** PUBLIC DISCLOSURE COPY**

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	e 2024 calendar year, or tax year beginning and e	ending		
BC	neck if oplicable	C Name of organization		D Employer identifica	tion number
	Addres	FREE PRESS ACTION FUND			
	Name		04-377159	8	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final	202-265-1	490		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	470,620.
	Ameno			H(a) Is this a group ret	urn
	Applic	^{a-} F Name and address of principal officer: CRAIG AARON			Yes X No
	pendir	9 SAME AS C ABOVE		H(b) Are all subordinates incl	
I T	ax-ex	empt status: 501(c)(3) 🗴 501(c) (4) (insert no.) 4947(a)(1) o	or 🗌 527	If "No," attach a li	st. See instructions
JV	Vebsi	te: WWW.FREEPRESS.NET		H(c) Group exemption	number
		organization: 🕱 Corporation 🔄 Trust 🦳 Association 🗌 Other	L Year	of formation: 2003 M	State of legal domicile: DC
Pa	rtl	Summary			
	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O	
Governance					
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net asse	ts.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		5	
es e	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)		42	
vitic	6	Total number of volunteers (estimate if necessary)		170008	
Activities &	7a	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.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		1,352,976.	449,566.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,602.	21,054.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,368,578.	470,620.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		611,742.	518,118.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
dx.	b	Total fundraising expenses (Part IX, column (D), line 25) 156,80		255 004	040 450
w	111	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		355,004.	<u>248,452.</u> 766,570.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	966,746.	
	19	Revenue less expenses. Subtract line 18 from line 12		401,832.	-295,950.
S OF	20 21 22		-	eginning of Current Year	End of Year
SSel	g 20	Total assets (Part X, line 16)	1	1,558,486.	1,154,697.
etA	21	Total liabilities (Part X, line 26)		320,759.	212,920.
E D	- 22 art !!	Net assets or fund balances. Subtract line 21 from line 20		1,237,727.	941,777.
			a and state	anto and to the best of mu	Incuded as and ballef. It is
Und	ier pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ients, and to the best of my	knowledge and beller, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11000

	gand bengreter beendranen er proparer (ganer giant erner	i jie subou off all internation of milding propa									
	- million	1	Man & 2025								
Sign	Signature of officer	Date									
Here	KIMBERLY LONGEY, CFO/COO										
	Type or print name and title										
	Preparer's name	Preparer's signature	Date Check PTIN								
Paid	ELIZABETH SALEEBY	ELIZABETH SALEEBY	05/08/25 self-employed P01324914								
Preparer	Firm's name CALIBRE CPA GROUP	, PLLC	Firm's EIN 47-0900880								
Use Only	Firm's address 7501 WISCONSIN AV	ENUE, SUITE 1200 WEST	6								
	BETHESDA, MD 20814 Phone no. 202-331-9880										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										

LHA For Paperwork Reduction Act Notice, see the separate instructions.

1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
•	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ves	XNo
	If "Yes." describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, an	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 249,255. including grants of \$) (Reven		
	FUTURE OF THE INTERNET: CONTINUED WORK ON AVAILABILITY, AFFORDABILITY OF BROADBAND INTERNET NATIONWIDE. LAUDED B		
	LEGISLATION TO APPROPRIATE FISCAL-YEAR 2024 FUNDING FOR		LE
	CONNECTIVITY PROGRAM (ACP), A BROADBAND-ACCESS SUBSIDY C		
	OF THE 2021 BIPARTISAN INFRASTRUCTURE PACKAGE, WITH MORE		
	MILLION HOUSEHOLDS ENROLLED. HELPED MOBILIZE A COALITION	OF 271	
	CIVIL-SOCIETY GROUPS AND LOCAL, STATE AND TRIBAL GOVERNM		
	THEIR SUPPORT FOR THE BILL. CONTINUED TO EXPOSE THE CO		0
	MILLIONS OF PEOPLE LACKING ACCESS TO AFFORDABLE BROADBAN		
	WHEN ACCESS TO HEALTH CARE, SCHOOLING, WORK AND SO MUCH A RELIABLE CONNECTION. SUPPORTED THE REINTRODUCTION OF	MORE DEPENDS THE UTILITY	ON
	JUSTICE HUMAN RIGHTS RESOLUTION, WHICH DECLARES THAT ACC		
4b	(Code:) (Expenses \$177,477. including grants of \$) (Reven		
ŦN	DEMOCRACY AND DIGITAL CIVIL RIGHTS: CONTINUED HIGHLIGHTI		OF
	SOCIAL MEDIA COMPANIES IN THE PERPETUATION OF HOAXES, DI		
	AND HATE SPEECH AND THE IMPACT TO SOCIETY AND ESPECIALLY	ТО	
	MARGINALIZED COMMUNITIES, WOMEN, AND PEOPLE OF COLOR.		
	UDARD ANYODRATONIL LATION TO DRATDIAN DIAL DRAVEDAL ALL		
	URGED CONGRESSIONAL ACTION TO RESTRICT DATA BROKERS' SAL PERSONAL DATA, INCLUDING TO FOREIGN GOVERNMENTS. LOBBIED		
	THE FOURTH AMENDMENT IS NOT FOR SALE ACT, WHICH WOULD PR		OF
	ENFORCEMENT AND INTELLIGENCE AGENCIES FROM OBTAINING SUB		
	CUSTOMER RECORDS IN EXCHANGE FOR ANYTHING OF VALUE, TO A		
	COMMUNICATIONS AND RECORDS IN THE POSSESSION OF INTERMED		т
	SERVICE PROVIDERS. ORGANIZED A CAPITOL HILL BRIEFING TO	HIGHLIGHT TH	E
4c			
	FUTURE OF JOURNALISM: CONTINUED TO WORK IN AND WITH COMM		
	PEOPLE HAVE A STRONG VOICE IN HOW LOCAL NEWS CAN BE REVI	-	7
	STRENGTHENED AND TRANSFORMED. PROMOTED POLICIES THAT WIL OWNERSHIP AMONG WOMEN AND PEOPLE OF COLOR AND CREATE OPP		
	LOCAL MEDIA OWNERS WHO ARE COMMITTED TO ACTUALLY SERVING		
	COMMUNITIES. DEFENDED A FREE PRESS AND URGED PROTECTIONS		
	JOURNALISTS. OPPOSED PASSAGE OF THE CALIFORNIA JOURNAL		
	PRESERVATION ACT WHICH WOULD HAVE REWARDED THE MEDIA CON	GLOMERATES A	ND
	HEDGE FUNDS THAT HAVE DESTROYED LOCAL NEWS AND MADE IT H		ALL
	COMMUNITY-CENTERED NEWSROOMS TO SURVIVE. EXPANDED JOURNA		
	WORK TO THE GREAT LAKES REGION, WITH AN INITIAL FOCUS ON	ILLINOIS AN	D
	WISCONSIN.		
4d	Other program services (Describe on Schedule O.)	Ň	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 550,288.)	
TC		Form	990 (2024
	SEE SCHEDULE O FOR CONTINUATION (S		1202

			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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	x	
L	Schedule D, Parts XI and XII	12a	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	v	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13		14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	148		
U	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			
		14b		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	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		x
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
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	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	<u> </u>
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
0 -	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	l
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable $ _{40} _{10}$		162	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	1		
b C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(compliant) with the state with the state of	1c	х	
43200/	(gambing) winnings to prize winners?			(2024)
432004	Δ	1 UIII		(2024)

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	990 (2024) FREE PRESS ACTION FUND 04-3771	598	P	_{age} 5					
Par	t 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 2a 42								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	x					
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
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		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	X	<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		37						
	were not tax deductible?	6b	X	<u> </u>					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_							
	to file Form 8282?	7c		<u> </u>					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
•	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>					
9	Sponsoring organizations maintaining donor advised funds.	•							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
a ⊾	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
100	amounts due or received from them.) [11b]	100							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
a	Note: See the instructions for additional information the organization must report on Schedule O.	150							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
14a		14a		X					
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	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 income?	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 activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								
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Form	990	(2024)
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FREE PRESS ACTION FUND

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

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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. 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 1a	6						
	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 1b	5						
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		X				
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?	· – –		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X				
6	Did the organization have members or stockholders?			X				
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ľ						
74	more members of the governing body?	7a		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
D.		7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
		8a	X					
a h	The governing body? Each committee with authority to act on behalf of the governing body?			x				
-								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x				
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	. 9						
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	Na				
10-	Did the evention have least shorters, have short as efflicted.	40	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10k						
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12 k	^					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v					
	on Schedule O how this was done	120						
13	Did the organization have a written whistleblower policy?							
14	Did the organization have a written document retention and destruction policy?	14	X					
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?		37					
	The organization's CEO, Executive Director, or top management official							
b	Other officers or key employees of the organization	15k	X					
	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	1	X				
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?	16)					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE</u> O							
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) availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)							
10	⊥X Own website ↓ Own request ↓ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fin-						
00	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 KIMBERLY LONGEY - 202-265-1490							
	1025 CONNECTICUT AVE, NW, WASHINGTON, DC 20036							
432006	3 12-10-24	For	m 990	(2024)				

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6 2024.03040 FREE PRESS ACTION FUND

Form **990** (2024)

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Form 990	(2024)
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Part VII	Со	mpensation of Officers	, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and Independ	lent Contra	ctors			

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.

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

(A)	(B) (C)							(D)	(F)		
Name and title	Average	Position (do not check more than one			l than d	ne	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)			n an	compensation	compensation	amount of			
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other	
	(list any	rector						the	organizations	compensation	
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the	
	related	ustee	trust		e	suadi		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	ual tr	ional		ploye	t corr		1099-NEC)		and related organizations	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) CRAG AARON	4.00	_					-				
CO-CEO	36.00	Х		х				15,984.	183,810.	30,193.	
(2) KIMBERLY LONGEY	6.00										
CFO/COO, ASST TREASURER/SECRET	34.00			Х				14,284.	189,778.	11,478.	
(3) JESSICA GONZALEZ	4.00										
CO-CEO	36.00				Х			15,803.	181,736.	11,327.	
(4) MATHEW WOOD	6.00										
VICE PRESIDENT	34.00					X		26,078.	147,775.	29,078.	
(5) MISTY PEREZ TRUEDSON	0.00										
CHIEF OF STAFF	40.00					X		0.	173,508.	28,896.	
(6) CANDACE CLEMENT	2.00										
MANAGING DIRECTOR	38.00					X		21,296.	120,676.	27,476.	
(7) DEREK TURNER	0.00										
SENIOR ADVISOR, ECONOMIC AND POLICY	40.00					X		0.	141,662.	8,299.	
(8) NORA BENAVIDEZ	0.00										
SENIOR COUNSEL AND DIRECTOR	40.00					X		0.	139,587.	8,443.	
(9) VANESSA CARDENAS	1.00										
DIRECTOR	1.00	Х						0.	0.	0.	
(10) OLGA DAVIDSON	1.00										
DIRECTOR, SECRETARY (THROUGH 12/24)	1.00	Х						0.	0.	0.	
(11) BRANDI COLLINS DEXTER	1.00										
DIRECTOR, TREASURER	1.00	Х		Х				0.	0.	0.	
(12) VICTOR PICKARD	1.00										
DIRECTOR, CHAIR	1.00	Х		х				0.	0.	0.	
(13) HENRY FERNANDEZ	1.00										
DIRECTOR (EFF. 12/24)	1.00	Х						0.	0.	0.	
(14) JOAN DONOVAN	1.00										
DIRECTOR (THROUGH 12/24)	1.00	Х						0.	0.	0.	
(15) MARTHA FUENTES-BAUTISTA	1.00										
DIRECTOR, SECRETARY (EFF 12/24)	1.00	Х		Х				0.	0.	0.	
	I	I								000	

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	orm 990 (2024) FREE PRESS ACTION FUND 04-3771598 Page 8										
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) (B) Name and title Average hours per week			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional 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
									02.445	1 070 50	
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A			· · · · · · · · ·					(1,278,532	0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	0 Yes No
3 4	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual								-	. <u>3 X</u>
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	,000? <i>If</i> "Yes, ccrue compen	" co satio	<i>mple</i> on fr	ete S om	Sche any	edule unre	<i>J f</i> elate	or such individual	dual for services	4 X 5 X
Sec	tion B. Independent Contractors		.0 /	57 50		20/0					
1	Complete this table for your five highest cor the organization. Report compensation for t (A)									<i>,</i> ,	nsation from (C)
	Name and business	address	NC	ONE	2			_	Description of s	ervices	Compensation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	l to f	thos C		ted	above) who received mo	ore than	Form 990 (2024)

			PO24) FREE PRESS	ACTION FUN	D		04-3771	598 Page 9
Par	rt V	111	Statement of Revenue					
			Check if Schedule O contains a respor	nse or note to any lin		(D)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							business revenue	from tax under
								sections 512 - 514
ts t	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b	83,737.				
∂°°		С	Fundraising events 1c					
۹.		d	Related organizations 1d					
s, (е	Government grants (contributions) 1e					
ion Sign		f	All other contributions, gifts, grants, and					
the the			similar amounts not included above 1f	365,829.				
<u>Ş</u>		g	Noncash contributions included in lines 1a-1f					
ano		h	Total. Add lines 1a-1f		449,566.			
				Business Code				
Ð	2	а						
Ś		b						
Ser		с						
am Ser evenue		d						
Program Service Revenue		ē						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, in					
	Ū				21,054.			21,054.
	4		Income from investment of tax-exempt bor		,			,
	5		Royalties	-				
	5		(i) Real	(ii) Personal				
	6	~						
			· · /					
				es (ii) Other				
	1	а						
			assets other than inventory 7a					
		b	Less: cost or other basis					
venue			and sales expenses 7b					
eve			Gain or (loss) 7c					
å			Net gain or (loss)	 Г Г				
Other Ro	8		Gross income from fundraising events (not					
õ			including \$ of					
			contributions reported on line 1c). See					
			,	8a				
			Less: direct expenses	8b				
			Net income or (loss) from fundraising event					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a				
			Less: direct expenses	9b				
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
				10a				
		b	Less: cost of goods sold	10b				
		с	Net income or (loss) from sales of inventory	/				
<i>"</i>				Business Code				
suo e	11	а						
ane		b						
eve eve		с						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
					470,620.	0.	0.	21,054.
	12		Total revenue. See instructions		1 10,0200			,

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Form	990	(2024)

FREE PRESS ACTION FUND Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(-)		(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	E0 107	21 042	15 166	12 000
_	trustees, and key employees	50,197.	21,943.	15,166.	13,088
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	271 677	200 000	12 054	76,724
7	Other salaries and wages	371,677.	280,999.	13,954.	/0,/24
8	Pension plan accruals and contributions (include	16 077	10 051	F 0 7	2 200
~	section 401(k) and 403(b) employer contributions)	16,077. 54,769.	<u>12,251.</u> 39,143.	527. 3,779.	<u>3,299</u> 11,847
9	Other employee benefits	25,398.	18,776.	1,352.	5,270
0	Payroll taxes	23,390.	10,770.	, , , , , , , , , , , , , , , ,	5,270
11	Fees for services (nonemployees):				
	Management	802.	579.	223.	
		11,330.	575.	11,330.	
	Accounting	11,550.			
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	127,820.	98,435.	7,175.	22,210
12	Advertising and promotion	10,652.	9,272.	283.	22,210 1,097 10,308
13	Office expenses	12,713.	1,210.	1,195.	10,308
14	Information technology	61,907.	51,137.	2,676.	8,094
5	Royalties			_,	-,
16	Occupancy	17,162.	13,784.	-674.	4,052
7	Travel	62.	45.	5.	12
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	25.	19.	5.	1
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
3		2,624.	287.	2,252.	85
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROF DEV & TRAINING	1,701.	1,223.	120.	358
b	SUBSCRIPTIONS	1,654.	1,185.	108.	361
с					
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	766,570.	550,288.	59,476.	156,806
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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FREE PRESS ACTION FUND Form 990 (2024) Part X Balance Sheet

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	154,808.	1	17,173.
	2	Savings and temporary cash investments		2	609,025.
	3	Pledges and grants receivable, net		3	•
	4	Accounts receivable, net		4	325,000.
	5	Loans and other receivables from any current or former officer, director,			
	_	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	1,610.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	201,889.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,154,697.
	17	Accounts payable and accrued expenses		17	180,775.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21			21	
	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35%			
bili				22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
	23	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		27	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	61,852.	25	32,145.
	26	Total liabilities. Add lines 17 through 25	320,759.	26	212,920.
	20	Organizations that follow FASB ASC 958, check here X		20	
es		and complete lines 27, 28, 32, and 33.			
ũ	27	Net assets without donor restrictions	1,227,727.	27	941,777.
3ale	28	Net assets with donor restrictions	10,000.	28	0.
Б	20	Organizations that do not follow FASB ASC 958, check here		20	
Net Assets or Fund Balances		and complete lines 29 through 33.			
p	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31			31	
et /	32	Total net assets or fund balances		32	941,777.
z	33	Total liabilities and net assets/fund balances	1 550 400	33	1,154,697.
	. 00		,000,1000	00	Form 990 (2024)

		Pag	_{ge} 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			
1 Total revenue (must equal Part VIII, column (A), line 12)	470	, 6	20.
2 Total expenses (must equal Part IX, column (A), line 25)	766	, 5'	70.
	295		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	237	,7	27.
5 Net unrealized gains (losses) on investments 5			
6 Donated services and use of facilities			
7 Investment expenses 7			
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O)			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B))	941	,7	77.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			X
	<u>۱</u>	/es	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
Separate basis Consolidated basis X Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			1
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	00	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

Employer identification number

04-3771598

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

FREE PRESS ACTION FUND

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., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

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

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

Employer identification number

FREE PRESS ACTION FUND

04-3771598

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$60,000.	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			
2		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	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.)			

Schedule B (Form 990) (Rev. 12-2024)

09450508 712177 71448

14 2024.03040 FREE PRESS ACTION FUND 714

71448__1

Name of organization

Page 3

Employer identification number

04-3771598

FREE PRESS ACTION FUND

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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2024.03040 FREE PRESS ACTION FUND

09450508 712177 71448

Name of or	rganization		Employer identification number		
FREE I	PRESS ACTION FUND		04-3771598		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Transfer of g and ZIP + 4	gift 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 g	 gift		
-	Transferee's name, address, a	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 g	 gift		
-	Transferee's name, address, a	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 g	fer of gift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
423454 01-09			Schedule B (Form 990) (Rev. 12-2024)		

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2024.03040 FREE PRESS ACTION FUND 71448_1

SCHEDULE	С
(Form 990)	

Department of the Treasury

Internal Revenue Service

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.

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 I-B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Nar	ne of organization	Employer	identification nu	imber (EIN)
	FREE PRESS ACTION FUND		04-37715	598
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 5	27 orgai	nization.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.			
2	Political campaign activity expenditures	\$		
3	Volunteer hours for political campaign activities			
_				
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No No
4	a Was a correction made?		Yes	No No
	b If "Yes," describe in Part IV.			
Pa	art I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527			
	exempt function activities	\$		
3				
	line 17b	\$		
4	Did the filing organization file Form 1120-POL for this year?		Yes	No
5	Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization	made paym	ients. For each	I
	organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of politica	l contributi	ons received th	nat were

promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2024

OMB No. 1545-0047

Open to Public

Inspection

LHA 432041 11-17-24

Schedule C (Form 990) 2024 FR	EE PRESS	ACTION FUND		04-3	3771598 Page 2
Part II-A Complete if the organi	zation is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)). A Check if the filing organization expenses, and share of B Check if the filing organization	excess lobbying	expenditures).		group member's nam	e, address, EIN,
B Check if the filing organization	Checked box A a	na imitea control pro	ovisions apply.	(a) Filing	(b) Affiliated group
Limits o (The term "expenditu	n Lobbying Expe es" means amou)	organization's totals	totals
1a Total lobbying expenditures to influence	e public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence	e a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad					
f Lobbying nontaxable amount. Enter th	e amount from the	e following table in bot	h columns.		
IF the amount on line 1e, column (a) or (b), is: THEN 1	he lobbying nontaxab	ble amount is:		
not over \$500,000		the amount on line 1e.			
over \$500,000 but not over \$1,000,000		00 plus 15% of the exc	· /		
over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce	<u>ss over \$1,500,000.</u>		
over \$17,000,000	\$1,000	000.			
g Grassroots nontaxable amount (enter 2	, ,				
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or	,		•		
j If there is an amount other than zero o					
reporting section 4911 tax for this year			0		Yes No
(Some organizations that i	made a section 5	eraging Period Under 01(h) election do not ate instructions for lii	have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

432042 11-17-24

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)		(b)	
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
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				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 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, is
1	Dues, assessments, and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid):		0		
	Current year				
	Carryover from last year				
-	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		4		
-	expenditures next year?				
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
		liot): Dort II /	lines 1 -	ad 2 (aaa	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	iist), mart II-A	, intes i al	iu 2 (See	

432043 01-18-25

Schedule C (Form 990) 2024

SC	HEDULE D	Supplementa	al Financial Statements	5		
(Forn	orm 990) Complete if the organization answered "Yes" on Form 990,					OMB No. 1545-0047
Depart	December 2024) ment of the Treasury	A	ttach to Form 990.			Open to Public
	Revenue Service		0 for instructions and the latest informa	ition.	Employer	Inspection identification number
Nam	e of the organizati	FREE PRESS ACTION	FUND			4-3771598
Par		ations Maintaining Donor Advise		or Ac	counts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin			<u>\</u>	
			(a) Donor advised funds	(1	b) Funds and	d other accounts
1 2		nd of year f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in	-			
		on's property, subject to the organization's				Yes No
6	0	on inform all grantees, donors, and donor a	0 0		5	
	impermissible priv	oses and not for the benefit of the donor o ate benefit?	r donor advisor, or for any other purpose (0	Yes No
Par		ation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV,	line 7.	
1		servation easements held by the organization				
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of	a histo	rically impor	tant land area
		f natural habitat	Preservation of	a certif	ied historic :	structure
•		of open space				and the last
2	day of the tax year	through 2d if the organization held a qualit	red conservation contribution in the form	or a con		at the End of the Tax Year
а		onservation easements		ľ	2a	
b					2b	
с	Number of conser	vation easements on a certified historic stru	ucture included on line 2a		2c	
d		vation easements included on line 2c acqu				
•		ture listed in the National Register			2d	- H
3	year	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	ation during	the tax
4		 where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per				
	violations, and enf	orcement of the conservation easements it	holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervatior	n easements	during the year
7		 es incurred in monitoring, inspecting, hand	lling of violations, and onforcing consonrat	tion one	omonte duri	ng the year
7	Amount of expens	es incurred in monitoring, inspecting, nanc		lion eas		ng the year
8	Does each conser	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?				Yes No
9		be how the organization reports conservation	•			
		d include, if applicable, the text of the footr	note to the organization's financial stateme	ents tha	t describes	the
Par	t III Organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art, Historical Treasures, or Ot	her Si	milar Ass	ets.
		the organization answered "Yes" on Form				
1a		elected, as permitted under FASB ASC 95		nd bala	nce sheet w	orks
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in fu	rtherand	ce of public	
	· -	Part XIII the text of the footnote to its finar				
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, or research in furth	ierance	of public se	rvice,
	-	ng amounts relating to these items. ded on Form 990, Part VIII, line 1			\$	
2	.,	received or held works of art, historical tre				
	-	unts required to be reported under FASB A	-			
		on Form 990, Part VIII, line 1				
		Form 990, Part X				rm 000) (Boy 10,0004)
LHA	432051 01-02-25	ion Act Notice, see the Instructions for F	UIII 330.	Sch	eaule D (FO	rm 990) (Rev. 12-2024)
			20			

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2024.03040 FREE PRESS ACTION FUND 71448_1

Sche	dule D (Form 990) (Rev. 12-2024) FREE P	RESS ACTIO	N FU	ND					71598	
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	· Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	s, checł	any of the f	following that	t make sig	nificant u	ise of its		
	collection items (check all that apply).		-		Ū.	Ū				
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	am				
b	Scholarly research	e			5 1 5					
c	Preservation for future generations									
4										
5										
-	to be sold to raise funds rather than to be ma		,						Yes	No
Par	t IV Escrow and Custodial Arran							Part IV li	_	
	reported an amount on Form 990, Par			organization	ranowerea		51111 000,	r arc iv, ii	10 0, 01	
10	Is the organization an agent, trustee, custodi		diany for	contribution	s or other as	sots not ir	ocluded			
Id									Yes	No
b	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟	162	
b	If Yes, explain the arrangement in Part All	and complete the lo	nowing	lable.					Amount	
	De sinsis e la la se								Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1 f		7	
	Did the organization include an amount on Fe						y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Par	t V Endowment Funds Complete if								() -	
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	/ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a))) held as:					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation tha	t are held ar	nd administer	ed for the				
	organization by:	5							<u>ا</u>	Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm		witterit	unus.						
	Complete if the organization answere). Part IV	/. line 11a. S	ee Form 990	. Part X. li	ne 10.			
			,	,		, ,		d		value
	Description of property	(a) Cost or c basis (investr		• • •	or other (other)		cumulate reciation		(d) Book	value
	Land		nony	04315		uepi	Solation			
	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, line 1</u>	<u>0c. column</u>	<u>(B))</u>					0.
						S	chedule	D (Form	990) (Rev.	. 12-2024)

Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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) ADVANCE TO RELATED ORGANIZATION	175,000.
(2) ROU ASSET	26,889.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	
Complete if the organization answered "Vee" on Form 990, Part IV, line 11e or 11f, See Form 990, Part	t Vilino 25

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) LEASE LIABILITY	32,145.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Schedule D (Form 990) (Rev. 12-2024)

432053 01-02-25

	edule D (Form 990) (Rev. 12-2024) FREE PRESS ACTION FUND			71598 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		ie per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	470,620.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			470,620.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	.)		470,620.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1		ne 12a.	-	766,570.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	-	766,570.
-	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	ne 12a.	-	766,570.
2	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.	-	766,570.
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a. 	-	766,570.
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	-	766,570.
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		0.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1	
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1	0.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ne 12a.	1	0.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1	0.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1 2e 3	0. 766,570. 0.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 1</i>	2a 2b 2c 2d	1 2e 3 4c	0. 766,570.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d	1 2e 3 4c	0. 766,570. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

432054 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)

432055 01-02-25

		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		OMB No. 1	1545-00	047
(Rev.	December 2024)			Open to	Dubl	lic
Depa	tment of the Treasury	Attach to Form 990.		Inspe		
		Go to www.irs.gov/Form990 for instructions and the latest information.	Employer	identificatio	יוות מכ	mber
Man	le of the organization	FREE PRESS ACTION FUND				nbei
Pa	Derm 990)		577155	0		
					Yes	No
1a	Part VII, Section A, li First-class or ch Travel for comp	ne 1a. Complete Part III to provide any relevant information regarding these items. arter travel Housing allowance or residence for person anions anions Payments for business use of personal residence for personal r	nal use sidence s		100	
D	•			1b		
2	•					
2				2		
3	CEO/Executive Direct establish compensat Compensation Independent co	tor. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III. committee Written employment contract mpensation consultant X Compensation survey or study	on to			
4	During the year, did a	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a rela	ited organization:				
а				<u>4a</u>		X
b	-					X
С	-			4c		X
	If "Yes" to any of line	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5	For persons listed or	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
						X
b				<u>5b</u>		X
6			n			
а	-	-		6a		x
						X
~						
7						
				7		X
8						
				8		X
9						
	Regulations section	53.4958-6(c)?		9		
For	Paperwork Reductio	n Act Notice, see the Instructions for Form 990. Sche	edule J (Fo	rm 990) (Re	v. 12-	2024)

LHA 432111 01-15-25

04-3771598

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CRAG AARON	(i)	15,984.	0.	0.	835.	1,580.	18,399.	0.
CO-CEO	(ii)	183,810.	0.	0.	9,598.	18,180.	211,588.	0.
(2) KIMBERLY LONGEY	(i)	14,284.	0.	0.	715.	88.	15,087.	0.
CFO/COO, ASST TREASURER/SECRET	(ii)	189,778.	0.	0.	9,502.	1,173.	200,453.	0.
(3) JESSICA GONZALEZ	(i)	15,803.	0.	0.	805.	101.	16,709.	0.
CO-CEO	(ii)	181,736.	0.	0.	9,261.	1,160.	192,157.	0.
(4) MATHEW WOOD	(i)	26,078.	0.	0.	1,398.	2,964.	30,440.	0.
VICE PRESIDENT	(ii)	147,775.	0.	0.	7,919.	16,797.	172,491.	0.
(5) MISTY PEREZ TRUEDSON	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OF STAFF	(ii)	173,508.	0.	0.	9,135.	19,761.		0.
(6) CANDACE CLEMENT	(i)	21,296.	0.	0.	1,157.	2,964.		0.
MANAGING DIRECTOR	(ii)	120,676.	0.	0.	6,558.	16,797.	144,031.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

Part III Supplemental Information

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

PART I, LINE 3:

EACH POSITION AT FREE PRESS (A RELATED ORGANIZATION) HAS A PAY RANGE.
RANGES ARE DETERMINED AFTER REVIEW OF COMPARABILITY DATA, INCLUDING
COMPENSATION INFORMATION RECEIVED DIRECTLY FROM PEER ORGANIZATIONS,
COMPENSATION DATA FROM THE FEDERAL GOVERNMENT PAY SCALE, AND RESEARCH ON
NON-PROFIT COMPENSATION CONDUCTED BY GUIDESTAR, REGIONAL EMPLOYER
ASSOCIATIONS, AND JOB POSTINGS. MANAGEMENT INCLUDES COMPENSATION DATA FOR
ALL STAFF, INCLUDING THE CO-CEOS AND KEY EMPLOYEES, IN THE ANNUAL BUDGET
THAT IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS IN ADVANCE OF EACH
FISCAL YEAR. A DETAILED MEMO OUTLINING THE ORGANIZATION'S VALUES AROUND
COMPENSATION, THE HIGHEST AND LOWEST PAID EMPLOYEE AND HOW COMPENSATION
CHANGES WITHIN ANY FISCAL YEAR IS PROVIDED ALONG WITH THE BUDGET. THE BOARD
APPROVES THE BUDGET IN ADVANCE OF EACH FISCAL YEAR. COMPENSATION CHANGES
DURING ANY FISCAL YEAR ARE AT THE DISCRETION OF MANAGEMENT, AND MUST REMAIN
WITHIN THE BOARD APPROVED BUDGET. MID-YEAR CHANGES TO THE CEO'S
COMPENSATION, IF ANY, MUST BE REVIEWED AND APPROVED BY THE BOARD OF
DIRECTORS.

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 instructions and the latest information.	-EZ	OMB No. 1545-0047 Open to Public Inspection
Name of the organization		Employe	r identification number
Hame of the organization	FREE PRESS ACTION FUND		771598
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:	
FREE PRESS A	CTION FUND IS A NATIONAL, NONPARTISAN ORGANIZA	TION W	ORKING
TO REFORM TH	E MEDIA. FREE PRESS ACTION FUND EDUCATES ITS M	EMBERS	AND
THE GENERAL	PUBLIC ON HOW A DIVERSE AND PUBLIC SERVICE-ORI	ENTED	MEDIA
SYSTEM CAN S	TRENGTHEN AMERICAN DEMOCRACY.		
	RT III, LINE 1, DESCRIPTION OF ORGANIZATION MI		
	CTION FUND FIGHTS FOR YOUR RIGHTS TO CONNECT A		
	WE FIGHT TO SAVE THE FREE AND OPEN INTERNET,		
MEDIA CONSOL	•		
	ELIEVE THAT CHANGE HAPPENS WHEN PEOPLE HAVE A		
	L PROCESS. TO THAT END, WE MOBILIZE OUR GROWIN		
	SIGN PETITIONS, MEET WITH THEIR ELECTED OFFIC		
	ES AND TOWN-HALL MEETINGS, TO LOBBY IN SUPPORT		
	HEIR INTERESTS AND AGAINST THOSE THAT DON'T. W IS TO EXPOSE THE IMPACT OF PUBLIC POLICY ON TH		
VULNERABLE AL COMMUNITIES.	MONG US, INCLUDING PEOPLE OF COLOR AND LOW INC	OME	
COMMUNITIES.			
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	<u> </u>	
BROADBAND, W	• •		
	MILL, FOWER, MENTING MAD COOPERS MAE NOMEN ATS		
FORM 990, PA	RT III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:	
	ECTION DISINFORMATION IN NON-ENGLISH LANGUAGES		O ISSUE
	LL FOR SOCIAL-MEDIA PLATFORMS TO BEEF UP CONTE		
	ANGUAGES. LEAD OPPOSITION TO THE STOP TERROR-F		
	S ON AMERICAN HOSTAGES ACT, A BILL WHOSE MISLE		
CLOAKED ITS	TRUE INTENTION: UNDERMINING FREE SPEECH AND CR	USHING	
DISSENT. OPP	OSED CONTROVERSIAL SURVEILLANCE POWERS UNDER S	ECTION	702 OF
THE FOREIGN	INTELLIGENCE SURVEILLANCE ACT. CONTINUED TO AS	SERT T	НАТ
	ANNING TIKTOK, LAWMAKERS SHOULD PASS A COMPREH		
	ACY LAW THAT LIMITS HOW ALL OF THESE COMPANIES		
	ZE AND SELL OUR PERSONAL DATA. JOINED AN AMICU		
	THE TIKTOK BAN VIOLATES THE FIRST AMENDMENT B		RICTING
AMERICANS' R	IGHT TO ACCESS INFORMATION AND MEDIA FROM ABRO	AD.	
			
FORM 990, PA	RT III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:	
	DIECTCIANTON MUAN MOULD CUDDODM EXICATING NEWS		mc
	R LEGISLATION THAT WOULD SUPPORT EXISTING NEWS RTING JOBS AND INVEST IN THE FUTURE OF MEDIA A		, כד
	ATIONS. TESTIFIED BEFORE A HOUSE COMMITTEE AB		ר אדיר יישא
	PUBLIC MEDIA AND REJECT REPEATED EFFORTS TO D		
	REATS DON'T JUST HARM NPR EXECUTIVES, THEY END		
	THAN 1,000 LOCAL RADIO STATIONS PROVIDING ESS		
	THAN 1,000 BOCKE RADIO STATIONS FROVIDING ESS TO COMMUNITIES LARGE AND SMALL.		
<u></u>			
FORM 990. PA	RT III, LINE 4D, OTHER PROGRAM SERVICES:		
-	CTION FUND CONDUCTS EDUCATION, ORGANIZING AND	MOBILI	ZING
	UPPORT OUR MEMBERS TO ADVOCATE FOR BETTER MEDI		
	ND A HEALTHIER DEMOCRACY. AREAS OF FOCUS INCLU		
	AFFORDABLE CONNECTIONS, ONLINE PRIVACY, CORPOR		
	URVEILLANCE, JOURNALISM, LOCAL NEWS AND CIVIC		
			orm 990) (Rev. 12-2024)
LHA 432211 01-15-25	· · · · · · · · · · · · · · · · · · ·	- 1.	
	28		

28

Schedule O (Form 990) 2024	Page 2
Name of the organization	Employer identification number
FREE PRESS ACTION FUND	04-3771598
PUBLIC MEDIA, MEDIA CONSOLIDATION AND MEDIA DIVERSITY, AND TRANSPARENCY AND ACCOUNTABILITY. IN 2024 FREE PRESS ACTION	
BUILD A STRONG CITIZEN MOVEMENT FOR BETTER MEDIA IN THE U.	
PROVIDING EDUCATION, RESOURCES AND NETWORKING OPPORTUNITIE	S FOR OUR
MEMBERS. OUR MEMBERS ACTED MORE THAN 98,000 TIMES TO SIGN	
MAKE PHONE CALLS TO THEIR LOCAL, STATE AND FEDERAL ELECTED	
FREE PRESS ACTION FILED PUBLIC COMMENTS, PARTICIPATED IN S	
FEDERAL COMMUNICATIONS COMMISSION AND FEDERAL TRADE COMMIS PROCEEDINGS AND PUBLISHED RECOMMENDED POLICIES RELATED TO	
JOURNALISM, PUBLIC MEDIA AND DISINFORMATION. WE GARNERED M	-
PRESS HITS IN OUTLETS INCLUDING THE ASSOCIATED PRESS, THE	
OPININ, MOTHER JONES, THE NEW YORK TIMES, THE NEW YORKER,	
AND THE WASHINGTON POST. WE SECURED FINANCIAL SUPPORT FRO	
UNIQUE DONORS. TOTAL PROGRAM EXPENDITURES ARE DETAILED IN	THE THREE
CORE PROGRAM AREAS ABOVE:	
FORM 990, PART VI, SECTION A, LINE 8B:	
NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNI.	NG BODY.
FORM 990, PART VI, SECTION B, LINE 11B:	
GENERALLY, AN ELECTRONIC COPY OF THE FORM 990 IS DISTRIBUT	
OF THE AUDIT OVERSIGHT COMMITTEE (CHAIR, TREASURER, AND AS TREASURER) WHICH REVIEWS IT AND THE ORGANIZATION'S FINANCI	
DURING A MEETING WITH THE CERTIFIED PUBLIC ACCOUNTANT RETA	
THESE DOCUMENTS. ONCE THE AUDIT OVERSIGHT COMMITTEE IS SAT	
ACCURACY OF THE INFORMATION PRESENTED, A COPY OF THE FORM	990 IS SENT TO
ALL BOARD MEMBERS PRIOR TO FILING. EACH YEAR THE ENTIRE GO	
OFFERED THE OPPORTUNITY TO MEET WITH THE ORGANIZATION'S CE	
ACCOUNTANT TO REVIEW THE AUDITED FINANCIAL STATEMENTS AND FINANCIAL MANAGEMENT PRACTICES OF THE ORGANIZATION. THIS I	
MEETING DESIGNED TO ALLOW THE GOVERNING BODY DIRECT ACCESS	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE R	
DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLI	
DOCUMENTS ARE COLLECTED AT THE ANNUAL MEETING OF THE GOVER REAL OR PERCEIVED CONFLICT IS REPORTED THE PROCEDURES IN T	
FOLLOWED.	
FORM 990, PART VI, SECTION B, LINE 15:	
EACH POSITION AT FREE PRESS ACTION FUND HAS A PAY RANGE.	
DETERMINED AFTER REVIEW OF COMPARABILITY DATA, INCLUDING C INFORMATION RECEIVED DIRECTLY FROM PEER ORGANIZATIONS, COM	
FROM THE FEDERAL GOVERNMENT PAY SCALE, AND RESEARCH ON NON	
COMPENSATION CONDUCTED BY GUIDESTAR, REGIONAL EMPLOYER ASS	
JOB POSTINGS. MANAGEMENT INCLUDES COMPENSATION DATA FOR AL	
INCLUDING THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES, IN THE	
THAT IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS IN	
FISCAL YEAR. A DETAILED MEMO OUTLINING THE ORGANIZATION'S COMPENSATION, THE HIGHEST AND LOWEST PAID EMPLOYEE AND HOW	
CHANGES WITHIN ANY FISCAL YEAR IS PROVIDED ALONG WITH THE	
APPROVES THE BUDGET IN ADVANCE OF EACH FISCAL YEAR. COMPEN	
DURING ANY FISCAL YEAR ARE AT THE DISCRETION OF MANAGEMENT	
WITHIN THE BOARD APPROVED BUDGET. MID-YEAR CHANGES TO THE	
COMPENSATION, IF ANY MUST BE REVIEWED AND APPROVED BY THE	BOARD OF
DIRECTORS.	
432212 01-29-25 29	Schedule O (Form 990) 2024
450508 712177 71448 2024.03040 FREE PRESS AC	יידסא דעאיד 71448

chedule O (Form 990) 2024 ame of the organization FREE PRESS ACTION FUND	Employer identification num
ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY L,AK,AR,CA,CT,FL,GA,IL,KS,KY,ME,MD,MA,MN,MS,NC,NH,NJ,NY,	
T,VA,VT,WA,WV,WI,HI	
ORM 990, PART VI, SECTION C, LINE 19:	
REE PRESS ACTION FUND WILL PROVIDE COPIES OF GOVERNING I F INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUEST USINESS DAYS OF ANY REQUEST.	
ORM 990, PART IX, LINE 11G, OTHER FEES: THER PROFESSIONAL SERVICES:	
ROGRAM SERVICE EXPENSES	98,435
ANAGEMENT AND GENERAL EXPENSES	7,175
UNDRAISING EXPENSES OTAL EXPENSES	22,210 127,820
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	127,820
ORM 990, PART XII, LINE 2C	
HE ORGANIZATION'S CHAIR, TREASURER AND CHIEF OPERATING (
ESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIA	
ND SELECTION OF INDEPENDENT ACCOUNTANT. THE PROCESS HAS	NOT CHANGED
ROM THE PRIOR YEAR.	

N	ama	

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

04-3771598

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Rev. January 2025)

(Form 990)

FREE PRESS ACTION FUND

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
FREE PRESS - 41-2106721							
1025 CONNECTICUT AVE NW	RESEARCH AND EDUCATION ON						
WASHINGTON, DC 20036	MEDIA REFORM	DISTRICT OF COLUMBIA	501(C)(3)	509(A)(1)	N/A		Х
	7						

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

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) FREE PRESS ACTION FUND

04-3771598 Page 2

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

	· · · · · · · · · · · · · · · · · · ·										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	1										
											+
	1										
	{										
	4										

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

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

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)			Σ
c Gift, grant, or capital contribution from related organization(s)			2
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	<u>1i</u>		
j Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FREE PRESS	P	795,941.	ACTUAL REIMBURSEMENTS PAID
(2) FREE PRESS	N	206,810.	ACTUAL COSTS, TIME SHEETS
(3) FREE PRESS	0	527,117.	ACTUAL COSTS, TIME SHEETS
(4)			
<u>(</u> 5)			
<u>(6)</u>			

Schedule R (Form 990) (Rev. 1-2025) FREE PRESS ACTION FUND

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e Are partner 501(c org: Yes	rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	(r Disprotion allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener manag partn Yes	al or F ging er?	(k) Percentage ownership
		1										

Schedule R (Form 990) (Rev. 1-2025)

Part VII Supplemental Information

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

Schedule R (Form 990) (Rev. 1-2025)

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