990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) bo not enter social security numbers on this form as it may be made public.

2023

OMB No. 1545-

Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Department of the Treasury Internal Revenue Service For the 2023 calendar year, or tax year beginning 07-01-2023 , and ending 06-30-2024 D Employer identification number C Name of organization **B** Check if applicable: Address change APTS Action Inc 52-2318787 Name change Initial return Doing business as Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Amended return (202) 654-4200 Application pending City or town, state or province, country, and ZIP or foreign postal code Arlington, VA 222024375 **G** Gross receipts \$ 1,887,230 F Name and address of principal officer: $\mathbf{H(a)}$ Is this a group return for subordinates? 1225 S Clark Street 410 **H(b)** Are all subordinates Arlington, V A 222024375 included? If "No," attach a list. See instructions. **H(c)** Group exemption number Website: https://aptsactioninc.org/ K Form of organization: Corporation Trust Association Other L Year of formation: 2001 M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: Promotes the legislative interests of noncommerical television stations at the national level Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 2 4 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . 28 Total number of volunteers (estimate if necessary) \cdot \cdot \cdot Total unrelated business revenue from Part VIII, column (C), line 12 0 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . Program service revenue (Part VIII, line 2g) 1,415,538 1,749,816 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 25,436 31,163 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,440,974 1,780,979 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 Benefits paid to or for members (Part IX, column (A), line 4) . 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 518,229 567,080 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) 0 964,373 1,047,805 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,482,602 1,614,885 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12. -41,628 166,094 Assets or d Balances **Beginning of Current End of Year** Total assets (Part X, line 16) . 1,232,497 1,507,288 279,276 Total liabilities (Part X, line 26) . . 201,969 Net assets or fund balances. Subtract line 21 from line 20 . 1,030,528 1,228,012 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. 2024-11-14 Sign Signature of officer Emil Mara Vice President, Finance Here Type or print name and title Print/Type preparer's name Preparer's signature Check 2024-10-24 P01249785 **Paid** self-employed Rogers & Company PLLC Firm's EIN 58-2676261 **Preparer**

Use Only

Firm's address 8300 Boone Boulevard Suite 600

Vienna, VA 22182

May the IRS discuss this return with the preparer shown above? See Instructions. • • •

Yes No

Phone no. (703) 893-0300

Form	990 (2023)					Page 2
Pa	rt III Statement o	of Program Serv	ice Accompl	ishments		
	Check if Schedu	ule O contains a res	ponse or note to	any line in this Part III		
1	Briefly describe the or	ganization's missior	1:			
					elevision stations at the nation	nal level through direct
advo	cacy and through grass	tops and grassroots	campaigns desi	gned to garner bipartis	an political support.	
2				vices during the year w	hich were not listed on	Eva. En
	•					Yes V No
_	If "Yes," describe thes					
3	services?			changes in how it conc	lucts, any program	Yes V No
						1 C3 ¥ 110
4	If "Yes," describe the	-		6	-	
7					e largest program services, as he amount of grants and alloca	
	the total expenses, an	. , . ,			3	,
4a	(Code:) (Expenses \$	1,287,912	including grants of \$) (Revenue \$ care and telecommunications, APTS w	1,749,816)
	to bring public television'	s message to Capitol Hil	I and the Administra	tion in a wide variety of ways	s.Our legislative priorities include the	
	America's public televisio	n stations and expanding	g our outreach in edu	ucation, public safety and civ	ric leadership.	
	(0.1					
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	-					
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
<u> </u>	Other presum semi	icos (Dosseiha in C-	hadula C \			
4d	Other program servi (Expenses \$		nedule 0.) ncluding grants o	f \$) (Revenue \$)
4e	Total program service		1,287,912	' *	/ (Nevenue y	,
	- Jour program servic	e expenses	1,207,312			Form 990 (2023)

Form	n 990 (2023)			Page 3
Pa	rt IV Checklist of Required Schedules	-		
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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? <i>If "Yes," complete Schedule D,</i> Part I	6		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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		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	9		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	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No

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 🐿 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 为 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 🗐 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាម្ខាត់ និក្សានាម្ចាត់ និក្សានាម្ចាន និក្សានាម្ចាត់ និក្សានាម្ចាន់ និក្សានិក្សានាម្ចាន់ និក្សានាម្ចាន់ និក

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

15

16

17

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Νo

Nο

Form **990** (2023)

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Yes

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

Form

30

Part V

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Nο

Νo

厂

No

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

8

Λ

1a

1b

Yes

Yes

Yes

Form **990** (2023)

Yes

990	0 (2023)		Pag
t IV	Checklist of Required Schedules (continued)		
		Yes	No

m 990 (2023)			Pag
art IV Checklist of Required Schedules (continued)			
		Yes	N
Did the organization report more than \$5,000 of grants or other assistance to or fo	or domestic individuals on		

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Hid the Granketation field to the schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Statements Regarding Other IRS Filings and Tax Compliance

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

 ${f b}$ A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

m 990	(2023)	Page
art IV	Checklist of Required Schedules (continued)	

Form **990** (2023)

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νο	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		No	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account in a foreign country:	-10		140	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
	\widehat{W} organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the				
	year. 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states				
	in which the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No	
16	I6 "thespirgaeizhtionstruetioostamafilesFiturtio4720bjSchedutleeNsection 4968 excise tax on net investment income?	16		No	
17	Fig. "scomplete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes." complete Form 6060.	17			

Form **990** (2023)

90 (2023)	Pa
Governance, Management, and Disclosure. For each "Yes"	response to lines 2 through 7b below, and for a "No" response to lines

	, 5 ,	•	_		,			,			
	8a, 8b, or 10b below, describe the circumstand Check if Schedule O contains a response o	ces, processes, or changes in Schedul r note to any line in this Part VI	e 0. S	ee ins	tructio	ns. •	 				
e	ction A. Governing Body and Managen	nent									
									Ye	es	
3	Enter the number of voting members of the gover	ning body at the end of the tax	1a				2 5				
	V.00#										

	check it believate o contains a response of note to any line in this fact vi i		 	 	•
Se	ction A. Governing Body and Management				
				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax	1a	2 5		
	Yearliere are material differences in voting rights among members of the governing body or if the governing body delegated broad authority to an executive committee				

1a	Enter the number of voting members of the governing body at the end of the tax	1a	2 5		
	Yellier 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	Enter the number of voting members included in line 1a, above, who are independent	1b	2 4		
-	Did any officer director tweeter are less ampleyed bayes family relationship or a bu	ainaaa	relationship with any		l

	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2 4				
2	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?						
3	Did the organization delegate control over management duties customarily performe	d by c	or under the direct	_		NI -	

	of similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2 4		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Νo
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con	,		3	Νo

	or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b			2	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?					2		No	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of the control	,				3		No	
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was								
5	5 Bladthe organization become aware during the year of a significant diversion of the organization's assets? .								
6	Did the organization have members or stockholders?					6	Yes		
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?					7a	Yes		
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?					, 7 b	Yes		
8	Did the organization contemporaneously document the meetings held or written activ	ons ur	ndertake	en durii	na the				

	independent	16				24			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?					,	2		Νo
3	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? .						3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was								Νo
5	60° d the organization become aware during the year of a significant diversion of the o	organi	zatior	ı's ass	ets? .		5		Νo
6	Did the organization have members or stockholders?						6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?						7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	, ,		,		,	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following:	ons ur	nderta	aken d	uring t	he			
а	The governing body?						8a	Yes	
b	Each committee with authority to act on behalf of the governing body?						8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, wo organization's mailing address? If "Yes," provide the names and addresses in Schedule						9		Νo
C -	Alian D. Ballaina (This Costian D. namedate information about policies and		:	L LL .	- T L.	I D			/_ \

3	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? .	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo			
5	$\frac{600}{100}$ dr. organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo			
6	Did the organization have members or stockholders?	6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Yes				
b	b Each committee with authority to act on behalf of the governing body?						
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Νο			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo			
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?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				

5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	1
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	1
9	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	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ле Cod	e.)
_Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reveni	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No

, ,	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Νo

	year by the following.			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	_
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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			

	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni		1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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			

11a	the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			

	on schedule o now this was done					
13	Did the organization have a written whistleblower policy?	13	Yes			
14	Did the organization have a written document retention and destruction policy?	14	Yes			
15	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?					
а	The organization's CEO, Executive Director, or top management official	15a		Νo		
b	Other officers or key employees of the organization	15b		Νo		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo		
b	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				
Se	ection 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					

b	Other officers or key employees of the organization	15b		Νo			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	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					
Se	ection 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						

Own website Another's website Vpon request Other (explain in Schedule O)

Emil Mara 1225 S Clark Street Suite 410 Arlington, V A 222024375 (202) 654-4200

interest policy, and financial statements available to the public during the tax year.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records:

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. See the instructions for the order in which to list the persons above.

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.										
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list	Posi ui	(C) sition (do not check more unless person is both an o director/truste	e tha offic ee)	ian o	one bo	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) Patrick Butler	10.00		† '				\Box			-:
President and CEO	30.00	· X	ļ	Х	'		'	U	661,461	. 104,287
(2) Dolores Fernandez Alonso	1.00	ס	†		+		\vdash			
Board member	1.00	· x	ļ		'		'	0	0	0
(3) Leo A Brooks Jr	1.00	ס	+	\vdash	+	+-	\vdash			
Board member		· x	ļ		'		'	0	0	0
(4) Clarence CC Copeland	1.00	כ	+	\vdash	+	+	\vdash	 	 	
Board member					'	'	'	0	0	0
(5) Eric Easter	1.00		+	\vdash	+	\vdash	\vdash	 	 	
Board member	1.00	· x			'	'		0	0	0
(6) Carolyn Edwards	1.00	ס	†		 		\vdash			
Board member	1.00	· x			'	'		U	0	0
(7) Diana Enzi Board member	1.00	· x						0	0	0
(8) Adrienne Fairwell Board member		· X						0	0	0
(9) Craig Fugate	1.00		+	\vdash	+	\vdash	\vdash			+
Board member	1.00	· x			'	'		0	0	0
(10) Jeffrey Gilbert	1.00	ס	†	\vdash	\vdash	\vdash	\vdash			
Board member	1.00	_ ^			!	'		U	0	0
(11) Mimi C Gregory	1.00)			H					
Board member	1.00	• X			_'	_'	_'		0	0
(12) DeAnne M Hamilton	1.00	. x			Γ'				0	0
Board member	1.00	0			<u></u> _'	<u>'</u>	<u></u> _ '			
(13) Anthony Hayes	1.00	. X		Ī	['	['	[0	0	0
Board member	1.00	0			⊥_'	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
(14) Annette Herrington	1.00	· x			'	'	'	0	0	0
Board member	1.00	0		\perp	⊥_'	<u></u> —'	⊥'	<u> </u>	<u> </u>	<u> </u>
(15) Laura Hunter Board member	1.00	· x						0	0	0
(16) Franz Joachim	1.00	ס	1							
Board member	1.00	• X			_'	_'	_'		0	0
(17) Garrett T King	1.00	. x			Γ'			C	0	0
Board member	1.00				'	'	<u></u> _'			
	·							· 	Form 990 (2	023)

(A) Name and title	(B) Average hours per		(C) tion (do not check monless person is both a	an offi				(D) Reportable compensation	cor	(E) eportable mpensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustae or director	director/trus		Key employee	Highest compensated employee	Former	from the organization (W-2/1099- MISC/1099- NEC)	org (W	om related ganizations V-2/1099- SC/1099- NEC)	other compensation from the organization and related organizations
(18) Vickie Lawson	1.00	x							0	0	
Board member	1.00								•		
(19) Anthony Padgett	1.00	x.							0	0	
Board member	1.00										
(20) Ajit Pai		x.							0	0	
Board member (21) Kathy Rae	1.00				-	-					
		x.							0	0	
Board member (22) Susan Reardon	1.00 1.00										
		x.							0	0	
Board member (23) Dax Schieffer	1.00				-						
	1.00	x.							0	0	
Board member (24) Sherrese M Smith	1.00										
Board member	1.00	X.							0	0	
(25) David Steward II	1.00										
Board member	1.00	X.							0	0	
(26) Ed Ulman	1.00								_	_	
Board member	1.00	X.							0	0	
(27) Larry D Unger	1.00	V							•	0	
Board member	1.00	X.						'	U	0	'
(28) Gaddi H Vasquez	1.00	х							0	0	
Board member	1.00								U	U	
(29) John Zeglis	1.00	x.							0	0	
Board member	1.00										
(30) Lonna Thompson	10.00			Х					0	401,695	29,20
Executive VP, COO, General Counsel	30.00										
(31) Emil Mara	5.00			Х					0	247,372	66,19
VP, Finance, Administration and Membership	35.00 10.00					-					
(32) Michelle Shanahan				Х					0	42,099	38,12
General Counsel (33) Kate Riley	30.00 30.00										
					Х				0	228,197	52,68
VP, Government and Public Affairs (34) Kenneth Blunt	10.00 5.00										
	35.00					Х			0	155,611	41,60
Senior Director, IT and Media Production (35) Jennifer Captain	30.00					1					
Senior Director, Government Relations	10.00					Х			0	159,949	53,13
(36) Stacey Karp	15.00										
Senior Director, Communications	25.00					X			0	145,516	28,56
(37) Colleen Florio	30.00								•	110.200	26.42
Director, Government Relations	10.00					X			0	110,360	36,42
1b Sub-Total			_								
c Total from continuation sheets to Part V	ll, Section A .		<u> </u>								
d Total (add lines 1b and 1c)		•					0	2,152,2	260	45	0,229
Total number of individuals (including to \$100,000 of reportable compensation to				eceive	ed m	nore t	han				
								г		Yes N	0
Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i>				highe	st c	ompe	nsat •	ed employee	3	N	0
4 For any individual listed on line 1a, is t	·		•								
organization and related organizations individual	greater than \$	150,0	00? If "Yes," complete	Sched	lule	J for s	such	1			
									4	Yes	
5 Did any person listed on line 1a receive			•								
services rendered to the organization?	If "Yes," complet	e Sch	edule J for such persor	n .	•		•		5	N	0

Section B. Independent Contractors

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)

(B)

(C)

Name and business address

Description of services

Compensation

Name and business address	Description of services	Compensation
50 State LLC	State lobbying consultants	120,000
PO Box 27639 Washington, DC 20038		

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 1

Form	99	0 (2023)										Page 9
Part	l VI		nt of Revenue chedule O contains a r	ocno	nco or not	· o + o - o	uny line in this Per	+ \/III				
		Check if Sc	nedule O contains a r	espoi	nse or not	e to a	(A) Total revenue	(B) Relate exem functi) d or ipt on	(C) Unrelate business	s exc e tax u	(D) Revenue cluded from nder sections 12 - 514
Contr	ibι	itions, Gifts, Gra	nts, and OtherAmt Sir	milar	Amounts	1a Fe	ederated campaig		1a			
							embership dues		1b		_	
							undraising events elated organizatio		1c 1d		_	
							overnment grants (cor		1e		_	
							l other contributions, g				_	
						ab	oove oncash contributions ir		1f		_	
						lin	nes 1a - 1f:\$		1g		_ [
	_			1.			otal. Add lines 1a-	-1f				
en	2	a Membership dues		В	usiness C 81	.3910	1,652,666		1,652,66			
Nen		Special projects			54	1900	97,150		97,15	50		
8				_								
Z.		c 										
Program Service Revenue		d										
gran												
Pro	'	e										
		f All other progra	am service revenue.									
		Total. Add line	es 2a-2f	_		9,816			T		I	
			3 Investment income other	e (inc	cluding div	/idend	ls, interest, and	-	32,645			32,645
			49imilareafformits)es	stmer	nt of tax-e	xemp	t bond proceeds					
			5 Royalties				· · ·					
			6a Gross rents	6a	(i) R	eal	(ii) Personal					
			b Less: rental expenses	6b								
			c Rental income or (loss)									
			d Net rental incom	ncome or (loss) (i) Securit								
			7a Gross amount									
			from sales of			104,76	99					
Φ			assets other than inventory									
Other Revenue			b Less: cost or other basis and	7b		106,25	51					
ě			sales expenses c Gain or (loss)	7c				_				
<u>-</u>						-1,48			-1,482			-1,482
ŧ.			d Net gain or (loss 8a Gross income from fu			Ė			17.02			1,102
•			(not including \$ contributions reported	d on li	of ne 1c).							
			See Part IV, line 18			8a	1					
			b Less: direct expe	enses	5	8b)					
			c Net income or (Io	ss) f	rom fundr	aising	events					
			9a Gross income fro	m ga	ming							
			activities. See Part IV, line 1 b Less: direct expe	19 .		9a	_					
			b Less: direct experience or (lo			9b						
			C Net meane or (it	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rom gamm							
			10a Gross sales of inverturns and allow			10						
			b Less: cost of goo			10a		_				
			c Net income or (Id									
							Business Code	е				
			11a									
			b									
Othe	erR	.evenueMiscAmt										
			C									
			d All other revenue	· .								
			e Total. Add lines									
			12 Total revenue. Se	ee ins	structions				700 0=-	4 846 51		24 15
								1,	780,979	1,749,816		31,163

	1 990 (2023)				Page 10
Pa	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mu	st complete all colur	nne All other organ	nizations must comp	ulete column (A)
				ilzations must comp	nete column (A).
_	Check if Schedule O contains a response or note to	<u> </u>	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
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	454,671	454,671	1	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,380	37,380		
_		40 560	40 E60	1	
	Other employee benefits	49,568 25,461	49,568 25,461		
	Payroll taxes	23,401	25,401		
	Fees for services (non-employees):				
	Management				
	legal	12 607		12 607	
	Accounting	13,697	F04.000	13,697	
	ILobbying	594,000	594,000		
	Professional fundraising services. See Part IV, line 17	F 00F		F 00F	
	Investment management fees	5,885	756	5,885	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	756	756		
12	Advertising and promotion	32,904	32,904		
13	Office expenses	267,551	1,165	266,386	
14	Information technology	55,224	54,219	1,005	
	Royalties				
16	Occupancy				
17	Travel	4,391	4,391		
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials .				
19	Conferences, conventions, and meetings	8,344	8,344		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 Cost Reimbursement	40,000		40,000	
	L C Los Sallos and The	24 552	24 552		
	b Subscriptions/Library	21,553 3,500	21,553 3,500		
	c Bad Debt	3,300	3,300		
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,614,885	1,287,912	326,973	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

rt X					Page 11
ιΛ	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
1	Cash-non-interest-bearing			1	
2	Savings and temporary cash investments		305,415	2	68,526
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		5,000	4	10,000
5 6	trustee, key employee, creator or founder, su controlled entity or family member of any of t	bstantial contributor, or 35% hese persons		5	
	under section $4958(f)(1)$), and persons described	ribed in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges .		12,712	9	13,312
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	10b		10c	
11	Investments—publicly traded securities .		909,370	11	966,138
12		ne 11		12	
13	·			13	
	, ,	<u> </u>		14	
			0		449,312
	·	uual line 33)			1,507,288
					22,975
	, ,	· · · · · ⊢	20,000		22,010
		-	161 044		256,301
		· · -	101,944	_	250,501
	·				
	,	_		21	
22	key employee, creator or founder, substantial	contributor, or 35%			
	, , , , , , , , , , , , , , , , , , , ,	· · · ·			
		· ·	44.000		
25	parties, and other liabilities not included on li		14,222	25	0
26	Total liabilities. Add lines 17 through 25 .		201,969	26	279,276
	Organizations that follow FASB ASC 958, che	ck here 🔽 and complete			
27	lines 27, 28, 32, and 33. Net assets without donor restrictions		1,030,528	27	1,228,012
28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 9	58, check here 🕨 🗌 and			
29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ds		29	
30	Paid-in or capital surplus, or land, building or	equipment fund		30	
31	Retained earnings, endowment, accumulated i	ncome, or other funds		31	
32	Total net assets or fund balances		1,030,528	32	1,228,012
33	Total liabilities and net assets/fund balances		1,232,497	33	1,507,288
	2 3 4 5 6 7 8 9 100a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 Cash-non-interest-bearing	1 Cash—non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net	2 Cash-non-interest-bearing	1 Cash-non-interest-bearing

За

3b

Νo

Form 990 (2023)

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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.

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Form 990 (2023)		
Additional Data		Return to Form
	C. fl.	
	Software ID:	
	Software Version:	
Form 990, Special Condition Description	on:	
	Special Condition Description	

SCHEDULE C (Form 990)

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

Political Campaign and Lobbying Activities

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

2

2

1

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

- 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, Part V,

line 35c (Proxy Tax) (see separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization APTS Action Inc.

52-2318787

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

Political campaign activity expenditures. See instructions

Volunteer hours for political campaign activities. See instructions

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

Enter the amount of any excise tax incurred by the organization under section 4955

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? ☐ Yes

Was a correction made?

If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527

exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..........

Did the filing organization file Form 1120-POL for this year? ☐ Yes □ No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(b) Address (a) Name (c) EIN (d) Amount paid from (e) Amount of filing organization's political contributions funds. If none, enter received and -0-. promptly and directly delivered to a

separate political organization. If none, enter -0-.

3 5 For Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule C (Form 990) 2022 Cat. No. 50084S

2a

3

(b)

Amount

Page 3

Form 5768 (election under section 501(h)).	
an lines to through ti helew provide in Part IV a detailed description of the lebbying	(a)
e on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	
	Yes No

For each "Yes" response activity. During the year, did the filing organization attempt to influence foreign, national, state or local

1 legislation, including any attempt to influence public opinion on a legislative matter or referendum,

through the use of:

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Media advertisements? Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h Other activities?

Total. Add lines 1c through 1i

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Were substantially all (90% or more) dues received nondeductible by members? 1 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?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1

Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

expenses for which the section 527(f) tax was paid). Current year Carryover from last year

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 Part IV

Return Reference

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

political expenditure next year? Taxable amount of lobbying and political expenditures. See Instructions **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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Explanation

1

2a

2b 2c

3

4

5

Yes No Yes Νo Nο

1 2

Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. OMB No. 1545-0047 2022

Open to Public Inspection

Name of the organization	Employer identification number
APTS Action Inc	52-2318787
Part I Organizations Maintaining Donor Advised Funds or Otl	·
Complete if the organization answered "Yes" on Form 990, Pa	
(a) Donor advise	ed funds (b) Funds and other accounts
Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the a the organization's property, subject to the organization's exclusive legal contra	
Did the organization inform all grantees, donors, and donor advisors in writing charitable purposes and not for the benefit of the donor or donor advisor, or fo impermissible private benefit?	or any other purpose conferring
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 7.
Purpose(s) of conservation easements held by the organization (check all tha	
	reservation of an historically important land area
Protection of natural habitat	reservation of a certified historic structure
Preservation of open space	
Complete lines 2a through 2d if the organization held a qualified conservation easement on the last day of the tax year.	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in	n (a) 2c
d Number of conservation easements included in (c) acquired after July 25, 200 historic structure listed in the National Register	
Number of conservation easements modified, transferred, released, extinguish tax year	ned, or terminated by the organization during the
Number of states where property subject to conservation easement is located	d 🏲
Does the organization have a written policy regarding the periodic monitoring,	
violations, and enforcement of the conservation easements it holds?	
Staff and volunteer hours devoted to monitoring, inspecting, handling of viola year	itions, and enforcing conservation easements during the
Amount of expenses incurred in monitoring, inspecting, handling of violations\$, and enforcing conservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the req (B)(i) and section 170(h)(4)(B)(ii)?	
In Part XIII, describe how the organization reports conservation easements in balance sheet, and include, if applicable, the text of the footnote to the organ	·
the organization's accounting for conservation easements. Cart III Organizations Maintaining Collections of Art, Historica	
Complete if the organization answered "Yes" on Form 990, Pa	
If the organization elected, as permitted under FASB ASC 958, not to report i of art, historical treasures, or other similar assets held for public exhibition, e service, provide, in Part XIII, the text of the footnote to its financial stateme	education, or research in furtherance of public
b If the organization elected, as permitted under FASB ASC 958, to report in its art, historical treasures, or other similar assets held for public exhibition, edu provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · ·	
(ii) Assets included in Form 990, Part X	
If the organization received or held works of art, historical treasures, or other following amounts required to be reported under FASB ASC 958 relating to the	r similar assets for financial gain, provide the
a Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	
b Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	

3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other rec	ords, ch	neck a	ny of t	the follow	wing tha	are a signi	ficant u	se of its
а	Public exhibition		d		Loan	or excha	inge pro	grams		
b	Scholarly research		e		Other	-				
С	Preservation for future generations									
4	Provide a description of the organization's	collections and exp	olain hov	v they	furth	er the or	ganizatio	on's exempt	purpose	e in
_	Part XIII.									
5	During the year, did the organization solici assets to be sold to raise funds rather than								Yes	s 🗌 No
Pa	rt IV Escrow and Custodial Arran Complete if the organization an Part X, line 21.		Form	990,	Part 1	V, line	9, or re	ported an	amour	nt on Form 990,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?								Yes	s No
b	If "Yes," explain the arrangement in Part X	IIII and complete t	he follov	wing t	able:			ı	Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on	Form 990 Part X	line 21	for e	scrow	or custo	dial acco	unt liability	7 Yes	s No
24	• • •									
b	If "Yes," explain the arrangement in Part >	(III. Check here if	the expl	anatio	on has	been pr	ovided i	n Part XIII		
Pa	rt V Endowment Funds.	1 1157 11	_							_
	Complete if the organization an	(a) Current year		990, Prior y				(d) Three v	oars hack	(e) Four years back
1a	Beginning of year balance	(a) current year	(5)	, , , , , ,	, cui	(6) 1110	years back	(a) mee y	surs buck	(c) Four years back
	Contributions									
	Net investment earnings, gains, and losses									
	3., 3,				<u> </u>			<u>.</u>		
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cu	rrent year end bala	ance (lin	ne 1g,	colum	ın (a)) h	eld as:			
а										
b	Permanent endowment 🕨									
С	Term endowment 🕨									
	The percentages on lines 2a, 2b, and 2c s	•								
3a	Are there endowment funds not in the poss organization by:	ession of the orgar	nization	that a	re hel	d and ad	minister	ed for the		Yes No
	(i) Unrelated organizations									a(i)
b	(ii) Related organizations									a(ii)
b		tions listed as requ	inea on	Jenec	aute ix				<u> </u>	36
4	Describe in Part XIII the intended uses of	the organization's	endowm	nent fu	ınds.					
Pa	rt VI Land, Buildings, and Equipm		-	000	D- 1 1	37 12	11- 0-	00	O D- 1	W 1: 10
	Complete if the organization and Description of property (a) Cost or other controls.		Form ! st or othe					depreciation		X, line 10. (d) Book value
	(investm			- 0010	()	(5) / (6)			\ 	(.,, ,
1-	Land									_
	Land									_
	Buildings									
	Leasehold improvements									_
	Equipment									_
e	Other					1			ı	

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

Complete if the organization answered "Yes" on Form (a) Description of security or category	(b) Boo	k	(c) Method of val	uation:
(including name of security) (1) Financial derivatives	value	Cost	or end-of-year n	narket value
(2) Closely-held equity interests	·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	b			
Part Investments - Program Related. VIII Complete if the organization answered 'Yes' on Form	1	IV line 11c Se	o Form 000 Pr	ort V line 12
(a) Description of investment	11 330, 1 arc	(b) Book value	(c) Metho	od of valuation: f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form	000 Part I	V line 11d Se	a Form 990 Pa	rt Y line 15
(a) Description	1 3307 1 416 1	V/ III 21 1 3 0		(b) Book value
(1) Due from affiliates (1)				449,312
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			. •	449,312
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form	990, Part I	V, line 11e or 1	1f.	
See Form 990, Part X, line 25. 1. (a) Description of li	ability			(b) Book value
(1) Federal income taxes				
Total. (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 organization's liability for uncertain tax positions under FIN 48 (ASC 740)			s financial staten	
XIII	,. SCOR HOTE	cone or the		- Firmada in Fuit

Add lines 4a and 4b .

Part XI

d

3

5

1

2

3

Part XIII

6,073,373

1,775,094

5,885

4,635,278

1,609,000

5,885

1,614,885

Schedule D (Form 990) 2022

Page 4

Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments Donated services and use of facilities

Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements .

Donated services and use of facilities

Other losses

Other (Describe in Part XIII.)

Subtract line 2e from line 1

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Other (Describe in Part XIII.)

2b 2c

2a

2d

4b

2a

2b 2c

2d

4a

4b

3

2e

3

4c

4,298,279

Add lines 2a through 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1:

4a

5,885

4,266,889

31,390

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c 5

4,635,278

5,885

1,780,979 6,244,278

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . .

Supplemental Information

Add lines 2a through 2d .

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

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

Part X, Line 2:

APTS and APTS Action are recognized as tax-exempt organizations under IRC Section 501(c)(3) and

501(c)(4), respectively, and are exempt from income taxes except for taxes on unrelated business activities. No tax expense is recorded in the accompanying consolidated financial statements, as there was no unrelated business taxable income. Management evaluated the Organization's tax positions and concluded that the Organization's consolidated financial statements do not include any uncertain tax positions. Part XI, Line 2d - Other Revenue and eliminations- Consolidated entity 4,266,889. Adjustments: Part XII, Line 2d - Other Expenses and eliminations- Consolidated entity 4,635,278. Adjustments:

Compensation Information Schedule J (Form 990) 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. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization APTS Action Inc

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.

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all

organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods

During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

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

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

Participate in, or receive payment from, an equity-based compensation arrangement?

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

Questions Regarding Compensation

Tax idemnification and gross-up payments

First-class or charter travel

Compensation committee

Independent compensation consultant

Form 990 of other organizations

compensation contingent on the revenues of:

compensation contingent on the net earnings of:

If "Yes," on line 6a or 6b, describe in Part III.

Any related organization? If "Yes," on line 5a or 5b, describe in Part III.

The organization?

8

Any related organization?

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

organization or a related organization:

Discretionary spending account

Travel for companions

Part I

Open to Public Inspection **Employer identification number**

OMB No. 1545-0047

No Yes

Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

4a

4c

5a

6a

7

8

Schedule J (Form 990) 2023

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

52-2318787

Housing allowance or residence for personal use

Approval by the board or compensation committee

Cat. No. 50053T

Written employment contract

Compensation survey or study

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed Note. The sum of columns (B)(i)-(iii) for each listed individual must eq	on Fo	orm 990, Part VII. he total amount o	f Form 990, Part V	/II, Section A, line	1a, applicable co	umn (D) and (E) amounts for	that individual.
(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC	C compensation,	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	50511.65		reported as deferred on prior Form 990
1 Patrick Butler President and CEO	(i)	0	0	0	0	0	0	0
	(ii)	584,960	50,000	26,501	72,960	31,327	765,748	
2 Lonna Thompson Executive VP, COO, General Counsel	(i)	0	0	0	0	0	0	0
	(ii)	365,234	3,000	33,461	26,400	2,805	430,900	
3 Emil Mara VP, Finance, Administration and Memb	(i)	0	0	0	0	0	0	0
	(ii)	213,650	3,000	30,722	 19,765	46,431	313,568	 0
4 Kate Riley VP, Government and Public Affairs	(i)	0	0	0	0	0	0	0
	(ii)	202,529	3,000	 22,668	 18,754	33,935	280,886	 0
5 Jennifer Captain Senior Director, Government Relation	(i)	0	0	0	0	0	0	0
	(ii)	134,197	3,000	 22,752	 13,262	 39,876	213,087	 0
6 Kenneth Blunt Senior Director, IT and Media Produc	(i)	0	0	0	0	0	0	0
	(ii)	146,359	3,000	 6,252	12,661	- 28,944	197,216	 0
7 Stacey Karp Senior Director, Communications	(i)	0	0	0	0	0	0	0
	(ii)	126,827	3,000	15,689	12,242	16,324	174,082	0
							Caba 4 1 = 1	F 000\ 2022
							Schedule J (Form 990) 2023

lestablishing the organization's compensation of the CEO/ Executive Director. These methods include a board committee review, an independent

compensation consultant, a written employment contract, a compensation survey or study, and approval by the board.

Schedule J (Form 990) 2023



SCHEDULE 0 (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 for the latest information.

OMB No. 1545-0047

Inspection

Name of the organization APTS Action Inc

Employer identification number

52-2318787

	52-2318787
Return Reference	Explanation
Form 990, Part I, Line 1, Description of Organization Mission:	APTS Action, Inc. promotes the legislative and regulatory interests of noncommercial television stations at the national level through direct advocacy and through grasstops and grassroots campaigns designed to garner bipartisan political support.
Form 990, Part V, Lines 2a and 2b, Part IX Lines 7-10:	All compensation is paid by a related organization, America's Public Television Stations (APTS). APTS allocates payroll costs to APTS Action, Inc. based upon allocated time spent by staff. APTS Action, Inc. reimburses all allocated costs to APTS. APTS files all required federal employment returns.
Form 990, Part VI, Section A, line 6	APTS Action has three classes of membership: Founding member: America's Public Television Stations. Station members: An organization operating a noncommercial educational broadcast station. Station members are entitled to one vote on extraordinary matters as set in bylaws. Industry membership: An organization interested in promoting the interests of public broadcasting that is interested in the pursuit and objectives of APTS Action and is not a commercial educational broadcast station. Industry members do not have a vote.
Form 990, Part VI, Section A, line 7a	The Founding Member, acting through its Board of Trustees, elects the Board of Directors of the Corporation.
Form 990, Part VI, Section A, line 7b	Members approve some significant actions, such as certain amendments to the bylaws.
Form 990, Part VI, Section B, line 11b	The Board is provided a copy of the Form 990 prior to filing through a secure internet portal or similar electronic means.
Form 990, Part VI, Section B, line 12c	Trustees are required to complete and update on an annual basis a form describing certain required disclosures, including any current positions held, investments, previous employment, and any other information potentially relevant to compliance with the APTS ethical conduct statement (the entity's conflict of interest policy). The Trustees approve the ethical conduct statement. Completed disclosures are reviewed and retained with the General Counsel. If a conflict is found, the Trustees will decide if conduct or interests of the Trustee in question may be restricted. The Trustees or a committee of the Trustees will review and approve all such restrictions.
Form 990, Part VI, Section B, line 15	APTS Action, Inc. reimburses its related organization, America's Public Television Stations (APTS), for allocated staff time. The process for determining compensation of APTS officer, key and other employees is listed below: An independent compensation firm is hired to perform a compensation survey of similar organizations to determine a range of salaries for each position within the organization. The compensation is typically targeted at the mid-point amount. When an employment contract is up for renewal, an independent compensation firm is hired to perform another compensation survey to set salaries for the next contract.
Form 990, Part VI, Section C, line 19	APTS Action, Inc. makes its governing documents, conflict of interest policy, financial statements, and Forms 990 and 1024 available to the public upon request.
Form 990, Part XII, Line 2c:	APTS Action, Inc.'s Board Audit Committee is responsible for oversight of the audit, including selection of the independent accountant. The process has not changed from prior years.
For Paperwork Redu	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

APTS Action Inc

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2023
Open to Public

Open to Public Inspection

Employer identification number

52-2318787

Part I Identification of Disregarded Entities. Complete	te if the organization	answere	ed "Yes" on F	orm 99	0, Part IV,	line 3	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary ad	tivity	(c) Legal domicile or foreign cou	(state Total incomunitry)		e	(e) End-of-year assets	s Direct controll entity		
_										
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tax year.	ne organ		ered "Y		n 990				
(a) Name, address, and EIN of related organization	(b) Primary activity	Lega or f	(c) I domicile (state foreign country)	Exempt	(d) Code section	Pub (if se	(e) blic charity status ection 501(c)(3))	(f) Direct controlling entity	Se 51 (cont	(g) ection (2(b) (13) trolled tity?
(1)America's Public Television Stations	Promote noncommercial pu	hlic	DC	501(c)(3)		Line 10				No.
1225 S Clark Street Suite 410	television	blic	DC	301(c)(.	, , , , , , , , , , , , , , , , , , ,	Line				
Arlington, VA 222024375 52-1170071										
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		С	at. No. 50135	Υ		•		Schedule R (Form 99	90) 20	23

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(l Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	part		(k) Percentage ownership
							Yes	No		Yes	No	ļ
								-			-	
Part IV Identification of Related Organizations								answered	l "Yes" on	Form 9	90, Part	IV, line

34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Type of entity (C corp, S	(f) Share of total income	(g) Share of end- of-year	(h) Percentage ownership	Section 5 controlled	12(b)(13)
		(state or foreign country)		corp, or trust)		assets		Yes	No
	•			•	•		Schedule	R (Form 99	0) 2023

chedule R (Form 990) 2023					Pag	je 3
Part V Transactions With Related Organizations. Complete if the organization answer	ed "Yes" on Form 9	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more $f r$	elated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
$f b$ Gift, grant, or capital contribution to related organization(s) \cdot				1b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No
$f d$ Loans or loan guarantees to or for related organization(s) $\ \cdot \ $				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
f h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses · · · · · · · · · · · · · · · · · ·				1p	Yes	
${f q}$ Reimbursement paid by related organization(s) for expenses \cdots \cdots \cdots \cdots \cdots				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount i	nvolved	

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

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

	tevenue) that was not a related digamization. See histi dictions regarding exclusion for certain investment partnerships.												
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	Are al se 501 organ	(e) Il partners ection L(c)(3) nizations?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropi allocat	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) Gener mana partr	ral or aging	(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
								_					
								<u> </u>					
								<u> </u>					
								<u> </u>					
								<u> </u>					
								<u> </u>					
								<u> </u>					
					<u></u>	<u></u>	<u></u>		<u> </u>	So	chedule R	१ (Form 9	990) 2023

Schedule R (Form 990) 2023	Page 5	
Part VII Supplemental In	formation	
Provide additional inf	ormation for responses to questions on Schedule R. See instructions.	
Return Reference	Exp	planation
		Schedule R (Form 990) 2023
Additional Data		Return to Form
	Software ID:	
	Software Version:	