.
f	Administrative expenses									_
g	End of year balance	2,287,644.	6,454,970.	8,053,9	927.	9,30	9,750.	8,	445,69	95.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	69.0000	%							
b	Permanent endowment 31.0000	%								
С	Term endowment . 0000	<u></u>								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered	for the			_		
	organization by:								Yes I	No
	(i) Unrelated organizations?							3a(i)		X_
	(ii) Related organizations?							3a(ii)		X_
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, P	art X, line	10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accu	mulated	b	(d) Book	value	
		basis (investm	ent) basis (other)	depre	ciation				
1a	Land									
	Buildings									
	Leasehold improvements			9,599.		7,53		292	,06	8.
	Equipment			1,585.		6,30		155	, 27	7.
	Other		12	4,574.		1,03	8.	123	,53	6.
	. Add lines 1a through 1e. (Column (d) must ed		C. line 10c. column	(B))				570	,88	1.

Part VII	Investments - Other Securities	

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(2)		

(9)
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))
Part IX Other Assets

(4) (5) (6) (7) (8)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH VALUE OF LIFE INSURANCE	174,916.
(2) DEPOSIT	213,460.
(3) OPERATING LEASE ROU ASSET	7,154,971.
(4)	
<u>(5)</u>	
<u>(6)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,543,347.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT LIABILITY	338,354.
(3) SBA LOAN	133,234.
(4) OPERATING LEASE LIABILITY	7,375,745.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))	7,847,333.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Part 2	Reconciliation of Revenue per Audited Financial Statement	s Wi	th Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 T	otal revenue, gains, and other support per audited financial statements			1	13,852,384
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:				
a N	et unrealized gains (losses) on investments	2a	-4,773,629.		
	onated services and use of facilities	2b			
c R	ecoveries of prior year grants	2c			
	ther (Describe in Part XIII.)	2d			
e A	dd lines 2a through 2d			2e	-4,773,629
3 S	ubtract line 2e from line 1			3	18,626,013
	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Ir	vestment expenses not included on Form 990, Part VIII, line 7b	4a	74,752.		
b O	ther (Describe in Part XIII.)	4b			
	dd lines 4a and 4b			4c	74,752
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	18,700,765
	XII Reconciliation of Expenses per Audited Financial Statemer			Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 T	otal expenses and losses per audited financial statements			1	16,296,481
	mounts included on line 1 but not on Form 990, Part IX, line 25:				
a D	onated services and use of facilities	2a			
	rior year adjustments	2b			
	ther losses	2c			
	ther (Describe in Part XIII.)	2d			
e A	dd lines 2a through 2d			2e	0.
	ubtract line 2e from line 1			3	16,296,481.
	mounts included on Form 990, Part IX, line 25, but not on line 1:				
a Ir	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	ther (Describe in Part XIII.)	4b			
	dd lines 4a and 4b			4c	0.
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	16,296,481
Part :	XIII Supplemental Information				
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
lines 2d	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal in	formation.		
PART	V, LINE 4:				
THE	ENDOWMENT FUNDS ARE USED TO SUPPORT THE CE	INTE	ER.		
PART	X, LINE 2:				
			:01/61/21 07		
THE	CENTER IS A TAX-EXEMPT ENTITY UNDER SECTION)N 5	01(C)(3) OF	THE	INTERNAL
				~=	
REVE	NUE CODE. ACCORDINGLY, NO PROVISION FOR FE	DER	RAL OR STATE	OF.	VIRGINIA
TAXE	S IS REQUIRED. THE CENTER'S INFORMATION F	(ETU	IRNS ARE SUBJ	ECT	TO REVIEW
D17 =		~=			
RX J	HE INTERNAL REVENUE SERVICE AND THE STATE	OF,	VIKGINIA THR	EE	YEARS
7 mm-	D MURY ADD BILDS WANG CREEK WAS COME.	ın	uin onimen!o	m > **	DOGTETONS
Ar T'E	R THEY ARE FILED. MANAGEMENT HAS EVALUATE	ן, תי	HE CENTER'S	TAX	FOSTITONS
AND	HAS CONCLUDED THAT THE CENTER HAS TAKEN NO) UN	ICERTAIN TAX	POS	ITIONS

Schedule D (Form 990) 2023

THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023	MEDIA RESEARCH	CENTER	54-1429009	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation (continued)			
	(55			
-				
-				

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization					Emplo	yer ide	ntification number
	RESEARCH CENTER				54-3	1429	009
Part I Fundraising Activities required to complete this pa	- Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form	990-EZ	filers are not
 1 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written 	sed funds through any of the following with a second secon	tion of tion of fundra (includ	non-g gover lising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount to (or retain fundrais listed in co	ed by) ser	(vi) Amount paid to (or retained by) organization
CLEARWORD COMMUNICATIONS		Yes	No				
GROUP - 20130 LAKEVIEW CENTER	DIRECT MAIL CONSULTING		Х	1,911,908.	100	,000.	1,811,908.
DMI - 22 JOHN MARSHALL ST., STE. B, WARRENTON, VA 20186	DIRECT MAIL CONSULTING		х	1,361,440.	60	,183.	1,301,257.
THE RICHARD NORMAN COMPANY -	DIDEGE WITH GOVERNMENT		**	402 261	1 - 2	010	260 442
113 EAST MARKET STREET, SUITE HSP DIRECT - 20130 LAKEVIEW	DIRECT MAIL CONSULTING		Х	423,361.	153	3,919.	269,442.
CENTER PLAZA, #300, ASHBURN,	DIRECT MAIL CONSULTING		Х	300.	4	1,520.	-4,220.
Total 3 List all states in which the organization or licensing. AZ, AK, CA, CT, DC, FL, GA, TN, UT, VA, WA, WV, WI		contrib	utions		it is exempt	·	gistration

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

LHA 332081 09-13-23

54-1429009 Page 2 MEDIA RESEARCH CENTER Schedule G (Form 990) 2023 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2023

332082 09-13-23

Sch	ledule G (Form 990) 2023 MEDIA RESEARCH CENTER 54-1	L 4 Z S	009	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	n outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Saming manager mornation.			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —		
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
a a	WIEDLIE G DADE I IINE OD IIGE OF EEN WIGHER DAID FUNDDAIGED	٧.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u>; : </u>		
	V NIME OF THIRD ITEM OF THE WORLD GOING HIGH TONG CROWN			
<u>(I</u>	NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP			
(I) ADDRESS OF FUNDRAISER:			
<u>20</u>	130 LAKEVIEW CENTER PLAZA, SUITE 300, ASHBURN, VA 20147			
_				
(I) NAME OF FUNDRAISER: LDMI	_		
<u>, -</u>				
$\frac{(I}{2}$	DADDRESS OF FUNDRAISER: TOHN MARSHALL ST. STE. B WARRENTON VA 20186			
1. 1.	LICEN MAKSEALL ST. STE. B. WAKKENTON, VA. ZULKO			

332083 09-13-23 Schedule G (Form 990) 2023

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization MEDIA RES	Employer identification number 54-1429009						
Part I General Information on Grants a		IEK					34-1429009
 Does the organization maintain records or criteria used to award the grants or assis Describe in Part IV the organization's pro 	to substantiate the				-		
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	ations and Domestic	C Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COUNCIL FOR NATIONAL POLICY 444 NORTH CAPITOL ST NW #830 WASHINGTON, DC 20001	72-0921017	501(C)3	6,000.	0.			TO SUPPORT THE ORGANIZATION TO ACHIVE ITS MISSION.
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	-	•					

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV	Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, columr	ı (b); and any other ac	Iditional information.					
				· · · · · · · · · · · · · · · · · · ·						

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.

MEDIA RESEARCH CENTER

Employer identification number 54-1429009

Pa	rt I Questions Regarding Compensation							
			Yes	No				
1a	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			l				
	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)			l				
				l				
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	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2						
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							
	X Independent compensation consultant X Compensation survey or study							
	X Form 990 of other organizations X Approval by the board or compensation committee							
				l				
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	Participate in or receive payment from an equity-based compensation arrangement?	4c		X				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
_	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:			v				
	The organization?	5a		X				
D	Any related organization?	5b		$\stackrel{\Delta}{\vdash}$				
_	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
_	contingent on the net earnings of:	6-		Х				
	The organization?	6a		X				
D	Any related organization?	6b						
7	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х				
Q	not described on lines 5 and 6? If "Yes," describe in Part III	-						
8	· '''	8		x				
0		•						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9						
	Regulations section 53.4958-6(c)?	9		i				

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

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-MISO compensation	C and/or 1099-NEC	(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) DAVID MARTIN	(i)	304,450.	0.	0.	9,025.	233,525.	547,000.	0.
EXECUTIVE VP/ASST TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) L. BRENT BOZELL III	(i)	296,000.	0.	0.	9,000.	13,308.	318,308.	0.
PRESIDENT/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EDWARD MOLCHANY	(i)	240,510.	0.	0.	7,297.	32,969.	280,776.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) COLEY JACKSON	(i)	220,718.	0.	0.	4,400.	18,526.	243,644.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL SCHNEIDER	(i)	207,600.	0.	0.	6,300.	18,410.	232,310.	0.
VICE PRESIDENT OF FSA	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIC PAIREL	(i)	174,095.	0.	0.	5,295.	18,978.	198,368.	0.
VP & CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(7) BRENT BAKER	(i)	177,620.	0.	0.	5,349.	4,871.	187,840.	0.
VP OF RESEARCH & PUBLICATI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	MEDIA RESEAR		54-1	429	009						
Pai	Part I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported of Form 990, Part VIII, lin	on	(d) Method of dei noncash contribu			s		
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	Х	8	443,49	96.FA	IR MARKET	VAI	JUE			
10	Securities - Closely held stock			,							
11	Securities - Partnership, LLC, or										
• •	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ()										
26	Other ()										
27	Other ()										
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax vear for c	ontributions	Τ '						
	for which the organization completed Form 82										
	To which the organization completed form oz	00,1 411 1, 2	once nonnewicag					Yes	No		
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 t	hrough 28	that it			110		
oou	must hold for at least 3 years from the date of					, triat it					
	exempt purposes for the entire holding period?			cirisii trequired to be			30a		Х		
b	If "Yes," describe the arrangement in Part II.	•					Jua				
31	Does the organization have a gift acceptance	nolicy that re	equires the review	of any nonstandard cor	ntributions'	,	31		х		
	Does the organization hire or use third parties					•	01				
uza			_	· •			32a		х		
b	contributions? If "Yes," describe in Part II.						JŁa				
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is	s checked						
55	describe in Part II.	olaitiii (c) 101	i a type of property	ioi willon column (a) is	onconeu,						
	accompc iii i ait ii.										

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

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

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

Internal Revenue Service

Name of the organization

MEDIA RESEARCH CENTER

Employer identification number 54-1429009

MEDIA RESEARCH CENTER 54-1429009
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
BUSINESS AND MEDIA INSTITUTE - BRINGS BALANCE TO ECONOMIC REPORTING AND
PROMOTES FAIR PORTRAYAL OF THE BUSINESS COMMUNITY IN THE MEDIA BY
AUDITING THE MEDIA'S COVERAGE OF THE FREE ENTERPRISE SYSTEM.
EXPENSES \$ 721,808. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
MRC ACTION - EDUCATING AND MOBILIZING THE GENERAL PUBLIC AGAINST
RUNAWAY LIBERAL MEDIA BIAS.
EXPENSES \$ 2,054,661. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
YOUTH EDUCATION AND INTERN PROGRAM - MENTORS AMERICA'S YOUTH AND
EDUCATES AND TRAINS STUDENTS TO RECOGNIZE BIAS AND THE NEED FOR
BALANCED JOURNALISM.
EXPENSES \$ 333,308. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CNS NEWS - PROVIDES AN ALTERNATIVE NEWS SOURCE THAT WOULD COVER STORIES
THAT ARE SUBJECT TO A LIBERAL BIAS IN MANY NEWS OUTLETS.
EXPENSES \$ 985,111. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THIS FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM AND A DRAFT
IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. A BOARD MEETING
TAKES PLACE TO DISCUSS THE FORM 990 PRIOR TO ITS FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS CONSISTENTLY MONITORS AND REVIEWS THE CONFLICT OF

332211 11-14-23

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

Schedule O (Form 990) 2023 Page 2

Name of the organization

MEDIA RESEARCH CENTER

Employer identification number
54-1429009

INTEREST POLICY TO ENSURE COMPLIANCE WITH THE POLICY.

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

THE COMPENSATION COMMITTEE REVIEWS SALARY REQUIREMENTS BASED ON SALARY

COMPARISON DATA PROVIDED BY INDEPENDENT SURVEY AND OUTSIDE CONSULTANTS. THE

COMPENSATION COMMITTEE RECOMMENDS COMPENSATION LEVELS AND THE BOARD OF

DIRECTORS APPROVES COMPENSATION. CONTEMPORANEOUS DOCUMENTATION OF THE

DECISION WAS MADE BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AZ,AK,CA,CT,FL,GA,IL,KS,MD,MA,MI,MN,MS,NJ,NM,NY,NC,OH,OK,OR,PA,RI,SC,TN,UT

VA,WV,WI,AL,AR,HI,KY,NH,TX

FORM 990, PART VI, SECTION C, LINE 18:

THE CENTER COMPLIES WITH IRC SECTION 6104 AND MAKES ITS FORM 1023, FORM 990

AND 990-T AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 IS ALSO

AVAILABLE ON THE CENTER'S WEBSITE.

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

THE CENTER MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

990, PART XII, 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MEDIA RESEAR	CH CENTER				E	Employer identific $54-14290$		ımber
Part I Identification of Disregarded Entities. Com	plete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	(e) ome End-of-year			f) ontrolling tity	3
Part II Identification of Related Tax-Exempt Organorganizations during the tax year.	nizations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or mo	re related tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dii	(f) irect controlling entity		g) 512(b)(13) rolled tity?
		, , ,		501(c)(3))			Yes	No
AMERICA, INC 27-3352652 12644 CHAPEL ROAD, STE 201 CLIFTON, VA 20124	TO EDUCATE AMERICANS ABOUT TRADITIONAL & CONTEMPORARY AMERICAN VALUES	VIRGINIA	501(C)(4)		MEDIA RESEARCH		X	
AMERICAN MOVEMENT FOUNDATION - 87-3862697 2340 DULLES CORNER BLVD, SUITE 1000	PROMOTING PUBLIC POLICIES WHICH ARE WIDELY SUPPORTED	WIDGINI.	E01/G)/3)		NT / 3			77
HERNDON, VA 20171 AMERICAN MOVEMENT ASSOCIATION - 87-3888616 2340 DULLES CORNER BLVD, SUITE 1000	BY THE AMERICAN PUBLIC PROMOTING PUBLIC POLICIES WHICH ARE WIDELY SUPPORTED	VIRGINIA	501(C)(3)		N/A			X
HERNDON, VA 20171 AMERICAN MOVEMENT - 87-3752555	BY THE AMERICAN PUBLIC PROMOTING PUBLIC POLICIES	VIRGINIA	501(C)(6)		N/A			Х

VIRGINIA

501(C)(4)

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

SEE PART VII FOR CONTINUATIONS

WHICH ARE WIDELY SUPPORTED

BY THE AMERICAN PUBLIC

Schedule R (Form 990) 2023

N/A

HERNDON, VA 20171

2340 DULLES CORNER BLVD, SUITE 1000

Page 2

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

organizations treated as a partiership during the tax year.																	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)						
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	allocations? amount in b		Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership						
		country)		sections 512-514)		doooto	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>						
	1																
	1																
	1																
	1																
											+						
	-																
	-																
	-																
											 						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(j	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Courta y)						Yes	No
	1								

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
b	Gift, grant, or capital contribution to related organization(s)				1b		X			
	c Gift, grant, or capital contribution from related organization(s)									
	d Loans or loan guarantees to or for related organization(s)									
	Loans or loan guarantees by related organization(s)				1e		Х			
f	f Dividends from related organization(s)									
	g Sale of assets to related organization(s)									
	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)									
ı	I Performance of services or membership or fundraising solicitations for related organization(s)									
m	Performance of services or membership or fundraising solicitations by related organi	ization(s)			1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X			
	Sharing of paid employees with related organization(s)				10		X			
р	Reimbursement paid to related organization(s) for expenses				1p	Х				
	Reimbursement paid by related organization(s) for expenses				1q	Х				
r	Other transfer of cash or property to related organization(s)				1r		X			
s	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on wh	o must complete th	is line, including covered re	elationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved					
(1)	AMERICA, INC	Q	12,401.	CASH						

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?	General manage partne	(k) Percentage ownership
			,	100 110		100	110		
	_								
									_
	-								000) 0000

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMERICA, INC.

EIN: 27-3352652

12644 CHAPEL ROAD, STE 201

CLIFTON, VA 20124

PRIMARY ACTIVITY: TO EDUCATE AMERICANS ABOUT TRADITIONAL & CONTEMPORARY

AMERICAN VALUES

DIRECT CONTROLLING ENTITY: MEDIA RESEARCH CENTER

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMERICAN MOVEMENT FOUNDATION

EIN: 87-3862697

2340 DULLES CORNER BLVD, SUITE 1000

HERNDON, VA 20171

PRIMARY ACTIVITY: PROMOTING PUBLIC POLICIES WHICH ARE WIDELY SUPPORTED BY

THE AMERICAN PUBLIC

DIRECT CONTROLLING ENTITY: N/A

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMERICAN MOVEMENT ASSOCIATION

EIN: 87-3888616

2340 DULLES CORNER BLVD, SUITE 1000

HERNDON, VA 20171

PRIMARY ACTIVITY: PROMOTING PUBLIC POLICIES WHICH ARE WIDELY SUPPORTED BY

THE AMERICAN PUBLIC

16180913 130075 PM150376.1

DIRECT CONTROLLING ENTITY: N/A

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

332165 09-28-23

Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							OMB No. 1545-0047	
		For ca	lendar year 2023 or other tax year beginning					2023	
Departm Internal	nent of the Treasury Revenue Service	l	Go to www.irs.gov/Form990T for instructio Do not enter SSN numbers on this form as it may be made					Open to Public Inspection for 501(c)(3) Organizations Only	
Α X	Check box if address changed.		Name of organization (Check box if name changed	and see instructi	ions	.)	D Emp	oloyer identification number	
	mpt under section	Print	MEDIA RESEARCH CENTER					4-1429009	
_	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see in 2340 DULLES CORNER BLVD, 1					up exemption number instructions)	
	408A530(a) 529(a)529A		City or town, state or province, country, and ZIP or foreign HERNDON, VA 20171				_F	Check box if	
		C Bo	ok value of all assets at end of year		<u> 17</u>	4,757.		an amended return.	
G CI	neck organization	type	= '' ' = '' =	401(a) trust		Other trust	State	college/university	
			6417(d)(1)(A) Applicable entity						
	neck if filing only to			vn on Form 243				unt from Form 3800	
			ation filing a consolidated return with a 501(c)(2) title ed Schedules A (Form 990-T)				<u></u> ,	1	
			ed Schedules A (Form 990-T) e corporation a subsidiary in an affiliated group or a p					Yes X No	
			d identifying number of the parent corporation	Sarcini Subsidia	пус	ontrolled group:		103 [11] 110	
	ne books are in car		THE ORGANIZATION	٦	ГеІе	phone number !	571-	267-3500	
Part	t I Total Uni	elate	d Business Taxable Income						
1	Total of unrelated	d busin	ess taxable income computed from all unrelated trad	es or business	es (see instructions)	1	0.	
2	Reserved						2		
3	Add lines 1 and 2	2					3		
4								0.	
5			s taxable income before net operating losses. Subtra	ct line 4 from li	ne (3	5		
6		•	ting loss. See instructions				6	0.	
7			ess taxable income before specific deduction and se				,		
8	Subtract line 6 from line 5 Specific deduction (generally \$1,000, but see instructions for exceptions)						8	1,000.	
9			eduction. See instructions				9	1,000.	
10			lines 8 and 9				10	1,000.	
11			cable income. Subtract line 10 from line 7. If line 10				11	0.	
Part				J		,			
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.2	1)			1	0.	
2	Trusts taxable a	t trust	rates. See instructions for tax computation. Income	tax on the amo	oun	t on			
							2		
3			ons				3		
4			instructions				4		
5	Alternative minim	ium tax					5		
6 7			acility income. See instructions gh 6 to line 1 or 2, whichever applies				7	0.	
Part	t III Tax and	Payn	nents					<u> </u>	
			orations attach Form 1118; trusts attach Form 1116)	1	la				
b	Other credits (see				lb				
С	General business	credit.	Attach Form 3800 (see instructions)		c				
d	Credit for prior-ye	ar mini	imum tax (attach Form 8801 or 8827)	1	d				
е	Total credits. Ad	dd lines	1a through 1d				1e		
2	Subtract line 1e f	rom Pa	art II, line 7				2	0.	
3a	Amount due from				Ba_				
b	Amount due from				<u>Bb</u>				
C	Amount due from		0000		SC_				
d	Amount due from		1 1 1 1		<u>Bd</u> Be				
e f	Other amounts d	•	I lines 3a through 3e				3f	0.	
4			nd 3f (see instructions).				5,		
•			x amount here	•			4	0.	
5			lity paid from Form 965-A, Part II, column (k)				5	0.	
LHA			on Act Notice, see instructions. 323701 11-20-23					Form 990-T (2023)	

Form 990-T (2023) Page 2 Tax and Payments (continued) Part III Payments: Preceding year's overpayment credited to the current year Current year's estimated tax payments. Check if section 643(q) election applies Tax deposited with Form 8868 60 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Elective payment election amount from Form 3800 6g Payment from Form 2439 6h 6i Credit from Form 4136 Other (see instructions) j 7 Total payments. Add lines 6a through 6j Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2024 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority Yes No 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 Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a 2 X 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 3 Enter available pre-2018 NOL carryovers here \$ 1,551,188. Do not include any post-2017 NOL carryover 4 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 carryovers. Don't reduce 5 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 541800 \$ 669,605. \$ \$ 6 a Reserved for future use 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. Sign May the IRS discuss this return with Here PRESIDENT the preparer shown below (see Signature of officer instructions)? X Yes PTIN Print/Type preparer's name Preparer's signature Date Check self-employed Paid HIN CHIU LO HIN CHIU LO 09/13/24 P00968200 **Preparer** PRAGER METIS CPAS, LLC 06-1667465 Firm's name Firm's EIN **Use Only** 1951 KIDWELL DRIVE, SUITE 200 Phone no. (703)821-0702TYSONS CORNER, VA 22182 Firm's address

Form 990-T (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.									
	ment of the Treasury I Revenue Service	Do not enter SSN numbers on this form as it i	nay be n	nade public if your org	ganization	is a 501(c)(3).		to Public In: c)(3) Organiz	
A N	lame of the organization	on SEARCH CENTER				B Employer identi	fication		
<u>C</u> (Inrelated business	activity code (see instructions) 54180	0			D Sequence:	1	of	<u> 1 </u>
<u>E</u> [Describe the unrelat	ed trade or business WEBSITE POP-	UP I	INK REVENU	JE FR	OM VISITO	R C	LIC	
Pai	rt I Unrelated	Trade or Business Income		(A) Income		(B) Expenses		(C) No	et
1a	Gross receipts or	sales							
b	Less returns and allo	owances c Balance	1c						
2	Cost of goods sold	d (Part III, line 8)	2						
3	Gross profit. Subti	ract line 2 from line 1c	3						
4 a		come (attach Schedule D (Form 1041 or Form							
	1120)). See instruc	ctions	4a						
b	Net gain (loss) (For	rm 4797) (attach Form 4797). See instructions)	4b						
С	Capital loss deduc		4c						
5		a partnership or an S corporation (attach							
			5						
6		IV)	6						
7		anced income (Part V)	7						
8		, royalties, and rents from a controlled							
		VI)	8						
9		e of section 501(c)(7), (9), or (17)							
		t VII)	9						
10		activity income (Part VIII)	10						
11		e (Part IX)	11	172,839	9.	259,873		-87	,034.
12		instructions; attach statement)	12	•		•			·
13		nes 3 through 12	13	172,839	9.	259,873		-87	,034.
	directly co	ns Not Taken Elsewhere. See instruct nnected with the unrelated business in	come				ons m	ust be	
1		officers, directors, and trustees (Part X)					+		
2							+		
3 4		enance					+		
-		stamont) Con instructions					+		
5	•	atement). See instructions					+		
6	Dangeriction (etter	S				6			
7		ch Form 4562). See instructions				Oh			
8		claimed in Part III and elsewhere on return				8b	+		
9							+		
10	Contributions to d	eferred compensation plans				10			
11	Employee benefit	programs (D. 4.1/III)				11			
12		penses (Part VIII)					1		0 E O
13		costs (Part IX)						44	<u>,950.</u>
14		(attach statement)							OFO
15		. Add lines 1 through 14				15	+	44	,950.
16	Unrelated busines	s income before net operating loss deduction. S	ubtract	line 15 from Part I, li	ine 13,	16		_1 2 1	984

Deduction for net operating loss. See instructions

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

-131,984.

1

Page	2
ı ayı	, ,

Part	III Cost of Goods Sold Enter met	thod of inventory valuation	nn		Page Z
1		thod of inventory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			I _ I	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property			·····	Yes No
Part					
1	Description of property (property street address, city,				
•	A	otato, zii oodoj. Oncok ii	a dadi doc. Occ incirac	ATION IO.	
	В				
	c \square				
	D				
		A	В	С	
2	Rent received or accrued				
a	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b					
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				
•	Total rents received or accrued. Add line 2c, columns	A thursuals D. Freton Issue	and an David Line Coast	(4)	0.
3		A through D. Enter here :	and on Part I, line 6, col	umm (A)	
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. E	Inter have and an Dort I	ina G. aaluma (D)		0.
Part		nce inetructions)	ine o, column (b)	•••••	
1	Description of debt-financed property (street address,	<u>'</u>	ack if a dualuse. See in	netructions	
•	A S	city, state, Zir codej. On	eck ii a duaruse. See ii	istructions.	
	в —				
	c –				
	D				-
	Б	A	В	С	
2	Gross income from or allocable to debt-financed	A -	D		<u>U</u>
2					
•	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	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		%	%	<u>%</u>
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 Part	I, line 7, column (A)		0.
			T	Г	
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	e 10			0.

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (see	instruct	ions)	Page 3
		-					Exempt Contro				
	Name of controlled organization		2. Employer identification number			al of specified nents made start is included controlling organized tion's gross in		t of colur ncluded lling orga	nn 4 in the	Deductions directly connected with ncome in column 5	
(1)											
(2)											
(3)											
(4)											
	· + · · · ·				Controlled O				_		1 2 2 1
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specit syments mad		that is inc controlling gross	luded in	the ation's	CC	eductions directly onnected with me in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c		Part I,	Enter I	columns 6 and 11. here and on Part I, e 8, column (B).
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instru	uctions)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (a	4. Setatach st	asides atement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amo	unto in					Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B).
Part	VIII Exploited E	xempt /	Activity Income	, Other 1	Than Adve		g Income	(see instr	ructions)		
1	Description of exploite			-				•			
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unr	elated busi	iness income	e. Enter	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from										
										4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen			6, but do no	ot enter mor	e than th	ne amount on I	ine			
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2023

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Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	•	•	onsolidated basis.	STATEM	MENT 4
	A X NEWS BUSTERS INTERN	IET AD	SALES			
	B X CNS ADVERTISING					
	c X MRC INTERNET/EMAIL	ADVER	TISING			
	D X MRCTV ADVERTISING					
Enter a	amounts for each periodical listed above in the	correspon	ding column.			
		-	A	<u>B</u>	C	D 15 004
2	Gross advertising income	_	39,473.	9,525	106,8	
	Add columns A through D. Enter here and on	Part I, line	11, column (A)			172,839.
а		Г	15 702	4 111	220.0	01 1 256
3	Direct advertising costs by periodical	_	15,703.	4,113	3. 238,8	01. 1,256. 259,873.
а	Add columns A through D. Enter here and on	Part I, line	e 11, column (B)			259,873.
		Г	Т			
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,	_				
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8		23,770.	5 413	2131,9	84 15 768
5		·····	458,807.	126,274	1.	84. <u>15,768.</u> 421,482.
6	Readership costs Circulation income		450,007.	120,27	•	421,402
7	Excess readership costs. If line 6 is less than					
•	line 5, subtract line 6 from line 5. If line 5 is less	.				
	than line 6, enter -0-		458,807.	126,274	1.	421,482.
8	Excess readership costs allowed as a	·····				===,===
	deduction. For each column showing a gain o	on				
	line 4, enter the lesser of line 4 or line 7		23,770.	5,412	2.	15,768.
а	Add line 8, columns A through D. Enter the gr	_		l or -0- here and or	1	•
	Part II, line 13					44,950.
	r are ii, iii o ro					
Part		ectors,	and Trustees (se	e instructions)		
Part	X Compensation of Officers, Dir	ectors,	and Trustees (see	e instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Dir	ectors,	and Trustees (Set	e instructions)	3. Percentage of time devoted	4. Compensation attributable to
	X Compensation of Officers, Dir	ectors,		e instructions)	of time devoted to business	attributable to unrelated business
(1)	X Compensation of Officers, Dir	rectors,		e instructions)	of time devoted to business	attributable to unrelated business
(1) (2)	X Compensation of Officers, Dir	rectors,		e instructions)	of time devoted to business %	attributable to unrelated business
(1) (2) (3)	X Compensation of Officers, Dir	rectors,		e instructions)	of time devoted to business % % %	attributable to unrelated business
(1) (2)	X Compensation of Officers, Dir	rectors,		e instructions)	of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir	rectors,		e instructions)	of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name . Enter here and on Part II, line 1		2. Title		of time devoted to business % % %	attributable to unrelated business

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/07	6,633.	6,633.	0.	0.
12/31/08	75,978.	75,978.	0.	0.
12/31/09	561,050.	31,492.	529,558.	529,558.
12/31/10	325,729.	0.	325,729.	325,729.
12/31/11	361,563.	0.	361,563.	361,563.
12/31/12	203,109.	0.	203,109.	203,109.
12/31/13	131,229.	0.	131,229.	131,229.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,551,188.	1,551,188.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S	UNRELATED	STATEMENT 2
SCHEDULE A	BUSINESS ACTIVIT	Y	

WEBSITE POP-UP LINK REVENUE FROM VISITOR CLICKS TO INFORMATION UNRELATED TO

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20 12/31/21 12/31/22	150,108. 214,052. 305,445.	0. 0. 0.	150,108. 214,052. 305,445.	150,108. 214,052. 305,445.
NOL CARRYO	VER AVAILABLE THIS	YEAR	669,605.	669,605.

	SEPARATE PERIOI A CONSOLIDATE			STATEMENT 4		
		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS	
NEWS BUSTERS INTERNET	- NEWSBURSTERS					
AD SALES		39,473.	15,703.	0.	458,807.	
	SUBTOTAL	39,473.	15,703.	0.	458,807.	
CNS ADVERTISING	- CNS					
	ADVERTISING	9,525.	4,113.	0.	126,274.	
	SUBTOTAL	9,525.	4,113.	0.	126,274.	
MRC INTERNET/EMAIL ADVERTISING	- MRC INTERNET/EMAIL					
110 (111 1 10 11 10	ADVERTISING	106,817.	238,801.	0.	266,297.	
	SUBTOTAL	106,817.	238,801.	0.	266,297.	
MRCTV ADVERTISING	- MRCTV	17,024.	1,256.	0.	421,482.	
	SUBTOTAL	17,024.	1,256.	0.	421,482.	

Form **4626**

Department of the Treasury Internal Revenue Service **Alternative Minimum Tax-Corporations**

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

2023

Employer identification number MEDIA RESEARCH CENTER 54-1429009 Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D). X No Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B) Applicable Corporation Determination (Report all amounts in U.S. dollars.) If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II. (c) Third Preceding (a) First Preceding (b) Second Preceding Year Ended Year Ended Year Ended Net income or loss per applicable financial statement(s) (AFS) (see inst): Consolidated net income or loss per the AFS of the corporation 1a Include AFS net income or loss of other includible entities (add net income and subtract net loss) 1b 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 Specified additional net income or loss item B. Reserved for future use 1e AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d 1f Adjustments: 2 a Financial statements covering different tax years 2a Corporations that are not included on the taxpayer's consolidated return (see instructions) 2b c 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 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 Certain taxes (see instructions) 2е Patronage dividends and per-unit retain allocations (cooperatives only) 2f Alaska native corporations 2g Certain credits (see instructions) 2h Mortgage servicing income 2i Tax-exempt entities (organizations subject to tax under section 511) ... 2i 2k Depreciation Qualified wireless spectrum 21 Covered transactions 2m Adjustments related to bankruptcy and insolvency 2n Certain insurance company adjustments 20 Adjustment P - Reserved for future use 2p Adjustment Q - Reserved for future use 2q Adjustment R - Reserved for future use 2r s Adjustment S - Reserved for future use 2s Other (see instructions) 2z Specified adjustment. Reserved for future use 3 3 4 Total adjustments. Combine lines 2a through 2z 4 AFSI. Combine lines 1f and 4 6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 6 3-year average annual AFSI (see instructions)

LHA For Paperwork Reduction Act Notice, see separate instructions.

316231 02-12-2

Form 4626 (2023)

Page 2

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:				
	AFSI from line 5				
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:				
	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		<u> </u>	
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)

Form **4626** (2023)

Page 3

Pai	t 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	-132,984.
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	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-132,984.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
C	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	
e	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 g	Certain taxes. Enter the amount from Part III, line 7	2g	
9 h		2h	
	7	2i	
!			
J		2j	
K .	Mortgage servicing income	2k	
I 	Covered benefit plans described in section 56A(c)(11)(B)	21	
	Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation Out of the second	2n	
0	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
S	AFSI adjustment S - Reserved for future use	_2s	
t	AFSI adjustment T - Reserved for future use	_2t	
u	AFSI adjustment U - Reserved for future use	2u	
Z	Other (see instructions)	_2z	
3	Total adjustments. Combine lines 2a through 2z	3	122 004
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-132,984.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Multiply line 6 by 15% (0.15)	7	
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-)	9	
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
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	
Pai	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return t III Adjustment for Certain Taxes Under Section 56A(c)(5)	_	
Pai	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1220, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1220, Schedule J, line 3, or the appropriate line of the corporation line of t	1	
Pai	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return t III Adjustment for Certain Taxes Under Section 56A(c)(5) Current income tax provision - Foreign Current income tax provision - Federal	1 2	
Pai	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return t III Adjustment for Certain Taxes Under Section 56A(c)(5) Current income tax provision - Foreign Current income tax provision - Federal Deferred income tax provision - Foreign	1 2 3	
1 2 3 4	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return t III Adjustment for Certain Taxes Under Section 56A(c)(5) Current income tax provision - Foreign Current income tax provision - Federal Deferred income tax provision - Foreign Deferred income tax provision - Federal	1 2 3 4	
Pai 1 2 3 4 5	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return t III Adjustment for Certain Taxes Under Section 56A(c)(5) Current income tax provision - Foreign Current income tax provision - Foreign Deferred income tax provision - Foreign Deferred income tax provision - Federal Income taxes included in equity method investment income	1 2 3	
Par 1 2 3 4 5 6	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1 III Adjustment for Certain Taxes Under Section 56A(c)(5) Current income tax provision - Foreign Current income tax provision - Foreign Deferred income tax provision - Foreign Deferred income tax provision - Federal Income taxes included in equity method investment income Adjustment A - Reserved for future use	1 2 3 4 5 6a	
Pai 1 2 3 4 5 6 a	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1 III Adjustment for Certain Taxes Under Section 56A(c)(5) Current income tax provision - Foreign Current income tax provision - Foreign Deferred income tax provision - Foreign Deferred income tax provision - Federal Income taxes included in equity method investment income Adjustment A - Reserved for future use Adjustment B - Reserved for future use	1 2 3 4 5	
Pai 1 2 3 4 5 6 a	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1 III Adjustment for Certain Taxes Under Section 56A(c)(5) Current income tax provision - Foreign Current income tax provision - Foreign Deferred income tax provision - Foreign Deferred income tax provision - Federal Income taxes included in equity method investment income Adjustment A - Reserved for future use Adjustment B - Reserved for future use Adjustment C - Reserved for future use	1 2 3 4 5 6a	
Par 1 2 3 4 5 6 a b	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return till Adjustment for Certain Taxes Under Section 56A(c)(5) Current income tax provision - Foreign Current income tax provision - Foreign Deferred income tax provision - Foreign Deferred income tax provision - Federal Income taxes included in equity method investment income Adjustment A - Reserved for future use Adjustment B - Reserved for future use Adjustment C - Reserved for future use Adjustment D - Reserved for future use	1 2 3 4 5 6a 6b	
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Pai 1 2 3 4 5 6 a b	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1111 Adjustment for Certain Taxes Under Section 56A(c)(5) Current income tax provision - Foreign Current income tax provision - Foreign Deferred income tax provision - Federal Income taxes included in equity method investment income Adjustment A - Reserved for future use Adjustment B - Reserved for future use Adjustment C - Reserved for future use Adjustment D - Reserved for future use Adjustment F - Reserved for future use	1 2 3 4 5 6a 6b 6c 6d 6e 6f	
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Part IV Alternative Minimum Tax - Corporations 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							
С	Adjustment 1c						
d	Adjustment 1d						
е	Adjustment						
f	Adjustment If						
g	Adjustment 1g						
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g		2				
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:						
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line						
	11, column (n)						
b	Carryover of excess foreign taxes (from Part IV, Section 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)	15%					
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach						
	worksheet) (see instructions)						
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)		3f				
g	g Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)						
4	CAMT FTC Line 4 - Reserved for future use		4				
5	CAMT FTC Line 5 - Reserved for future use		5				
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8		6	4000			
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