# \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	CONVENTION OF STATES ACTION			
	Name change	Doing business as		47-22457	08
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 5850 SAN FELIPE	Room/suite 580A	E Telephone numbe 540-441-	
	termin ated			G Gross receipts \$	8,330,036.
	Ameno			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: HARK MECKIER		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
$\overline{\mathbf{L}}$	Tax-exe	empt status: 501(c)(3) X 501(c) ( 4 ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
_	Websit			H(c) Group exemptio	n number
		organization: X Corporation Trust Association Other	<b>∟</b> Year	of formation: $2014$ N	<b><math>^{\prime}</math></b> State of legal domicile: ${f TX}$
P		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}{\hbox{{\tt A}}}$	DVOCAT	E FOR A	
Activities & Governance	,	CONSTITUTIONALLY LIMITED GOVERNMENT.			
e.	2	Check this box if the organization discontinued its operations or dispo	sed of more		ssets.
Š				3	4
ಷ		Number of independent voting members of the governing body (Part VI, line 1b)			3
ies	1	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			100
₹		Total number of volunteers (estimate if necessary)			145000
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
	_	Ocatile tions and supply (Det.) (III line 41)		Prior Year 7,283,842.	Current Year 7,811,606.
ne	8	Contributions and grants (Part VIII, line 1h)		7,203,042.	93,316.
Revenue	9	Program service revenue (Part VIII, line 2g)		176,561.	572.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		430,719.	424,542.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,891,122.	8,330,036.
_	_	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.	0,330,030.
	1	D = = 61 = = 111 = = 6 = = = = 10 = 10 =		0.	0.
60	1	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,214,555.	•
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		234,621.	415,063.
per	h h	Total fundraising expenses (Part IX, column (D), line 25) 3,124,1	09.		
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,649,618.	7,052,523.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,098,794.	
	19	Revenue less expenses. Subtract line 18 from line 12		-207,672.	-2,359,429.
Net Assets or Fund Balances	3	·	Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,383,548.	2,018,477.
t Ass	21	Total liabilities (Part X, line 26)		328,865.	323,223.
홢	22	Net assets or fund balances. Subtract line 21 from line 20		4,054,683.	1,695,254.
P	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer		
		Musk Wackler		11/3/202	3
Sig	ın	Signature of officer		Date	
He	re	MARK MECKLER, CEO			
_		Type or print name and title		Date Check	II PTIN
Da!		Print/Type preparer's name  Preparer's signature		Ollook	
Pai		DENNIS K. WEISS, CPA Dennis K. Weiss, C	PI.T.C	.1/01/23 if self-employ	P01330013 0-0022324
	parer Only	Firm's name D. K. WEISS, HOLT & ASSOCIATES, Firm's address 4660 N. BRETON COURT, SUITE 102	FULC	Firm's EIN 3	0-0022324
USE	Unity	KENTWOOD, MI 49508		Dhone no 61	6-871-1233
14-	v the IF			Prione no. 6 1	
мa	y tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No

CONVENTION OF STATES ACTION

Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
•	TO ADVOCATE FOR A CONSTITUTIONALLY LIMITED GOVERNMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	tes _A_ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported.	•
4a	(Code:) (Expenses \$ 5,617,855 • including grants of \$) (Revenue \$	)
	COSA ADVOCATES FOR A RETURN TO THE ORIGINAL VISION OF A LIMITEI	
	GOVERNMENT THAT IS OF, BY AND FOR THE PEOPLE. THIS WILL BE ACCO	MPLISHED
	THROUGH AN ARTICLE V CONVENTION.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
40	(Code:) (Expenses \$	,
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
74	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 5,617,855.	
		Form <b>990</b> (2022)

#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	<b></b>	
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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	44.	х	
<b>L</b>		11a	71	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	IID		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			7.7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		٠,,	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	. 24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u>25a</u>		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? /f "Yes," complete			
	Schodulo I Port I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	.		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
05-	Part V, line 1			Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		Λ
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36				
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		$\vdash$
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<del>"</del>		
-		. 38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O			
	Check if Schedule O contains a response or note to any line in this Part V			
	, and the second		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	37		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

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

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	100			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	unts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or				
	any contributions that were not tax deductible as charitable contributions?		6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts			
	were not tax deductible?		6b	Х	
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	s provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-				
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
_			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  100	_			
11	Section 501(c)(12) organizations. Enter:	<u></u>			
	Gross income from members or shareholders	. I			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	-			
_	amounts due or received from them.)	,			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	.			
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	on or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on the section 4968 excise tax of the section 4968 excise tax of tax of the section 4968 excise tax of	come?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activiti				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

232005 12-13-22

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		v
_	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l_		v
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	-	
	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ
000	tion B. Folicies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
-	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	Х	
	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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		Х
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		
Sec	tion C. Disclosure		3777	
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, GA, HI, IL, KS, KY, MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the conflict of interest policy and the conflict of interest policy.	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CLIFTON LARSON ALLEN LP - 317-574-9100			
	9365 COUNSELORS ROW #200, INDIANAPOLIS, IN 46240-2045			
00000	CHE COURDING A DOD DILL LICE OF CHAMPS	Ear	990	(2022)
23200E	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES	LOUIT		120221

# 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	_	our air	- L		I	,	from the	from related organizations	other compensation
	hours for	direct				9		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tru		loyee	ompi		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) MARK MECKLER	26.00	드	트	jō	쪼	王旨	윤			
PRESIDENT / CEO	14.00	х		х				121,264.	68,211.	14,895
(2) PATRICIA MECKLER	26.00									
VP OF EXTERNAL RELATIONS	14.00				Х			114,952.	64,660.	0
(3) MICHAEL RUTHENBERG	27.00									
coo	13.00			Х				80,861.	39,827.	22,928
(4) ROBERT KELLY	25.00							60 000	44 000	10 005
GENERAL COUNSEL & CFO	15.00	┝		X	┡	┡	_	68,833.	44,008.	12,895
(5) TIM DUNN	1.00	₩.						0.	0.	0
DIRECTOR (6) ERIC O'KEEFE	3.00	^			┝	┢	_	0.	0.	
DIRECTOR	1.00	v						0.	0.	0
(7) KYLE STALLINGS	1.00			$\vdash$	┢	$\vdash$			0.	
DIRECTOR	1.00	x						0.	0.	0
(8) TIMOTHY MURPHY	15.00				┢	$\vdash$				
CFO	5.00	1		X				0.	0.	0
						┢				
		ł								
						T				
		-								
	+		┢		┢	╁				
		1								
	+			$\vdash$	$\vdash$	$\vdash$	$\vdash$			
				$\vdash$	$\vdash$	$\vdash$				
		1	I		l	1				

Form **990** (2022)

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	<u> </u>
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unle: cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal							_	385,910.	216,706.	50,718.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)								385,910.	216,706.	50,718.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d al	bove	e) wł	no re	eceived more than \$100	0.000 of reportable	

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

2

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MASTER OF CODE, 541 JEFFERSON AVE., STE		<u> </u>
100, REDWOOD CITY, CA 94063	TECHNOLOGY SERVICES	517,301.
	DIRECT MAIL	_
STREET #300, LEESBURG, VA 20176	CONSULTING	415,062.
AETNA		_
PO BOX 775392, CHICAGO, IL 60677	EMPLOYEE BENEFITS	413,310.
THE TRAFALGAR GROUP		_
240 PEACHTREE ST. NW, ATLANTA, GA 30343	POLLING	367,000.
RICHARD JOHN SANTORUM	GOVERNMENT RELATIONS	_
10607 CREAMCUP LANE, GREAT FALLS, VA 22066	CONSULTING	333,405.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		

Form 990 (2022)

Pa	rt v	/111	Check if Schedule O contains a response	or note to any lin	oo in this Part VIII			
			Crieck if Schedule O contains a response	or note to any iir	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	811,606.	7,811,606.			
<u> </u>		<u>"</u>	Total. Add illies 14 11	Business Code	7,022,000			
Program Service Revenue	2	a b c d						
Δ.		f	All other program service revenue		93,316. 93,316.	93,316.		
	3		Total. Add lines 2a-2f  Investment income (including dividends, interother similar amounts)  Income from investment of tax-exempt bond processes the second	est, and	572.	572.		
	5		Royalties		79,844.	79,844.		
	6	b	Gross rents 6a Less: rental expenses 6b Rental income or (loss)	(ii) Personal				
			, ,					
	7	-	Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities 7a	(ii) Other				
Revenue			and sales expenses 7b  Gain or (loss) 7c  Net gain or (loss)					
Other F	8		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
			Part IV, line 18 Less: direct expenses  Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses  9a	-				
	10	С	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  10a					
			Less: cost of goods sold10t	o				
		С	Net income or (loss) from sales of inventory	Business Code				
snoons	11	а		900099	351,914.	351,914.		
Miscellaneous Revenue		b		900099	-7,216.			
Sev.		С						
Mis			All other revenue		244 600			
	40		Total Add lines 11a-11d		344,698. 8,330,036.		0.	0.
	12		Total revenue. See instructions		0,330,030.	J J T U , 4 J U •		

#### Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines ob, 8b, 9b, and 10b of Part VIII.	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	439,639.	197,838.	184,648.	57,153
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	2,206,617.	994,816.	922,677.	289,124
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	354,054.	180,804.	127,816.	45,434
10	Payroll taxes	221,569.	86,098.	92,632.	42,839
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,024,338.	947,746.	76,592.	
С	Accounting	90,056.	-	90,056.	
d		278,288.	278,288.	·	
e	Professional fundraising services. See Part IV, line 17	415,063.			415,063
f	Investment management fees	, , , , , ,			
g	0.1 //f.ll				
9	column (A), amount, list line 11g expenses on Sch O.)	531,772.	306,724.	128,109.	96,939
12	Advertising and promotion	1,317,449.	1,296,754.	2,947.	17,748
13	Office expenses	194,784.	140,107.	48,734.	5,943
14	Information technology		,		. ,
15	Royalties				
16	Occupancy	193,773.	152,560.	33,059.	8,154
17		336,078.	259,413.	61,303.	15,362
18	Travel Payments of travel or entertainment expenses	330,0.01	200,1201	02/0001	20,002
10	· .				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	977.		977.	
23	1	3,847.	673.	2,979.	195
23 24	Other expenses. Itemize expenses not covered	3,047.	075.	2,575.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	POSTAGE & MAILING	2,168,859.	140,660.	-37,061.	2,065,260
a b	DUES & SUBSCRIPTIONS	474,833.	200,693.	209,727.	64,413
C	EVENTS	406,166.	405,935.	231.	01,113
d	MEALS	31,303.	28,746.	2,075.	482
_		31,303.	20,740.	2,075	402
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	10,689,465.	5,617,855.	1,947,501.	3,124,109
25	Joint costs. Complete this line only if the organization	10,000,400.	3,017,033.	1,741,3010	3,124,103
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (202

aı	נא	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,027,005.	1	1,774,108
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,028.	4	19,030
	5	Loans and other receivables from any current	or forme	officer, director,			
		trustee, key employee, creator or founder, sub	ostantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ns		5	
	6	Loans and other receivables from other disqua	alified pe	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	ion 4958(c)(3)(B)		6	
SE	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			312,992.	9	186,022
	10a						
		basis. Complete Part VI of Schedule D	. 10a	2,930.	4 0-0		
	b	Less: accumulated depreciation		2,849.	1,058.	10c	81
	11	Investments - publicly traded securities			38,465.	11	39,236
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4 202 540	15	0 010 155
_	16	Total assets. Add lines 1 through 15 (must ed			4,383,548.	16	2,018,477
	17	Accounts payable and accrued expenses			328,865.	17	323,223
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complet				21	
les	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the	-			22	
	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lin	es 17-24)	Complete Part X		25	
	oe.	of Schedule D			328,865.		323,223
$\dashv$	26	Total liabilities. Add lines 17 through 25			320,003.	26	323,223
es		Organizations that follow FASB ASC 958, cl	neck ner	Δ			
<u> </u>	27	and complete lines 27, 28, 32, and 33.			4,054,683.	27	1,695,254
	28	Net assets without donor restrictions			1,031,0031	28	1,000,201
	20	Organizations that do not follow FASB ASC				20	
2		and complete lines 29 through 33.	300, UN	A HOLE			
5	29	Capital stock or trust principal, or current fund	le			29	
	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated				31	
ĕ	32	Total net assets or fund balances			4,054,683.	32	1,695,254
	02	Total fiel assets of fully balances			4,383,548.	5	2,018,477

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 on Schedule O and describe any steps taken to undergo such audits

Form **990** (2022)

# Schedule B

Schedule of Contributors

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization Employer identification number CONVENTION OF STATES ACTION 47-2245708 Organization type (check one): Filers of: Section: X 501(c)( 4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

# CONVENTION OF STATES ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 376,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$180,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,500.	Person X Payroll

Name of organization

Employer identification number

# CONVENTION OF STATES ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>45,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Name of organization

Employer identification number

# CONVENTION OF STATES ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll

Name of organization Employer identification number

# CONVENTION OF STATES ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll

Name of organization

Employer identification number

# CONVENTION OF STATES ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>		\$85,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

Name of organization Employer identification number

# CONVENTION OF STATES ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ 56,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$9,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ <u>10,000.</u>	Person X Payroll

Name of organization

Employer identification number

# CONVENTION OF STATES ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
37		\$55,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
38		\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
39			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
40			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
41		\$5,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
42		\$7,	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# CONVENTION OF STATES ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# CONVENTION OF STATES ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ <u>124,000.</u>	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$ <u>11,000.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# CONVENTION OF STATES ACTION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>		\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### CONVENTION OF STATES ACTION

Part	Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. (b) Description of noncash property given  (a) No. (c) FMV (or estimate) (See instructions)  (b) Date receive  (c) FMV (or estimate) (See instructions)  (d) Date receive  (a) No. (b) FMV (or estimate) (See instructions)  (a) No. (c) FMV (or estimate) (See instructions)  (b) Date receive  (c) FMV (or estimate) (See instructions)  (d) Date receive  (e) FMV (or estimate) (See instructions)  (for FMV (or estimate) (See instructions)  (g) Date receive  (a) No. (c) FMV (or estimate) (See instructions)  (a) No. (c) FMV (or estimate) (See instructions)  (d) Date receive  (a) No. (c) FMV (or estimate) (See instructions)  (d) Date receive  (a) No. (c) FMV (or estimate) (See instructions)  (d) Date receive  (a) No. (c) FMV (or estimate) (See instructions)  (d) Date receive  (e) FMV (or estimate) (See instructions)	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given S	_			
(a) No. from Part I Description of noncash property given (c) FMV (or estimate) (See instructions.) Date receive (See instructions.) Date receive (C) FMV (or estimate) (See instructions.) Description of noncash property given (C) FMV (or estimate) (See instructions.) Date receive (See instructions.) Date receive (C) FMV (or estimate) (See instructions.) Date receive (C) FMV (or estimate) (See instructions.) Description of noncash property given (C) FMV (or estimate) (See instructions.) Date receive (See instructions.) Date receive (See instructions.) Date receive (See instructions.) Description of noncash property given (C) FMV (or estimate) (See instructions.) Date receive (See instructions.)	No. from		FMV (or estimate)	(d) Date received
No. from Part I Description of noncash property given S	-		 	
(a) No. from Part I  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date receiver (C) FMV (or estimate) (See instructions.)  (d) Date receiver (C) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	(d) Date received
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received the part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (d) Date received the part I  (d) Date received the part I  (d) Date received the part I  (e) FMV (or estimate) (See instructions.)  (f) Date received the part I  (g) FMV (or estimate) (See instructions.)  (d) Date received the part I  (e) FMV (or estimate) (See instructions.)  (d) Date received the part I  (e) FMV (or estimate) (See instructions.)			<u> </u>	
(a) No. from Part I  (a) Description of noncash property given Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date receiver the part I  (d) Date receiver the part I  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given  (a) No. (b) FMV (or estimate) (See instructions.)  (b) CFMV (or estimate) (See instructions.)  (c) CFMV (or estimate) (CFMV (or estimate) (See instructions.)  (d) Date received (Date	-			
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  Date received	No. from		FMV (or estimate)	(d) Date received
No. (b) from Description of noncash property given  Part I	-		  	
	No. from		FMV (or estimate)	(d) Date received
\$	-		  	

47-2245708 CONVENTION OF STATES ACTION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization

Page 4

Employer identification number

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Name of organization

# **Political Campaign and Lobbying Activities**

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

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

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Employer identification number 47-2245708

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.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

CONVENTION OF STATES ACTION

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.

Part I-A   Complete if the org	ganization is exempt unde	r section 501(c) o	r is a section 527 of	rganization.
Provide a description of the organi.				
2 Political campaign activity expendi	tures		\$	467,524.
3 Volunteer hours for political campa	ign activities			
Part I-B Complete if the org				
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax				
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.  Part I-C   Complete if the org	nanization is evennt unde	r section 501(c)	except section 501/	c)/3)
1 Enter the amount directly expende				4
2 Enter the amount of the filing organ				03,050.
exempt function activities		-		401,634.
3 Total exempt function expenditures			Ψ	101,0010
line 17b		*	\$	467,524.
4 Did the filing organization file Form				
5 Enter the names, addresses and e				
made payments. For each organiza				
contributions received that were pr				te segregated fund or a
political action committee (PAC). If	additional space is needed, provid	e information in Part I\	<i>l</i> .	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate political organization.
				If none, enter -0
IDAHO REPUBLICAN				
PARTY	BOISE, ID 83702	82-0158316	500.	0.
KANSAS REPUBLICAN	PO BOX 4157			
PARTY	TOPEKA, KS 66604		400.	0.
	520 SEYMOUR AVE.			
PARTY	LANSING, MI 48933		500.	0.
CONVENTION OF STATES			4.4.4.4	
SOUTH DAKOTA P	57103	88-3244410	10,000.	0.
CONVENTION OF STATES	•	00 0753406	201 666	
POLITICAL FUND	20001	88-0753126	381,666.	0.
STAND FOR FAMILIES SOUTH DAKOTA	PO BOX 772 RAPIDS CITY, SD 57709		5,000.	0.
SOUTH DAKOTA		0 000 F7		U •

232041 11-08-22

LHA

SEE PART IV FOR CONTINUATION

Schedule C (Form 990) 2022

Pa	rt II-A Complete if the org	ganizatio	n is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection und	er
A		ation belone	as to an affi	iliated group (and list i	n Part IV each affiliated	group member's nan	ne, address, Ell	N.
	expenses, and sha		-			<b>5</b>	,	,
В	Check if the filing organiza	ation check	ed box A a	nd "limited control" pre	ovisions apply.			
			oying Expe eans amou	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated totals	group
1a	Total lobbying expenditures to infl	uence pub	lic opinion (	grassroots lobbying)				
b	Total lobbying expenditures to infl							
c	Total lobbying expenditures (add l	ines 1a and	d 1b)					
	Other exempt purpose expenditur							
	Total exempt purpose expenditure							
f	Lobbying nontaxable amount. Ent							
	If the amount on line 1e, column (a)	or (D) IS;		bying nontaxable am				
	Not over \$500,000 Over \$500,000 but not over \$1,00	0.000		the amount on line 1e 00 plus 15% of the exc				
	Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc				
	Over \$1,500,000 but not over \$			00 plus 5% of the exce				
	Over \$17,000,000	,000,000	\$1,000.		333 GYC1 \$1,000,000.			
			4.,000,					
g	Grassroots nontaxable amount (er	nter 25% o	f line 1f)					
h	Subtract line 1g from line 1a. If zer	ro or less, e	nter -0-					
i	Subtract line 1f from line 1c. If zero	o or less, e	nter -0					
j	If there is an amount other than ze	ero on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720			_
	reporting section 4911 tax for this						Yes	No
	(Some organizations t	hat made	a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	below.	
		Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period			
	Calendar year (or fiscal year beginning in)	(a) 2	2019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d)</b> 2022	(e) Tota	al
	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
	Total lobbying expenditures							
	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	)	(k	o)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or se	ection	
501(c)(6).				
			Yes	1
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				e 3,
	No" OR	(b) Part		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	No" OR	(b) Part		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  1 Dues, assessments and similar amounts from members	No" OR	(b) Part		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).	No" OR	(b) Part		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).  a Current year	No" OR	(b) Part		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).  a Current year  b Carryover from last year	No" OR	(b) Part		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).  a Current year	No" OR	(b) Part		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).  a Current year  b Carryover from last year  c Total	No" OR	(b) Part		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	No" OR	(b) Part		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	No" OR	(b) Part		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  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  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and positive answered "Yes."	No" OR	(b) Part  2a 2b 2c 3		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."  Dues, assessments and similar amounts from members  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  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions	No" OR	(b) Part  2a 2b 2c 3		e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are 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).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  5 Taxable amount of lobbying and political expenditures. See instructions	No" OR	(b) Part	III-A, lin	e 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  5 Taxable amount of lobbying and political expenditures. See instructions  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	No" OR	(b) Part	III-A, lin	ne 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	No" OR	(b) Part  2a 2b 2c 3 4 5	and 2 (See	ne 3,
answered "Yes."  Dues, assessments and similar amounts from members  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  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?  Taxable amount of lobbying and political expenditures. See instructions	No" OR	(b) Part  2a 2b 2c 3 4 5	and 2 (See	ne 3,
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedate the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  5 Taxable amount of lobbying and political expenditures. See instructions  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART I-A, LINE 1: INDEPENDENT EXPENDITURES FOR STATE I	No" OR	(b) Part  2a 2b 2c 3 4 5	and 2 (See	ne 3,
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	No" OR	(b) Part  2a 2b 2c 3 4 5	and 2 (See	ne 3,
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232043 11-08-22

Part IV | Supplemental Information (continued)

101 S. CAPITOL BLVD. BOISE, ID 83702

CONVENTION OF STATES SOUTH DAKOTA PAC

3912 E 21ST ST. SIOUX FALLS, SD 57103

CONVENTION OF STATES POLITICAL FUND

500 NEW JERSEY AVENUE NW SUITE 375 WASHINGTON, DC 20001

PART I-C CONTINUATION:

REPUBLICAN PARTY OF TEXAS

211 E 7TH ST., SUITE 620 AUSTIN, TX 78701

EIN: 74-1193635 COL (D) AMOUNT: 2744. COL (E) AMOUNT: 0.

LIBERTARIAN PARTY OF TEXAS

PO BOX 1766 AUSTIN, TX 78767

COL (D) AMOUNT: 499. COL (E) AMOUNT: 0.

FLOYD COUNTY REPUBLICAN PARTY

PO BOX 571 ROME, GA 30162

EIN: 30-0585957 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

HAWAII REPUBLICAN PARTY

725 KAPIOLANI BLVD SUITE C-105 HONOLULU, HI 96813

EIN: 99-0062664 COL (D) AMOUNT: 75. COL (E) AMOUNT: 0.

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CONVENTION OF STATES ACTION

**Employer identification number** 47-2245708

Pa	Organizations Maintaining Donor Advises organization answered "Yes" on Form 990, Part IV, line		Funds or A	Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in dor	nor advised fun	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor of			-
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Fo	rm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreated	tion or education) Presen	ation of a histo	orically important land area
	Protection of natural habitat			ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in t	the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year		, ,	· ·
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		dling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
		_	_	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing of	conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of sec	tion 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financia	al statements th	nat describes the
	organization's accounting for conservation easements.	-		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasure	s, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue sta	tement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or resea	arch in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes the	nese items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statem	ent and baland	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	h in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(II) A			<b>A</b>
2	If the organization received or held works of art, historical treat			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

232051 09-01-22

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):  a Public exhibition	Par	t III   Organizations Maintaining C	collections of A	rt, Historic	cal Tr	easures, or	Other	Similar As	sets(co	ntinue	ed)
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization solicitor?  Ves No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization the arrangement in Part XIII and complete the following table:  Amount  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  Additions during the year  1c Beginning balance  Additions during the year  1d Beginning balance  1d Beginning balance  1d Beginning of year balance  1d Current year  1d Description of year balance  1d Administrative expenses  1d Grants or scholarships  1d Administrative expenses  1d Administrated percentage of the current year and balance (line 1g, colum	3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the	following that i	nake sig	nificant use o	its		
b Scholarly research e Other    Preservation for future generations		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    Is the organization and the arrangement in Part XIII and complete the following table:    Amount   It   It   It   It   It   It   It	а	Public exhibition	d	Loan	or exc	hange program	1				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Yes	b	Scholarly research	е	Othe	r						
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reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?											No
Tall   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the orga	anizatio	n answered "Y	es" on F	orm 990, Part	IV, line 9	, or	
on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  1a Beginning of year balance  c Net investment earnings, gains, and losses d Garants or scholarships  e Other expenditures for facilities  and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  96  b Permanent endowment  96  c Term endowment  97  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment thords not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  2a(iii) Felated organizations  2a(iii) Felated organizations  2a(iii) Felated organizations  2a(iii) Felated organizations  3a(ii) Felated organizations  Description of property  (a) Cost or other  basis (investment)  Description of property  (a) Cost or other  basis (investment)  Description of property  (b) Cost or other  basis (other)  C Q, Accumulated  depreciation  depreciation  depreciation  41.											
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	1a			-							
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance Both organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    A Beginning of year balance		on Form 990, Part X?							Yes	: l	No
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d Additions during the year   1d   1e   1f   1d   1e   1f   1f   1d   1e   1f   1f   1f   1f   1f   1f   1f									Amo	unt	
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f Ending balance								1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.    Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years	е							1e			
Bill Tyes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   Import V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Call Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	f	Ending balance									
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(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back										l	
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment ye b Permanent endowment ye The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b if "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment funds.			(a) Current year	(b) Prior y	ear	(C) Two years	Dack (a	) Tillee years b	ick (e) r	our ye	ars Dack
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a Board designated or quasi-endowment	_			- ("	h	-\\					
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Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  2,930.  2,849.  81.  Other	C										
organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  2,930.  2,849.  81.	20			ation that are	hold a	nd administer	d for the				
(ii) Unrelated organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment 2,930. 2,849. 81. e Other	Sa	-	ssion of the organiz	ation that are	neiu a	na administere	d for the			Y	s No
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  2,930 • 2,849 • 81 • e Other									32	-	110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  2,930.  2,849.  81.										_	+-
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  2,930.  2,849.  81.	h										+-
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  2,930.  2,849.  81.	4										
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  2,930.  2,849.  81.	Par			William Taria							
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other				), Part IV, line	11a. S	See Form 990, I	Part X, lir	ne 10.			
basis (investment) basis (other) depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment 2,930. 2,849. 81. e Other		· · ·							(d) B	ook v	alue
b Buildings c Leasehold improvements d Equipment 2,930. 2,849. 81.			1 ''		•				(-, 5	3 - 1 · ·	
b Buildings c Leasehold improvements d Equipment 2,930. 2,849. 81.	1a	Land									
c Leasehold improvements d Equipment 2,930. 2,849. 81.											
d Equipment 2,930. 2,849. 81.											
e Other				930.				2,849.			81.
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (E	), line 1	'0c.)					81.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CONVENTION (	OF STATES ACT	ION 47	-2245708 Page 3
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the organiz			- Lago
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

, , ,	` '
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (R) line 15.)	

#### Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	ue per Returr	).
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	8,330,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а				
b				
С				
d	(	2d		0
е			2e	0.
3	Subtract line 2e from line 1		3	8,330,036.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a				
b				0
_C				8,330,036.
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. rt XII   Reconciliation of Expenses per Audited Financial St			
ra	Complete if the organization answered "Yes" on Form 990, Part IV, lir	-	iises per netu	irii.
_			1	10,689,465.
1	Total expenses and losses per audited financial statements			10,009,403.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا		
a				
b				
c d				
			2e	0.
3	Add lines 2a through 2d Subtract line 2e from line 1			10,689,465.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		4a		
b				
	Add lines 4a and 4b		4c	0.
5				10,689,465.
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		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 a	ny additional information.		
וגם	om w true ).			
PA	RT X, LINE 2:			
NTO	AMOUNTS HAVE BEEN IDENTIFIED, OR RECOR	סחפה אפ ווארפים		
NO	AMOUNTS HAVE BEEN IDENTIFIED, OR RECOR		י עגיה ואדגיה	DACTMTANC
		DED, AS UNCER	TAIN TAX	POSITIONS.
		DED, AS UNCER	TAIN TAX	POSITIONS.
		DED, AS UNCER	TAIN TAX	POSITIONS.
		DED, AS UNCER	TAIN TAX	POSITIONS.
		DED, AS UNCER	TAIN TAX	POSITIONS.
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		DED, AS UNCER	TAIN TAX	POSITIONS.
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		DED, AS UNCER	TAIN TAX	POSITIONS.
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		DED, AS UNCER	TAIN TAX	POSITIONS.
		DED, AS UNCER	TAIN TAX	POSITIONS.
		DED, AS UNCER	TAIN TAX	POSITIONS.
		DED, AS UNCER	TAIN TAX	POSITIONS.

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization  CONVENT	ION OF STATES ACTI	ON				Employer ide 47 – 2245	ntification number 708
	Complete if the organization answer		'es" o	n Form 990, Part IV,	line 1		
<ul> <li>1 Indicate whether the organization raise</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	sed funds through any of the following set of the following set of the solicitate of	tion of tion of fundra I (inclu profess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
THE RICHARD NORMAN COMPANY -		Yes	No				
113 E MARKET ST SUITE 300,	DIRECT MAIL		х	2,674,922.		415,062.	2,259,860.
Total				2,674,922.		415,062.	2,259,860.
List all states in which the organization or licensing.  AL, AK, AR, CA, CO, CT, FL,							
NV,OH,OK,OR,PA,RI,SC,		/	,	, ,	- , -	,	7-1-7-107-1-

232081 10-27-22

Schedule G (Form 990) 2022

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

SEE PART IV FOR CONTINUATIONS

		,	TION OF STATE			-2245708 Page 2
Pa	Irt I	Fundraising Events. Complete if the of fundraising event contributions and growth of fundraising event contributions.				
		or fundations and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
9			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
D	8	Entertainment				
	9	Other direct expenses	L O ! (-D)			
	10					
Pa		Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.	anonorou 100 0111 01		oportou moro triari	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	Ė					
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses  Volunteer labor	Yes %	%	Yes %	
			No No		No No	
	6 7	Volunteer labor	h 5 in column (d)	No No	No No	
	6 7 8	Volunteer labor  Direct expense summary. Add lines 2 through the saming income summary. Subtract line 7	h 5 in column (d)	No	No No	
9	6 7 8	Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line a	No  th 5 in column (d)  from line 1, column (d)  ucts gaming activities:	No	No No	
а	6 7 8 Ent	Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conducted the organization licensed to conduct gaming a	No  7 from line 1, column (d)  ucts gaming activities: activities in each of these	No No e states?	No No	Yes No
а	6 7 8 Ent	Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line a	No  7 from line 1, column (d)  ucts gaming activities: activities in each of these	No No e states?	No No	Yes No
а	6 7 8 Ent	Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conducted the organization licensed to conduct gaming a	No  7 from line 1, column (d)  ucts gaming activities: activities in each of these	No No e states?	No No	Yes No
10a	6 7 8 Entire list to lif "	Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conducted the organization licensed to conduct gaming a	No  The first form of the section in each of these revoked, suspended, or	e states?	No No	

Schedule G (Form 990) 2022

232082 10-27-22

Scn	ledule G (Form 990) 2022 CONVENTION OF STATES ACTION 47-2	243	700	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	L No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆	Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
•	If "Yes," enter name and address of the third party:			
	Name	—		
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:		
 (I	) NAME OF FUNDRAISER: THE RICHARD NORMAN COMPANY			
<u>,                                     </u>	,			
<b>(</b> I	) ADDRESS OF FUNDRAISER: 113 E MARKET ST SUITE 300, LEESBURG,	VA	20	176

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

CONVENTION OF STATES ACTION

Employer identification number 47-2245708

Schedule J (Form 990) 2022

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		х
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		21
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

232111 10-18-22

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

47-2245708

Schedule J (Form 990) 2022 CONVENTION OF STA

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W.	2 and/or 1099-MISC compensation	3 and/or 1099•NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation	( <b>D</b> ) 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			reported as deferred on prior Form 990
(1) MARK MECKLER	Ξ	121,264.	0	0	0	١,	130,797.	0
PRESIDENT / CEO	(ii)	68,211.	0.	0.	• 0	5,362.	73,573.	
(2) PATRICIA MECKLER	Ξ	114,952.	0.	0.		0.	Ţ	
VP OF EXTERNAL RELATIONS	(ii)	64,660.	0	0.	• 0	0.		
	Ξ							
	(iii)							
	(i)							
1	<b>(ii</b>							
	Ξ							
	(ii)							
	(i)							
	(iii)							
	(i)							
	<b>(ii)</b>							
	Ξ							
	<b>(E)</b>							
	Ξ							
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Schedule J (Form 990) 2022

Page 3

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

	Schedule J (Form 990) 2022
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## **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

		umber
1 (b) Relationship between disqualified		
	-1\ O	10
(a) Name of disqualified person person and organization (c) Description of transaction	d) Corr	
pototi and organization	Yes	No
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under		
section 4958		
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$		
Part II Loans to and/or From Interested Persons.		
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization are provided on a property of the provided of the provided on a property of the provided of the provided on a property of the provided on a provided on the	ation	
reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In (h) Approv	/ed (i) \	Vritten
(a) Name of (b) Relationship (c) Purpose interested person with organization of loan (c) Purpose of loan (d) Loan to or from the organization? principal amount (f) Balance due (g) In default?	or agre	ement?
To From Yes No Yes No		No
10 110111	1.00	110
		_
		+
	+	+
Total		
Total \$   Part III   Grants or Assistance Benefiting Interested Persons.		
Part III Grants or Assistance Benefiting Interested Persons.		
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.	urpose (	of
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and assistance assistance assistance	irpose d	of
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Pu		of
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and assistance assistance assistance		of
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and assistance assistance assistance		of
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and assistance assistance assistance		of
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and assistance assistance assistance		of
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and assistance assistance assistance		of

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Schedule L (Form 990) 2022

Part IV	Business	Transactions	Involving	Interested	Persons.
---------	----------	--------------	-----------	------------	----------

(a) Name of interested person	(b) Relations	hip between interested nd the organization	(c) Amou		(d) Description of transaction	organiz	aring of zation's nues?
						Yes	No
PATRICIA MECKLER	WIFE OF	PRESIDENT /	114	,952.	EMPLOYED		Х
TONYA RUTHENBERG	WIFE OF	COO / MICHA			EMPLOYED		X
WILLIAM KELLY	BROTHER	OF GENERAL			EMPLOYED		X
LUCY VANDERLAAN	DAUGHTE	R OF PRESIDE	48	,204.	EMPLOYED		Х
						_	
Part V   Supplemental Information.							
Provide additional information for resp	onses to quest	ions on Schedule L (see	instructions)				
Total additional information to room	ones to queet	10.110 011 001100010 2 (000					
SCH L, PART IV, BUSINESS S	TRANSACT	IONS INVOLVI	NG INT	EREST	TED PERSONS	:	
(A) NAME OF PERSON: PATRIC	CIA MECK	LER					
(B) RELATIONSHIP BETWEEN	INTEREST	ED PERSON AN	D ORGAI	VIZA	TION:		
WIFE OF PRESIDENT / CEO MZ	ARK MECK	LEK					
(A) NAME OF PERSON: TONYA	RIITHENB	ERG					
(A) NAME OF TERDON: TONIA	KOIIIEND	LIKG					
(B) RELATIONSHIP BETWEEN	INTEREST	ED PERSON AN	D ORGAI	NIZAT	TION:		
, , , , , , , , , , , , , , , , , , , ,							
WIFE OF COO / MICHAEL RUTI	HENBERG						
(A) NAME OF PERSON: WILLIA	AM KELLY						
(D) DELAMIONGUED DEMINERY			D 0D031		T ON		
(B) RELATIONSHIP BETWEEN	INTEREST	ED PERSON AN	D ORGAL	MTZW.	TION:		
BROTHER OF GENERAL COUNSEL	. / CEO	POBERT KEI.I.V					
DROTHER OF GENERAL COORDER	J / CFO	KOBEKI KEHHI					
(A) NAME OF PERSON: LUCY V	VANDERLA	AN					
(B) RELATIONSHIP BETWEEN	INTEREST	ED PERSON AN	D ORGAI	VIZAT	TION:		
DAUGHTER OF PRESIDENT / CI	EO, MARK	MECKLER AND	VP OF	EXT	ERAL RELATIO	ons,	

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

CONVENTION OF STATES ACTION

Employer identification number 47-2245708

FORM 990, PART VI, SECTION A, LINE 2:

PATRICIA MECKLER IS THE WIFE OF PRESIDENT/CEO MARK MECKLER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

LEGAL COUNSEL REVIEWS OUTGOING ORGANIZATIONAL PAYMENTS AND ROUTINELY

MONITORS FOR POSSIBLE CONFLICTS OF INTEREST. ALL MEMBERS OF THE BOARD OF

DIRECTORS ARE REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST AT

THE ORGANIZATION'S ANNUAL BOARD MEETING. ANY OFFICER OR DIRECTOR WHO FAILS

TO PROPERLY REPORT A CONFLICT OF INTEREST IS SUBJECT TO SANCTION BY THE

BOARD.

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

THE BOARD HAS APPOINTED LEGAL COUNSEL TO PERIODICALLY REVIEW AND REPORT ON THE COMPENSATION OF THE ORGANIZATION'S CEO, OFFICERS, AND KEY EMPLOYEES IN LIGHT OF THE COMPENSATION OFFERED TO SIMILARLY SITUATED ORGANIZATIONS. THE BOARD REVIEWS AND ADJUSTS THE COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES BASED ON COUNSEL'S FINDINGS. NO DIRECTORS WITH A CONFLICT OF INTEREST ARE ALLOWED TO PARTICIPATE IN THE BOARD'S DECISION. COUNSEL'S REPORT AND THE BOARD'S DECISIONS THEREON ARE DOCUMENTED IN THE BOARD'S MINUTES.

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

AR, CA, FL, GA, HI, IL, KS, KY, MN, MS, NH, NJ, NM, NY, OR, PA, TN, UT, WV, WI

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Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page 2
Name of the organization  CONVENTION OF STATES ACTION	Employer identification number 47-2245708
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTE	PEGM DOLLOV VIID
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON	N REQUEST.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part

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

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

2022 Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number 47-2245708 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. CONVENTION OF STATES ACTION

	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the organization ans	swered "Yes" on Form 990, Par	rt IV, line 34, becaus	se it had one or more	related tax-exempt

(a)	(q)	(၁)	(P)	(e)	(J)	(6)	04-V40)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	Z(D)( IS)
of related organization		foreign country)	section	status (if section	entity	entity?	7
				501(c)(3))		Yes	No
CITIZENS FOR SELF-GOVERNANCE - 27-1657203							
5850 SAN FELIPE, SUITE 575A							
HOUSTON, TX 77057	CHARITABLE ORGANIZATION	TEXAS	501(C)(3)	LINE 7			×
CSG ACTION - 27-4648506							
5850 SAN FELIPE, SUITE 585							
HOUSTON, TX 77057	ADVOCACY	TEXAS	501(C)(4)				×
DEFENDING LIBERTY, INC 81-2322002							
7670 OPPORTUNITY RD., SUITE 205							
SAN DIEGO, CA 92110	ADVOCACY	MISSOURI	501(C)(4)				×

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

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Schedule R (Form 990) 2022

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CONVENTION OF STATES ACTION

Schedule R (Form 990) 2022

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)	(q)	(0)	(p)	(e)	<b>(£)</b>	( <del>6</del> )	(h)	(3)	9	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Sha ir	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes	

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

(a)	(q)	(c)	(p)	(e)	(J)	(b)	(h)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	(13) N13) NPd N7
		country)		or trust)		assers		Yes	٧
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 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	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				₽	Г	×
(S				10		×
Loans or loan quarantees to or for related organization(s)				2		×
					T	×
				2		1
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				=		×
				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				į-		×
(A) and the contribution of the contribution of the contribution of the contribution (A)				÷		×
	(o) coitoriao			€ ₹	T	×
Periormance of services of membership of lundraising solicitations for	anization(s)			= ,	T	<b>4</b>  ⊳
<ul> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>	anization(s)			<u>۽</u>	1	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			두		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				2		×
					Þ	
p Reimbursement paid to related organization(s) for expenses				9	∢;	
q Reimbursement paid by related organization(s) for expenses				5	×	
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
ଷ୍						
(4)						
(5)						
(9)	•				1	
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(k) rcentage vnership				
General or Pe managing ov partner?				
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) er orgs.? Yes No				
Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and ElN of entity				