Form	990-EZ

## **Short Form**

OMB No. 1545-0047

# **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form, as it may be made public. Go to *www.irs.gov/Form990EZ* for instructions and the latest information. Open to Public Inspection

Department of the Treasury	
Internal Revenue Service	

B         Other Strugerizetti         C         Name of organization         Description           National control         ALLEG CULTURES         RoomVsule         E Telephone number           Name of control         RoomVsule         E Telephone number           Name of control         RoomVsule         E Telephone number           RoomVsule         Poll Bers 320133         Chy or town, state or province, country, and 2P or foreign pastal code         Poll Bers 320133           Chy or town, state or province, country, and 2P or foreign pastal code         Poll Bers 320133         Chy or town, state or province, country, and 2P or foreign pastal code         Poll Bers 320133           Chy or town, state or province, country, and 2P or foreign pastal code         RoomVsule         H Check If the organization is not respect to attach Schedule B           I Worksite         Worksite         Country Burgerises, and Changes in Net Association () Other         S         10.899           Christ         Country Burgerises, and Changes in Net Association () Check if the organization used Schedule O to respond to any question in this Part I	AF	A For the 2022 calendar year, or tax year beginning 01/01/2022 and ending 12/31/2022						
Inverse struge         Number and store if 0.0 box if mult is not delivered to street address)         Room/suite         E Telephone number           Piol et attrum         POB Box 370133         CPU or function, state or province, country, and ZP or foreign postal code         F Group Exemption           Averated virus         Reseds, CA 91337         H Chock El If the organization is not required to attach Schedule B           Averated virus         Reseds, CA 91337         H Chock El If the organization is not required to attach Schedule B           Tor seempt status (check only one)         Is 501(c) (1 (insert no.)         4947(a)(1) or [527           A coounting Mole (Schedul Ot) or more, fie form 990-E2         Sone (Schedul E)         Sone (Schedul E)           Part I. column (B) are \$500.000 or more, fie form 990-E2         Sone (Schedul E)         Sone (Schedul E)           Chart I. column (B) are \$500.000 or more, fie form 990-E2         1         10.899           2 Program service revenue including government fees and contracts         3         0           4 Investment income         Schedul E) for segnod to any question in this Part I         1         10.899           2 Gross income from gaming (attach Schedule G if greater than st 15.000)         4         0         6           6 G aming and fundraising events:         6         0         0         6         0           6 C asses income from	Bc	heck if ap	oplicable:	Employer ide	ntification number			
Image: Numerical and the set of the		Address c	change	ALLIED CULTURES	20	-4170124		
Pior transmistrate         0.0 B0X 3/0133         0 Box 3/0133         0 Box 3/0133           Averaged winds         Pior of none, state or province, country, and 2/P or forsign postal code         F Group, Exemption           Averaged winds         Pior of none, state or province, country, and 2/P or forsign postal code         H Check Clift the organization is not required to attach Schedule B           CAccounting Morthalt         Cascounting Morthalt         Association         Other           J Tar exempt status (check only one)         C Soro (s)		Name cha	ange	Telephone nur	mber			
Intervent         City or town, state or province, country, and ZP or foreign postal code         F Croup Exemption           Application member         Cetter CA 91337         F         F         Cetter CA 91337           G Accounting Method:         Cash          A Accual         Other (specify):         H         H         Check (Zill the organization is not required to attach Schedule B (form 990).           I Tex-exempt State (check vin) one) -          Dit(c)(1) (meet no.)         4947(a)(1) or         527         F           I Tex-exempt State (check vin) one) -          Dit(c)(2) (meet no.)         4947(a)(1) or         527         F           I Tex-exempt State (check vin) one) -          Dit(c)(2) (meet no.)         4947(a)(1) or         527         F           I Tex-exempt State (check vin) one) -          Dit(c)(2) (meet no.)         4947(a)(1) or         527         F           I Tex-exempt State (check vin) one) -          Dit(c)(3) (meet no.)         4947(a)(1) or         527         F           I Add lines 50, 60, or To to line 9 to determine prose receipts. It aroos asciation         I total assets         5         10.899           I Contributions, gifts, grants, and similar amounts received         1         10.899         0         0           I Contributions, gifts, grants, and sales sept one nortacts         2         0         0				818	-635-9879			
Operation       Rescala CA 91337       Number         G Accounting Method:       Cash is 2 Accrual       Other (specify):       I       I Check I if the organization is not required to attach Schedule B (form 990).         J Tax-exempt status (sheak only one)       I S01(g(3)       S01(g(1)       (insert no.)       4947(a)(1) or S27       If Check I if the organization is not required to attach Schedule B (form 990).         K Form of organization:       I Corporation       Trust       Association       Corporation       1       0.899         Part II. Schumm (B) are \$500.000 or more, file Form 990-EZ.       \$ 10.899       1       Contributions, gifts, grants, and similar amounts received at a schumm (B) are schumm (B				City or town, state or province, country, and ZIP or foreign postal code	Group Exem	nption		
G Accounting Method:       □ Gah       △ Accual       Other (specify):       H       H Check       H Check <t< th=""><th></th><th></th><td></td><td></td><td></td><td></td></t<>								
I Wobsite:         www.alledcultures.org         required to attach Schedule B           J Tax-exempt status (check only one)         © 501(c)(3)         001(c) (inset no.)         102           X Form of organization:         © Corporation         Trust         _ Association         Other           L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, ife total assets         \$ 10,899           Part II, column (B) are \$500.000 or more, life rom 990 instate of Form 990-E2.         \$ 10,899           Part II, column (B) are \$500.000 or more, life rom 990 instate of Form 990-E2.         \$ 10,899           Part II, column (B) are \$500.000 or more, life rom 990 instate of Form 990-E2.         \$ 10,899           Part II, column (B) are \$500.000 or more, life rom 990 instate of rom 990-E2.         \$ 10,899           2         Program service revenue including government fees and contracts         2         00           3         Membership dues and assessments.         3         0           4         Investment income         5         0         5           5         Gross amount from sale of assets other than inventory (subtract line 5b from line 5a)         5c         0           6         Gaming and fundraising events:         6         0         0         5c         0           a Gross income from gaming and fundraising events (cot lin					eck 🖌 if the	organization is <b>not</b>		
J Tax-example status (check only one)			5					
Form of organization:       Corporation       Tust       Corporation       Corporation       Tust       Corporation			-		•			
L Add lines 5b, 6c, and 7b to line 9to determine gross receipts are \$200,000 or more, of I total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-E2\$ 10,899 Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 0.09 b Less: cost or other basis and sales expenses 6 Gaming and fundraising events: 9 Coss income from gaming (attach Schedule G if greater than \$15,000)								
(Part II column (B)) are \$200,000 or more, file Form 990 instead of Form 990-EZ.       \$10,899         Part II       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule 0 to respond to any question in this Part I       .         1       Contributions, gifts, grants, and similar amounts received.       1       1       10,899         2       Program service revenue including government fees and contracts       3       0         3       Membership dues and assessments       3       0         4       1       10,899         5a       Gross amount from sale of assets other than inventory       5a       0         5       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Gaining and fundraising events:       a       o of contributions       5c         a       Gross income from fundraising events (add lines 6a and 6b and subtract line 6c)       0       6d       0         c       Less: cost of joods sold       7a       0       7c       0       0         b       Less: cost of goods sold       7d       0       7c       0       0         c       Gains or (loss) from garning and fundraising events (add lines 6a and 6b and subtract li					sets			
Part1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received         2       Program service revenue including government fees and contracts       1       10,899         2       Program service revenue including government fees and contracts       2       0         3       0       0       2       0         4       Investment income       4       0         5a       0       0       2       0         6       Grass anount from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events       6a       0       0         6       Gaming and fundraising events (not including \$       0       of octoritutions from fundraising events (not including \$       6b       0         7       Cores income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7       Cores alse of inventory, less returms and allowances       7a       0       7c       0         7       Cores alse of inventory, less returms and allowances       11						10 900		
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cGross profit or (loss) from sales of inventory (subtract line 7b from line 7a)7c8Other revenue (describe in Schedule O)89Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8910Grants and similar amounts paid (list in Schedule O)1011Benefits paid to or for members1012Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule O)1717Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1912002000210212,038		7a	Gross sale	s of inventory, less returns and allowances 7a	0			
8Other revenue (describe in Schedule O)809Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8910,89910Grants and similar amounts paid (list in Schedule O)1010,21911Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1333714Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping153816Other expenses (describe in Schedule O)171017Total expenses. Add lines 10 through 16171718Excess or (deficit) for the year (subtract line 17 from line 9)1830519Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)191,73320Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 20212,038		b			0			
9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8910,89910Grants and similar amounts paid (list in Schedule O)1010,21911Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1333714Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping153816Other expenses (describe in Schedule O)171617Total expenses. Add lines 10 through 16171718Excess or (deficit) for the year (subtract line 17 from line 9)1830519Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)191,73320Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 20212,038		С				0		
9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8910,89910Grants and similar amounts paid (list in Schedule O)1010,21911Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1333714Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping153816Other expenses (describe in Schedule O)171617Total expenses. Add lines 10 through 16171018Excess or (deficit) for the year (subtract line 17 from line 9)1830519Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)191,73320Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 20212,038		8	Other reve	nue (describe in Schedule O)	. 8	0		
88 11Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1333714Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping153816Other expenses (describe in Schedule O)16017Total expenses. Add lines 10 through 16171718Excess or (deficit) for the year (subtract line 17 from line 9)1830519Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)191,73320Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 20212,038		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	10,899		
9912Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1333714Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping151416Other expenses (describe in Schedule O)151617Total expenses. Add lines 10 through 16171718Excess or (deficit) for the year (subtract line 17 from line 9)1830519Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)191,73320Other changes in net assets or fund balances (explain in Schedule O)200021Net assets or fund balances at end of year. Combine lines 18 through 2021212,038	_	10				10,219		
9912Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1333714Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping151416Other expenses (describe in Schedule O)151617Total expenses. Add lines 10 through 16171718Excess or (deficit) for the year (subtract line 17 from line 9)1830519Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)191,73320Other changes in net assets or fund balances (explain in Schedule O)200021Net assets or fund balances at end of year. Combine lines 18 through 2021212,038		11	Benefits pa	aid to or for members	. 11	0		
16       Other expenses (describe in Schedule O)       17       16       0         17       Total expenses. Add lines 10 through 16       17       10       16         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       18       305         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       1,733         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       21       2,038	es	12				0		
16       Other expenses (describe in Schedule O)       16       16       0         17       Total expenses. Add lines 10 through 16       17       10       16         18       Excess or (deficit) for the year (subtract line 17 from line 9)       17       18       305         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       1,733         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       21       2,038	nsi	13	Profession	al fees and other payments to independent contractors	. 13	337		
16       Other expenses (describe in Schedule O)       16       16       0         17       Total expenses. Add lines 10 through 16       17       10       16         18       Excess or (deficit) for the year (subtract line 17 from line 9)       17       18       305         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       1,733         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       21       2,038	be	14	Occupancy	/, rent, utilities, and maintenance	. 14	0		
16Other expenses (describe in Schedule O)	ш	15	Printing, pu	ublications, postage, and shipping	. 15	38		
17Total expenses. Add lines 10 through 16161710,59418Excess or (deficit) for the year (subtract line 17 from line 9)181830519Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1830520Other changes in net assets or fund balances (explain in Schedule O)191,73320Other changes in net assets or fund balances (explain in Schedule O)202021Net assets or fund balances at end of year. Combine lines 18 through 202121		16						
18Excess or (deficit) for the year (subtract line 17 from line 9)171830519Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19191,73320Other changes in net assets or fund balances (explain in Schedule O)10191,73321Net assets or fund balances at end of year. Combine lines 18 through 2021212,038			Total expe	nses. Add lines 10 through 16	. 17	10,594		
19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)191,73320Other changes in net assets or fund balances (explain in Schedule O)	(0							
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ïets							
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ASS					1.733		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et /	20	Other char					
	ž							
	For							

Form 9	90-EZ (2022)					Page <b>2</b>
Par	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	1,733	22	2,038
23	Land and buildings		[	0	23	0
24	Other assets (describe in Schedule O)		[	0	24	0
25	Total assets			1,733	25	2,038
26	Total liabilities (describe in Schedule O)		[		26	0
27	Net assets or fund balances (line 27 of column			1,733	27	2,038
Par		., .	,			
	Check if the organization used Schedule					Expenses
What		See Schedule O, Sta				quired for section
		· · · ·				l(c)(3) and 501(c)(4) anizations; optional for
as m	ribe the organization's program service accomplis easured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the				ers.)
28	Allied Cultures celebrated its best program year in 2	022, providing over 9	64 pounds of essent	ial hygiene		
	supplies to 597 individuals who are homeless or new	v refugees in Californ	ia.			
	(Grants \$ 5,976) If this amount	includes foreign gra	nts, check here .		28a	a 5,976
29	Internationally, the Direct Aid program successfully					
	Armenia through funding in the amount of \$3242 wh					
	medicine and other essentials.					
	(Grants \$ 3,243) If this amount	includes foreign gra	nts check here		29a	a 3,243
30	The Scholarship program also provided two college-					J 0,240
	with their academic endeavors.					
	(Grants \$ 1,000) If this amount	includes foreign gra	nts check here		30a	a 1,000
21	Other program services (describe in Schedule O)				000	1,000
31	(Grants \$ 0) If this amount	includes foreign gra	nto chock horo	· · · · · ·	31a	
20	Total program service expenses (add lines 28a t				312	-
Part						
Far	Check if the organization used Schedule				Istru	
	Check in the organization used Schedule		, .		· ·	••••
	(a) Name and title	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		) Estimated amount of other compensation
Talin	Keshishian-Walker	40.00	0		0	0
Pres	dent					
Eliza	Sahagian	10.00	0		0	0
Vice	President and Treasurer					
Jenn	ifer Calderon	5.00	0		0	0
Secr	etary					
-	Macdonald	5.00	0		0	0
	d Member					
		-				
					-	

Form 99	00-EZ (2022)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	00		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		~
04	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		•
	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>	308		V
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911:0; section 4912:0; section 4955:0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
D	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
41	transaction? If "Yes," complete Form 8886-T	40e		~
42a		18-63	5-9879	
		913		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		~
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here	• •		
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	110
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
-	completed instead of Form 990-EZ	44b		<b>&gt;</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		~
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	451		
		45b		V

Form 990-EZ (2022)

Page 4

	_	Yes	N
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
to candidates for public office? If "Yes," complete Schedule C, Part I	46		V

Part VI	Section 501(c)(3) Organizations Only
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines
	50 and 51

	50 and 51.			
	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		<b>v</b>
b	If "Yes," was the related organization a section 527 organization?	49b		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, t	ruotor	0 00	dlov

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key 50 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None	-	
	-	
	_	
<b>d</b> Total number of other independent contractors each receiving	over \$100.000	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

completed Schedule A . . . . . . . . .

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

Sign Here	Signature of officer Talin Keshishian-Walker, Founder ar	nd President		Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name			Firm's EIN			
	Firm's address				Phone no.		
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions						

SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

ublic

ion

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to F Inspect
-

### Name of the organization ALLIED CULTURES

Employer identification number

20-4170124
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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)**. (Attach Schedule E (Form 990).)
- 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). Enter the hospital's name, city, and state:
- 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). (Complete Part II.)
- 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). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						0

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	195	3,125	6,530	10,899	20,749
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	195	3,125	6,530	10,899	20,749
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						20,749
	on B. Total Support	(a) 0010	<b>(b)</b> 0010	(a) 0000			
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	0	195	3,125	6,530	10,899	20,749
	similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						20,749
12	Gross receipts from related activities, etc		,			12	0
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		, third, fourth,	•	ear as a sectio	n 501(c)(3) 
14	Public support percentage for 2022 (line 6			11 column (fl)		14	100 %
15	Public support percentage from 2021 Sch		-			15	100 %
16a	331/3% support test-2022. If the organi	zation did not	check the boy	k on line 13, ar	nd line 14 is 33		check this
b	box and <b>stop here</b> . The organization qua <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> - <b>2021.</b> If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
	this box and <b>stop here</b> . The organization		<b>y</b> 11	0			
17a	<b>10%-facts-and-circumstances test</b> — <b>20</b> 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts- facts-and-circi	-and-circumsta umstances tes	ances test, cho st. The organiz	eck this box a ation qualifies	nd <b>stop here</b> . as a publicly	Explain in supported
b							
18	Private foundation. If the organization	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see
	instructions						· · · 🗌
						Schedule A	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 under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ŭ							
Socti	on B. Total Support						
-		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
•=	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	<b>First 5 years.</b> If the Form 990 is for the	organization'	l la first cocond	third fourth	or fifth tax yo	ar ac a cod	ion 501(0)(3)
14	organization, check this box and <b>stop he</b>	•			•		
Cost							
	on C. Computation of Public Suppor		·	10 1 (0)		45	0/
15	Public support percentage for 2022 (line					15	%
16	Public support percentage from 2021 Scl					16	%
	on D. Computation of Investment In		-				
17	Investment income percentage for 2022 (			-		17	%
18	Investment income percentage from 202					18	%
19a	331/3% support tests-2022. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2021. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this	box and <b>stop ł</b>	<b>nere</b> . The organ	ization qualifies	s as a publicly su	pported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box a	and see inst	ructions .

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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

# 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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 of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

### Section D. All Type III Supporting Organizations

- Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's
- income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's 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).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 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.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	· · · · · · · · · · · · · · · · · · ·	
	Other distributions (describe in <b>Part VI</b> ). See instructions.		6	
7 8	<b>Total annual distributions.</b> Add lines 1 through 6.	h the everesimetics is use	7	
0	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	in the organization is res	8 sponsive	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

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


Form: Form 990-EZ (2022)

Page: 2

### Primary Exempt Purpose

ALLIED CULTURES

EIN: 20-4170124

Part III

### Primary Exempt Purpose

Allied Cultures celebrated its best program year in 2022, executing its local Dignity Kits program, its international Direct Aid program as well as its Scholarship program.