

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: MEDIA MATTERS FOR AMERICA. Doing business as: . . . . . Number and street (or P.O. box if mail is not delivered to street address) Room/suite: PO BOX 44811 . . . . . City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20026

D Employer identification number: 47-0928008. E Telephone number: (202) 756-4100. G Gross receipts \$ 17,062,732

F Name and address of principal officer: ANGELO CARUSONE, PO BOX 44811, WASHINGTON, DC 20026

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.MEDIAMATTERS.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2003 M State of legal domicile: DC

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains numbered rows with descriptions and corresponding values for Prior Year and Current Year.

Part II Signature Block

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



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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> 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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
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		No
c	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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		No
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		No
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		No
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.	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	Yes	

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a and 1b regarding Form 1096 and W-2G forms.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c Yes

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

Table with 4 columns: Question ID, Question Text, Answer, and Yes/No. Rows include 2a (125 employees), 2b (federal returns), 3a (gross income), 4a (foreign accounts), 5a (tax shelter), 6a (solicitations), 7a-h (deductible contributions), 8 (sponsoring funds), 9 (sponsoring funds), 10 (501(c)(7) orgs), 11 (501(c)(12) orgs), 12a (charitable trusts), 13a-c (health insurance issuers).

14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.		No
17	<b>Section 501(c)(21) organizations.</b> 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? . . . . . If "Yes," complete Form 6069.		

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

		Yes	No
<b>1a</b>	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 in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation . . . . .		



in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 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.
19 Describe in 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:

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
List all of the organization's former officers, key employees, or 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.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include DAVID BROCK, ANGELO CARUSONE, PILAR MARTINEZ, WILL LIPPINCOTT, TOM CASTRO, BONNIE TURNER, and MICHAEL POLLOCK.

(8) KAREN WHITE DIRECTOR	10.00	X						0	0	0
(9) CECILE RICHARDS SEE SCHED O DIRECTOR	10.00	X						105,000	0	0
(10) TOM PEREZ SEE SCHED L DIRECTOR	1.00	X						0	0	0
(11) OLIVER WILLIS DIRECTOR	1.00	X						0	0	0
(12) MARK BUELL DIRECTOR (FROM 10/22)	1.00	X						0	0	0
(13) CYNTHIA PADERA CHIEF OPERATING OFFICER	50.00			X				346,302	0	22,746
(14) JULIE MILLICAN VICE PRESIDENT	50.00			X				202,171	0	25,167
(15) SERGIO MUNOZ VICE PRESIDENT, RESEARCH & POLICY	40.00			X				185,586	0	17,849
(16) JOHN WHITEHOUSE SENIOR DIRECTOR	40.00				X			173,000	0	13,460
(17) LAURA KEITER COMMUNICATIONS DIRECTOR	40.00				X			183,616	0	13,911

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) SHARON KANN SENIOR DIRECTOR, INNOVATION & IMPACT	40.00				X			190,000	0	13,536
(19) BENJAMIN DIMIERO EDITOR-IN-CHIEF	40.00				X			158,462	0	18,847
(20) MATTHEW GERTZ SENIOR FELLOW	40.00					X		187,840	0	24,347
(21) ELISABETH POWER MEDIA INTELLIGENCE DIRECTOR	40.00					X		142,616	0	13,144
(22) PAMELA VOGEL SENIOR ADVISOR, TALENT & SKILLS DEVELOPMENT	40.00					X		132,839	0	12,018
(23) RACHEL TARDIFF SENIOR ADVISOR, PEOPLE & CULTURE	40.00					X		132,266	0	13,161
(24) ANDREA ALFORD EXTERNAL AFFAIRS DIRECTOR	40.00					X		129,640	0	12,632



<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>						3,163,709	0			246,661

**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 ▶ 23

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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
BONNER GROUP INC 800 MAINE AVE SW 4TH FL WASHINGTON, DC 20024	PROFESSIONAL FUNDRAISING SERVICES	1,650,000
BIG DATA ANALYTICS 1121 BUDAPEST MESE UTCA 7 HU	CONSULTING SERVICES	470,164
CIVITAS PUBLIC AFFAIRS GROUP 409 7TH STREET NW STE 350 WASHINGTON, DC 20004	STRATEGIC PLANNING	216,000
ELIAS LAW GROUP 250 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	LEGAL FEES	165,000
ERIX TECHNOLOGIES INC 14603 DONEGAL COURT BOWIE, MD 20721	IT SERVICES	150,000

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 6

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns				
<b>1b</b> Contributions, Gifts, Grants, and Membership dues				
<b>1c</b> Other Amounts Similar Fundraising events				
<b>1d</b> Related organizations				
<b>1e</b> Government grants (contributions)				
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above				

16,515,551	
<b>g</b> Noncash contributions included in lines 1a - 1f: \$	<b>1g</b>
935,320	
<b>h Total.</b> Add lines 1a-1f . . . . .	▶ 16,515,551

<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
	<b>f</b> All other program service revenue.					
	<b>g Total.</b> Add lines 2a-2f. . . . .					

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	62,559				62,559
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b> Royalties . . . . .					

		(i) Real	(ii) Personal				
<b>6a</b> Gross rents	<b>6a</b>						
<b>b</b> Less: rental expenses	<b>6b</b>						
<b>c</b> Rental income or (loss)	<b>6c</b>						
<b>d</b> Net rental income or (loss) . . . . .							

		(i) Securities	(ii) Other				
<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	484,622					
Less: cost or other basis and sales expenses	<b>7b</b>	482,469					
Gain or (loss)	<b>7c</b>	2,153					
<b>d</b> Net gain or (loss) . . . . .				2,153			2,153

<b>a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .							

<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							

<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							

<b>11a</b>	Business Code					
<b>b</b>						

Other Revenue Misc Amt				
d All other revenue . . . . .				
e Total. Add lines 11a-11d . . . . . ▶				
12 Total revenue. See instructions . . . . . ▶	16,580,263	0	0	64,712

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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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	722,000	722,000		
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, trustees, and key employees . . . . .	2,609,866	1,956,403	617,904	35,559
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	6,770,761	6,286,915	478,612	5,234
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	197,253	180,074	17,156	23
9 Other employee benefits . . . . .	880,721	760,958	119,740	23
10 Payroll taxes . . . . .	731,872	646,098	83,933	1,841
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .	196,503	163,854	25,035	7,614
c Accounting . . . . .	33,262	29,297	3,965	
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . . .	1,800,000			1,800,000
f Investment management fees . . . . .	21,928		21,928	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,910,235	1,850,920	14,315	45,000
12 Advertising and promotion . . . . .	51,640	43,471	8,169	
13 Office expenses . . . . .	264,440	216,502	42,288	5,650
14 Information technology . . . . .	452,179	429,873	22,306	
15 Royalties . . . . .				
16 Occupancy . . . . .	1,076,903	948,531	128,372	
17 Travel . . . . .	243,907	129,175	60,530	54,202
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	109,965	96,857	13,108	
23 Insurance . . . . .	83,257	73,332	9,925	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	315,427	303,484	7,753	4,190

<b>b</b> RESEARCH	155,874	147,419	5,550	2,905
<b>c</b> REPAIRS AND MAINTENANCE	116,743	101,544	15,199	
<b>d</b> TRAINING	16,313	10,863	3,250	2,200
<b>e</b> All other expenses	6,109		534	5,575
<b>25 Total functional expenses.</b> Add lines 1 through 24e	18,767,158	15,097,570	1,699,572	1,970,016
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	9,920,278	<b>1</b>	7,495,284
	<b>2</b> Savings and temporary cash investments	29,399	<b>2</b>	200,328
	<b>3</b> Pledges and grants receivable, net	1,106,319	<b>3</b>	527,490
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	104,413	<b>9</b>	108,681
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,661,763		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,218,365	553,363	<b>10c</b> 443,398
	<b>11</b> Investments—publicly traded securities	2,393,554	<b>11</b>	1,803,597
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	11,627,104	<b>15</b>	11,559,854
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	25,734,430	<b>16</b>	22,138,632	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	521,514	<b>17</b>	820,098
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	14,206,264	<b>25</b>	12,969,929
	<b>26 Total liabilities.</b> Add lines 17 through 25	14,727,778	<b>26</b>	13,790,027
<b>und Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	8,573,972	<b>27</b>	7,152,974
	<b>28</b> Net assets with donor restrictions	2,432,680	<b>28</b>	1,195,631
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and</b>				

<b>Net Assets or Fund Balances</b>	<b>29</b>	<b>complete lines 29 through 33.</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b>	Total net assets or fund balances . . . . .	11,006,652	<b>32</b>	8,348,605
	<b>33</b>	Total liabilities and net assets/fund balances . . . . .	25,734,430	<b>33</b>	22,138,632

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Part XI **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	16,580,263
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	18,767,158
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-2,186,895
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	11,006,652
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-471,152
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	8,348,605

Part XII **Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	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 in Schedule O.	Yes	
<b>3a</b>	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?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2022)

Form 990 (2022)

**Additional Data**

[Return to Form](#)

Software ID:

Software Version:

**Form 990, Special Condition Description:**

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Table with 2 columns: Name of the organization (MEDIA MATTERS FOR AMERICA) and Employer identification number (47-0928008)

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.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and other payments from the general public; and (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the activities of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by having the power to regularly appoint or elect a majority of the directors or trustees of the supported organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having management of the supporting organization vested in the same persons that control or manage the supported organization.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) but not functionally integrated.
e 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.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 5 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year



Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,864,159	14,104,653	17,976,980	18,735,543	16,51!
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .					
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..					
<b>4 Total.</b> Add lines 1 through 3	14,864,159	14,104,653	17,976,980	18,735,543	16,51!
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .					
<b>6 Public support.</b> Subtract line 5 from line 4.					

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
<b>7</b> Amounts from line 4. . . . .	14,864,159	14,104,653	17,976,980	18,735,543	16,51!
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	60,797	61,205	49,403	51,572	6:
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .					
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .			19,734	11,190	
<b>11 Total support.</b> Add lines 7 through 10					
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) c this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>
<b>15</b> Public support percentage for 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and li more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI l meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	

Schedule

Schedule A (Form 990) 2022

**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 the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .					
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .					
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .					

<b>4</b>	under section 513 . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .				
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge				
<b>6</b>	<b>Total.</b> Add lines 1 through 5				
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons				
<b>b</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.				
<b>c</b>	Add lines 7a and 7b. . . . .				
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)				

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
<b>9</b> Amounts from line 6. . . . .					
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .					
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
<b>c</b> Add lines 10a and 10b.					
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.					
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .					
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .					
<b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) this box and <b>stop here.</b> . . . . .					

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>

- 19a** **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b** **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule**

Schedule A (Form 990) 2022

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If 12d, of 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 5 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 (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, 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, asset 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).

Schedule

Page 5

Schedule A (Form 990) 2022

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** 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?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.

**Section B. Type I Supporting Organizations**

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any applied to such powers during the tax year.
- 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.

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees 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).

**Section D. All Type III Supporting Organizations**

- 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?
- 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).
- 3 By reason of the relationship described in 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.

**Section 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 instructions**)
  - The organization satisfied the Activities Test. Complete **line 2** below.
  - The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (s
- 2 Activities Test. **Answer lines 2a and 2b below.**
  - a 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.
  - 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
  - a 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**.
  - 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.

Schedule

Schedule A (Form 990) 2022

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A thru

<b>Section A - Adjusted Net Income</b>		(A) Prior Year
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	

<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule

Schedule A (Form 990) 2022

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>			
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by Line 9 amount	<b>10</b>	
<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2022</b>
<b>1</b>	Distributable amount for 2022 from Section C, line 6		<b>Ar</b>
<b>2</b>	Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2022:		
<b>a</b>	From 2017. . . . .		
<b>b</b>	From 2018. . . . .		
<b>c</b>	From 2019. . . . .		
<b>d</b>	From 2020. . . . .		
<b>e</b>	From 2021. . . . .		
<b>f</b>	<b>Total</b> of lines 3a through e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2022 distributable amount		
<b>i</b>	Carryover from 2017 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
<b>4</b>	Distributions for 2022 from Section D, line 7:		
	\$		

<b>a</b> Applied to underdistributions or prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018. . . . .			
<b>b</b> Excess from 2019. . . . .			
<b>c</b> Excess from 2020. . . . .			
<b>d</b> Excess from 2021. . . . .			
<b>e</b> Excess from 2022. . . . .			

Schedule A

Schedule A (Form 990) 2022

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part I 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 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 1; 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 info (see instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A

Additional Data

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**Software ID:**  
**Software Version:**



efile Public Visual Render Objectid: 202323199349322872 - Submission: 2023-11-15

Schedule B

Schedule of Contributors

(Form 990)

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.

Table with 2 columns: Name of the organization (MEDIA MATTERS FOR AMERICA) and Employer id (47-0928008)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$ money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test o under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of t 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 an during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, o purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions tota If this box is checked, enter here the total contributions that were received during the year for an exclusively re purpose. Don't complete any of the parts unless the General Rule applies to this organization because it recei 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-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Sch

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	Ty
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Comp contrib
-		\$	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Comp contrib
-		\$	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Comp contrib
-		\$	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Comp contrib
-		\$	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Comp contrib
-		\$	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Comp contrib

Sch

Schedule B (Form 990) (2022)

Name of organization MEDIA MATTERS FOR AMERICA	Employer identification num 47-0928008
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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)
------------------------	--	--

-		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	
-		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	
-		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	
-		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	
-		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	
-		\$	-

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Schedule B (Form 990) (2022)

Name of organization MEDIA MATTERS FOR AMERICA	Employer identification number 47-0928008
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description
-			
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description
-			
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description

Part I	(b) Purpose of gift	(c) Use of gift	(d) Description
-	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to tran	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description
-	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to tran	

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**Additional Data**



Software ID:  
Software Version:

efile Public Visual Render ObjectID: 202323199349322872 - Submission: 2023-11-15

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities) ... Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ... Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, (Proxy Tax) (see separate instructions), then ... Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of the organization (MEDIA MATTERS FOR AMERICA) and Employer identification number (47-0928008)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for details.
2 Political campaign activity expenditures. See instructions ... \$
3 Volunteer hours for political campaign activities. See instructions ...

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ... \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ... \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ... \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ... \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ... \$
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also of political contributions received that were promptly and directly delivered to a separate political organization, such as a fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 4 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds. If none, enter -0-. Rows 1-6.

For Paperwork Reduction Act Notice, see the instructions for Form 990. Cat. No. 500845 Sched

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h))

Section 501(c)(3)

A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, expenses, and share of excess lobbying expenditures).

B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

Table with 2 columns: Description (1a-1f) and Amount. 1a: Total lobbying expenditures to influence public opinion; 1b: Total lobbying expenditures to influence a legislative body; 1c: Total lobbying expenditures (add lines 1a and 1b); 1d: Other exempt purpose expenditures; 1e: Total exempt purpose expenditures (add lines 1c and 1d); 1f: Lobbying nontaxable amount.

Table with 2 columns: If the amount on line 1e, column (a) or (b) is; The lobbying nontaxable amount is. Rows include categories like 'Not over \$500,000' and 'Over \$500,000 but not over \$1,000,000'.

Table with 2 columns: Description (g-j) and Amount. g: Grassroots nontaxable amount; h: Subtract line 1g from line 1a; i: Subtract line 1f from line 1c; j: If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Table with 5 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022. Rows include 2a: Lobbying nontaxable amount; 2b: Lobbying ceiling amount; 2c: Total lobbying expenditures; 2d: Grassroots nontaxable amount; 2e: Grassroots ceiling amount; 2f: Grassroots lobbying expenditures.

Schedule

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

(a)

Yes | No

Table with 2 columns: Question (1a-1e) and Yes/No. 1: During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a) Volunteers; b) Paid staff or management; c) Media advertisements; d) Mailings to members, legislators, or the public; e) Publications or published or broadcast statements?



<b>f</b>	Grants to other organizations for lobbying purposes? .....	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	
<b>i</b>	Other activities? .....	
<b>j</b>	Total. Add lines 1c through 1i .....	
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....	
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....	
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....	

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

- 1** Were substantially all (90% or more) dues received nondeductible by members? .....
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year? .....

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 1 is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	
<b>a</b>	Current year .....	<b>2a</b>
<b>b</b>	Carryover from last year .....	<b>2b</b>
<b>c</b>	Total .....	<b>2c</b>
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>
<b>5</b>	Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1 (instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation	Schedule
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**Additional Data**

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**Software ID:**  
**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB Op I

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.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (MEDIA MATTERS FOR AMERICA) and Employer identification number (47-0928008)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other. Rows 1-6 covering total number, aggregate value, and donor/grantee information.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, description, and Held at the End (2a-2d). Rows 1-9 covering purpose, acreage, monitoring, and reporting of conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, description, and amount. Rows 1a-2b covering reporting of art and historical treasures.

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Total. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment, b Permanent endowment, c Term endowment. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations, (ii) Related organizations. b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Total. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2022

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 1

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 1

(a) Description	(b) Amount
(1) DUE FROM OTHERS	
(2) RIGHT OF USE ASSET - OPERATING LEASE	
(3) RIGHT OF USE ASSET - FINANCING LEASE	
(4) DUE FROM UNRELATED PARTY	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
SUBLEASE DEPOSITS PAYABLE	

OPERATING LEASE LIABILITY	
DEFERRED COMPENSATION	
FINANCING LEASE LIABILITY	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that re organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided

Schedule D (

Schedule D (Form 990) 2022

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-471,152	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	21,927	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	21,927	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b>

**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 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	FOR THE YEAR ENDED DECEMBER 31, 2022, MMFA HAS DOCUMENTED IT FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REP( INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN T FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEME

Schedule D (

**Software ID:**  
**Software Version:**



efile Public Visual Render ObjectID: 202323199349322872 - Submission: 2023-11-15

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization MEDIA MATTERS FOR AMERICA

Employer iden 47-0928008

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser to be compensated at least \$5,000 by the organization.

Table with 5 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i). Includes entry for BONNER GROUP INC.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from licensing.

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, WI, WV

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6t gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events
		(event type)	(event type)	(total number)
	<b>1</b> Gross receipts . . . . .			
	<b>2</b> Less: Contributions . . . . .			
	<b>3</b> Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	<b>4</b> Cash prizes . . . . .			
	<b>5</b> Noncash prizes . . . . .			
	<b>6</b> Rent/facility costs . . . . .			
	<b>7</b> Food and beverages . . . . .			
	<b>8</b> Entertainment . . . . .			
	<b>9</b> Other direct expenses . . . . .			
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			▶
	<b>11</b> 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 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming
		<b>1</b> Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .			
	<b>3</b> Noncash prizes . . . . .			
	<b>4</b> Rent/facility costs . . . . .			
	<b>5</b> Other direct expenses . . . . .			
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			▶
	<b>8</b> 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: \_\_\_\_\_

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**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

**b** If "Yes," explain: \_\_\_\_\_

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Schedule G (Form 990) 2022

11 Does the organization conduct gaming activities with nonmembers? . . . . .

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? . . . . .

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:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

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 ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

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 retain the state gaming license? . . . . .

b Enter the amount of distributions required under state law 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 (iv), lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information

Return Reference	Explanation
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Schedule G (Form 990) 2022

Additional Data

Software ID:  
Software Version:

efile Public Visual Render ObjectID: 202323199349322872 - Submission: 2023-11-15

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

Department of the Treasury Internal Revenue Service

Name of the organization MEDIA MATTERS FOR AMERICA

Employer iden 47-0928008

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 assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Part II can be duplicated if additional space is needed.

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance. Includes rows for VOTO LATINO FOUNDATION, FORWARDTN, VET VOICE FOUNDATION, GLAAD INC, and COUNTERACT FOUNDATION.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P

Schedule I (Form 990) 2022

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.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation (book, FMV, appraisal, other), (f) Description of grant or assistance. Includes rows (1) through (7).

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

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2: DURING THE GRANT PERIOD, GRANTEEES ARE REQUIRED TO SUBMIT FINANCIAL REPORTS DESCRIBING HOW THE GRANT WAS SPENT.

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Additional Data

Software ID:
Software Version:

efile Public Visual Render ObjectID: 202323199349322872 - Submission: 2023-11-15 TIN: 47-0928008

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization MEDIA MATTERS FOR AMERICA	Employer identification number 47-0928008
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
<b>b</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 . . . . .	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing 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.		
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee	
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? . . . . .	<b>5a</b>	No
<b>b</b> Any related organization? . . . . .	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? . . . . .	<b>6a</b>	No
<b>b</b> Any related organization? . . . . .	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	Yes
<b>8</b> 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 . . . . .	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described i instructions, on row (ii). Do not list any individuals that are not 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) amoun

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
<b>1</b> ANGELO CARUSONE CHAIRMAN AND PRESIDENT (FROM 11/22)	(i)	406,116	0	0	8,693	8,656
	(ii)	0	0	0	0	0
<b>2</b> CYNTHIA PADERA CHIEF OPERATING OFFICER	(i)	271,302	75,000	0	8,250	14,496
	(ii)	0	0	0	0	0
<b>3</b> DAVID BROCK CHAIRMAN (UNTILL 11/16/22)	(i)	270,239	0	0	8,173	9,309
	(ii)	0	0	0	0	0
<b>4</b> PILAR MARTINEZ CHIEF FINANCIAL OFFICER	(i)	203,016	15,000	0	8,692	2,320
	(ii)	0	0	0	0	0

5 JULIE MILLIGAN VICE PRESIDENT	(i)	196,171	6,000	0	6,070	19,097
	(ii)	0	0	0	0	0
6 MATTHEW GERTZ SENIOR FELLOW	(i)	170,340	17,500	0	5,250	19,097
	(ii)	0	0	0	0	0
7 SHARON KANN SENIOR DIRECTOR, INNOVATION & IMPACT	(i)	160,000	30,000	0	4,800	8,736
	(ii)	0	0	0	0	0
8 SERGIO MUNOZ VICE PRESIDENT, RESEARCH & POLICY	(i)	183,086	2,500	0	5,759	12,090
	(ii)	0	0	0	0	0
9 LAURA KEITER COMMUNICATIONS DIRECTOR	(i)	157,616	26,000	0	4,800	9,111
	(ii)	0	0	0	0	0
10 JOHN WHITEHOUSE SENIOR DIRECTOR	(i)	156,500	16,500	0	4,725	8,735
	(ii)	0	0	0	0	0
11 BENJAMIN DIMIERO EDITOR-IN-CHIEF	(i)	148,462	10,000	0	4,500	14,347
	(ii)	0	0	0	0	0
12 ELISABETH POWER MEDIA INTELLIGENCE DIRECTOR	(i)	132,616	10,000	0	4,050	9,094
	(ii)	0	0	0	0	0

Schedule J (Form 990) 2022

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

Return Reference	Explanation
PART I, LINE 4B	DAVID BROCK'S 457F PLAN WAS TERMINATED ON NOVEMBER 2022. PAYMENT OF \$198,000 WAS MADE TO THE BENEFICIARY. AS HAD A DEFERRED COMPENSATION LIABILITY OF \$198,000 WHICH WAS PAID SUBSEQUENT TO YEAR END.
PART I, LINE 7	THE FOLLOWING INDIVIDUALS RECEIVED BONUSES DURING 2022: CYNTHIA PADERA: \$ 75,000 PILAR MARTINEZ: \$15,000 JULIE KANN: \$ 30,000 MATTHEW GERTZ: \$ 17,500 LAURA KEITER: \$ 26,000 JOHN WHITEHOUSE: \$16,500 BENJAMIN DIMIERO: \$10,000 RACHEL TARDIFF: \$2,500 ELISABETH POWER: \$10,000 PAMELA VOGEL: \$10,000

Additional Data

Software ID:  
Software Version:

Schedule L (Form 990)

Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (MEDIA MATTERS FOR AMERICA) and Employer identification number (47-0928008)

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 8 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A Sched

Schedule L (Form 990) 2022

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 4 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction. Row 1: (1) ASR LLC, BOARD MEMBER TOM PEREZ IS ALSO OWNER OF ASR LLC, 105,000, ASR LLC PROVIDED CONSUL ADVISORY SERVICES, UNRE TO THE ROLE ON THE BOAR

Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).

Table with 2 columns: Return Reference, Explanation

Sched

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## Additional Data

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R

**Software ID:**  
**Software Version:**



SCHEDULE M (Form 990)

Noncash Contributions

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 the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization MEDIA MATTERS FOR AMERICA

Employer identification number 47-0928008

Part I Types of Property

Table with 5 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, Method of noncash contribution. Row 9 shows 13 securities with a value of 935,320 FMV.

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it may hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of the above. If you are reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of the above, complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**Schedule M**

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## Additional Data

R

**Software ID:**  
**Software Version:**

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**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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization MEDIA MATTERS FOR AMERICA	Employer ident 47-0928008
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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS REVIEWED BY THE CFO, LEGAL COUNSEL, AND APPROVED BY THE PRESIDENT OF THE ORGANIZATION. THE RETURN WAS FORWARDED TO THE BOARD OF DIRECTORS BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY INTERESTS THAT COULD CONFLICT ON AN ANNUAL BASIS. INDIVIDUALS WITH KNOWLEDGE OF POSSIBLE CONFLICTS OF INTEREST MUST DISCLOSE THE CONFLICT TO THE OTHER DIRECTORS, OTHER MEMBERS OF A COMMITTEE OF THE BOARD OF DIRECTORS, OR AN OFFICER OF THE ORGANIZATION. UPON DISCLOSURE, THE REMAINING DIRECTORS WILL GATHER INFORMATION AND DETERMINE WHETHER A CONFLICT EXISTS. IF IT IS DETERMINED THAT A CONFLICT DOES EXIST, THEN THE INDIVIDUAL WILL BE RECUSED FROM ANY DECISION MAKING POSITION WITH REGARD TO THE TRANSACTION OR ARRANGEMENT, OR SOME ALTERNATIVE, MAY BE APPROVED IF IT IS IN THE ORGANIZATION'S BEST INTERESTS FOR ITS OWN BENEFIT, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND IS THE MOST ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES. IF AN EMPLOYEE, OFFICER, DIRECTOR, OR MEMBER OF A COMMITTEE, WITH SUCH POSITION, POWERS, VIOLATES THIS POLICY, DISCIPLINARY ACTION MAY BE TAKEN INCLUDING TERMINATION OF EMPLOYMENT AND/OR REMOVAL FROM THE BOARD AS APPROPRIATE.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIAL WAS BASED ON COMPENSATION STUDIES USING COMPARATIVE DATA FROM OTHER ORGANIZATIONS. THE FINAL COMPENSATION WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION FOR OTHER EMPLOYEES WAS APPROVED BY THE PRESIDENT OF THE ORGANIZATION. ALL COMPENSATION PROCESSES ARE DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE IN JANUARY 2021.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION AND FORM 990 AVAILABLE UPON REQUEST.
FORM 990, PART VII, SECTION A:	CECILE RICHARDS WAS PAID FOR CONSULTANT ADVISORY SERVICES UNRELATED TO HER BOARD POSITION.
FORM 990, PART IX, LINE 11G	COMMUNICATION SERVICES: PROGRAM SERVICE EXPENSES 1,291,587. MANAGEMENT AND GENERAL FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,291,587. GENERAL OPERATION SERVICES: PROGRAM SERVICE EXPENSES 42,672. MANAGEMENT AND GENERAL EXPENSES 14,315. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 56,987. MEDIA SERVICES: PROGRAM SERVICE EXPENSES 99,000. MANAGEMENT AND GENERAL FUNDRAISING EXPENSES 0. TOTAL EXPENSES 99,000. ADVISORY SERVICES: PROGRAM SERVICE EXPENSES 357,661. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 45,000. TOTAL EXPENSES 357,661. FUNDRAISING SERVICES: PROGRAM SERVICE EXPENSES 357,661. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 357,661.

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

Cat. No. 51056K

**Additional Data**

**Software ID:**  
**Software Version:**