Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury

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.

		2022 ca	lendar year, or tax year beginning		, and e	ndina		<u> </u>
		pplicable:		LEVISION COUNCIL, INC			oyer identifi	ication number
\prod_{i}	Address o	hange	Doing business as	, , ,				
<u> </u>		Ü	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	95-4819	071	
Ш'	Name cha	inge	P.O. Box 4210			E Telep	hone numbe	er .
	nitial retu	rn	City or town	State	ZIP code	(213) 40	2 1207	
一,	-in al	اد مده ما مسمعا	Burbank	CA	91503	(213) 40	3-1307	
닏'	-ınaı return	terminated	Foreign country name Foreign	province/state/county	Foreign postal	code		
<i>,</i>	Amended	return				G Gross	receipts \$	1,440,691
П.	Δnnlicatio	n pending	F Name and address of principal officer:			H(a) Is this a group re	turn for subord	linates? Yes X No
ш,	тррпоацо	ii periairig	BRADLEY TWETEN P.O. Box 4210,	BLIDBANK CA 01503				
						H(b) Are all subord		
<u> </u>	Tax-exen	npt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See ir	nstructions
J	Website:	WW	/W.PARENTSTV.ORG			H(c) Group exemp	ion number	
ĸ	Form of o	organization	n: X Corporation Trust Associa	tion Other	L Yea	ar of formation: 20	₀₀ м s	State of legal domicile: CA
	art I	_					00	
			mmary	most significant sativities	. DEE		11.5.0	
ø	1	Briefly d	lescribe the organization's mission or	most significant activities	S: KEF	ER TO SCHED	JLE U.	
SE SE								
Governance								
Š	2	Check tl		continued its operations				iet assets.
Ğ	3	Number	of voting members of the governing b	ody (Part VI, line 1a) .			. 3	6
•ජ ග	4	Number	of independent voting members of th	e governing body (Part \	VI, line 1b).		4	6
<u>i</u>	5	Total nu	ımber of individuals employed in caler	dar year 2022 (Part V, I	ine 2a) . .		5	7
Activities	6	Total nu	imber of volunteers (estimate if neces	sary)			6	38
Ac	7a		related business revenue from Part V				7a	0
	b		elated business taxable income from F				7b	
				, ,		Prior Yea		Current Year
a)	8	Contribu	utions and grants (Part VIII, line 1h) .			2	043,262	1,431,928
ğ	9		n service revenue (Part VIII, line 2g) .				0	0
Revenue	10	_	ent income (Part VIII, column (A), line				50	300
8	11		evenue (Part VIII, column (A), lines 5,				6,408	8,463
	12		renue—add lines 8 through 11 (must equ		•	2	049,720	1,440,691
	13		and similar amounts paid (Part IX, coli				049,720	1,440,091
	14		s paid to or for members (Part IX, colu				0	0
								<u>~</u>
ses	15		other compensation, employee benefits				952,147	825,561
eü	16a		ional fundraising fees (Part IX, column				82,391	110,334
Expenses	b		ndraising expenses (Part IX, column (J), line 25)	236,937		004.000	0.47.040
ш	17		xpenses (Part IX, column (A), lines 11	•			631,220	847,812
	18		penses. Add lines 13–17 (must equal	, ,		1	665,758	1,783,707
. "	19	Revenu	e less expenses. Subtract line 18 fron	ı line 12	<u> </u>		383,962	-343,016
Net Assets or Fund Balances						Beginning of Cur		End of Year
sset	20		sets (Part X, line 16)			1,	135,899	739,378
nd E	21		bilities (Part X, line 26)				293,492	239,987
ŽΖ	22		ets or fund balances. Subtract line 21	from line 20			842,407	499,391
Pa	ırt II	Sig	ınature Block					
			y, I declare that I have examined this return, inclu					е
and	belief, it is	s true, corre	ect, and complete. Declaration of preparer (other	than officer) is based on all info	rmation of which	n preparer has any k		
Sig	ın							10/23/2023
He		_	ure of officer			Da	te	
	. •	BRAD	DLEY TWETEN		CFO			_
			Type or print name and title					
_		Prin	t/Type preparer's name	Preparer's signature		Date		PTIN
Pa	id	0	ean Logachi	Sucan Lagassi		10/27/2023	Check self-empl	if loved D00331030
Pre	parer		• '	Susan Legaspi				
Us	e Only	Firm	l's name Zuehls, Legaspi & Co.			Firm's EIN	02-06	325715
		Firm	o's address 404 S Figueroa St Ste 52	OB, Los Angeles, CA 90	071	Phone no	(213)	972-4033
Ma	the IP	C discus	s this return with the preparer shown	above? See instructions				X Vos No

Pa	rt III	Statement of Progr Check if Schedule O			e in this Part III..		
1	Briefly de	scribe the organization's	mission:	-			
		ion of the Parent Televisi		protect children from t	he proven		
		ind negative effects caus					
		a. PTC's vision is to provi					
	children	and families across Amer	ica.				
2	Did the o	rganization undertake an	y significant program s	ervices during the yea	r which were not listed	l on	
		Form 990 or 990-EZ?					X No
	If "Yes,"	describe these new servi	ces on Schedule O.				
3	Did the o	rganization cease conduc	cting, or make significa	nt changes in how it c	onducts, any program		
)				Yes	X No
		describe these changes o					
4		the organization's progra		ments for each of its th	ree largest program se	ervices, as measured by	
		s. Section 501(c)(3) and 5					
		expenses, and revenue, i			3		,
		, ,	,, 1 0				
4a	(Code:) (Expens	es \$ 1,450,691	including grants of \$) (F	Revenue \$)
		O ATTACHED DESCRI	PTION OF PROGRAM	SERVICE ACCOMPL	ICHMENITO		
	' 0 '	\	•		\		
4b	(Code:) (Expens	es \$	including grants of \$) (F	Revenue \$)
4b	(Code:) (Expens				Revenue \$	
4b	(Code:) (Expens					
4b) (Expens					
4b							
4b							
4b							
4b							
4b							
4b							
4b							
4b							
4b							
4b							
	(Code:) (Expens	es \$				
4c	(Code:) (Expens	es \$	including grants of \$			

² art	Checklist of Required Schedules			
1	In the arganization described in section 501(a)(2) or 4047(a)(1) (other than a private foundation)? If "Ven "		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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		Χ
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	Χ	
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		Χ
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	6		v
7	"Yes," complete Schedule D, Part I	0		Х
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		
	complete Schedule D, Part III	8		Χ
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		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
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? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Х	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	Ha	^	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.,
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete School up D. Parte VI and VII</i>	12a	_	
h	Schedule D, Parts XI and XII	124	Χ	
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Χ
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	Χ	
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		Χ
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		Χ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

Par	t IV Checklist of Required Schedules (continued)			
		1	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		Χ
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 Schedule J	23	Χ	
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		Χ
b	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		
d	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
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		Χ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

95-4819071

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calcidant year ending with or within the year covered by this return. 2a 7 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b if "Yes," has if filed a Form 990-T for this year? If "No" is line 3b, provide an explanation on Schedule 0 3b X b if "Yes," has if filed a Form 990-T for this year? If "No" is line 3b, provide an explanation on Schedule 0 3b X At any time during the calendary year, diff the organization have an inferestin, 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 If "Yes," hare the name of the foreign country (such as a bank account, securities account, or other financial accounts? 4b X Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X b Id any taxable party notify the organization that it was or is a party to a prohibited time from 8886-T; 6a Does the organization she organization that it was or is a party to a prohibited time from 8886-T; 6a Does the organization solicit any contributions that the organization for entity and the organization for entity and the organization solicit any contributions that were not tax deductible or organization solicit any contributions that were not tax deductible or organizations bat may receive deductible contributions under section 170(c). b If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization notify the donor of the value of the goods or services provided? 7b Did the organization notify the donor of the value of the goods or services provided? 7b Did the organization notify the donor of the value of the goods or services provided? 7b Did the sponganization netwed a contribution or quide infelled plan provide an explanation file of the material p	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If at least one is reported on line 2a, dot the organization file all required federal employment tax returns? 2b IX 174es. This is filled a Form 990-T for this year? If "No" is line 3b, provide an explanation on Schedule 0. 3c IX 174es. This is filled a Form 990-T for this year? If "No" is line 3b, provide an explanation on Schedule 0. 3c IX 174es. This is filled a Form 990-T for this year? If "No" is line 3b, provide an explanation on Schedule 0. 3c IX 174es. This is the did a Form 990-T for this year? If "No" is line 3b, provide an explanation on Schedule 0. 3c IX 174es. The structions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 3c IX 174es to line 5a or 5b, did the organization file form 9836-T? 3c IX 174es to line 5a or 5b, did the organization file form 9836-T? 3c IX 174es to line 5a or 5b, did the organization file form 9836-T? 3c IX 174es to line 5a or 5b, did the organization file form 9836-T? 3c IX 174es to line 5a or 5b, did the organization file form 9836-T? 3c IX 174es to line 5a or 5b, did the organization file form 9836-T? 3c IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T? 3d IX 174es to line 5a or 5b, did the organization file form 9836-T. 3d IX 174es to line 5a or 5b, did the organization file form 9836-T. 3d IX 174es	2a				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, his filled a Form 990-T for this year, If *Ne* or line 95, provide an explanation on Schedule 0. 4c 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, excursive account, or other financial accountry (or year) and the year of the year of the year of the year of year		Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b If "Yes," has It filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. All any time during the calendary 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)? 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). Was the organization have the organization that it was or is a party to a prohibited tax shelter transaction? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was 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? 6b Was If "Yes," did the organization include with very solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? b If "Yes," did the organization notify the donor of the value of the goods or services provided? f Yes, or indicate the number of Forms 8222 filed during the year. c Did the organization meanumber of Forms 8222 filed during the year. c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8227. 7d If the organization received a contribution of cars, back siphens, or other verbicles, did the organization file a Form 1098-C? 7a Sponsoring organization meanumber of forms all property, did the organization file a Form 1098-C? 7b Did the organization meanumber of promoter and the property of indirectly, no personal benefit contract? 7c If Yes, and the organization meanumber o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
4a A 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)? 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? 5b If "Yes" oil ine Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Yes" oil ine Sa or 5b, did the organization life Form 8886-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible as chantable contributions or giffs were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 5c Did the organization notify the donor of the value of the goods or services provided? 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? 7c X 7d Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 77 X 78 Sponsoring organization sell exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292? 8 Sponsoring organization meave any thurst, directly, to pay premiums on a personal benefit contract? 7 The Sy of the organization received any flust, directly, to pay premiums on a personal benefit contrac	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN form 114. Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have it was or is a party to a prohibited tax shelter transaction? 5b X Did any taxable party notify the organization file Form 8886-T7. 6c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7. 6c Does the organization fore annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X If "Yes," did the organization include with very solicitation and express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 7 If "Yes," indicate the number of Forms 8282 filed during the year. 7 If "Yes," indicate the number of Forms 8282 filed during the year. 9 Did the organization organization organization for the year any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To If the organization organization of contribution of qualified intellectual property, did the organization file a Form 1098-C? 9 To the organization organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(2) qualified nonprofit healthy fairs. 10 If the sponsoring organization make any taxable distribution to a donor, donor advised fund mainta	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		
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand. 13b Did the organization receive any payments for indoor tanning services during the tax year? Enter the amount of reserves on hand. 13c Did the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O. 14a Dif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 15 X 17 Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		sponsoring organization have excess business holdings at any time during the year?	8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: a Gross income from themsers or shareholders. b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand. 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12.	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	Section 501(c)(7) organizations. Enter:			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Initiation fees and capital contributions included on Part VIII, line 12			
a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?. 13 If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11				
against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Gross income from members or shareholders			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		· · · · · · · · · · · · · · · · · · ·			
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. 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? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	12a		12a		
Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. 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? If "No," provide an explanation on Schedule O. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. If "Yes," see the instructions subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		· · · · · · · · · · · · · · · · · · ·			
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	· · · · · · · · · · · · · · · · · · ·	13a		
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			4.		
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?	_				X
excess parachute payment(s) during the year?			14b		
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? 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	15				
 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 			15		X
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," see the instructions and file Form 4720, Schedule N.			
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	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
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					
that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				
			17		1
		If "Yes," complete Form 6069.			

Part VI

Sect	ion 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 6						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	ship with						
	any other officer, director, trustee, or key employee?		2		Χ			
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 p	person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		Х			
6	Did the organization have members or stockholders?		6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint						
	one or more members of the governing body?		7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	5,						
	stockholders, or persons other than the governing body?		7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:	· ·						
а	The governing body?		8a	Х				
b	Each committee with authority to act on behalf of the governing body?		8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached						
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х			
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.)	-			
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			.,				
	describe on Schedule O how this was done		12c	X				
13	Did the organization have a written whistleblower policy?		13	Х				
14	Did the organization have a written document retention and destruction policy?		14	Х				
15	Did the process for determining compensation of the following persons include a review and appro							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			.,				
а	The organization's CEO, Executive Director, or top management official.		15a	X				
b	Other officers or key employees of the organization		15b	Х				
4.0	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 arrangements as the partition of the partit		40		\ \			
	with a taxable entity during the year?		16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate and the organization to evaluate and the organization of th							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		4.Ch					
Coot	the organization's exempt status with respect to such arrangements?		16b					
<u>Sect</u> 17	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Attached Statement	nt .						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990		501/6\					
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	-) i (C)					
		ріу. xplain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	•						
	and financial statements available to the public during the tax year.	, 23111131 OF ITTOTOGE PO	 y,					
20	State the name, address, and telephone number of the person who possesses the organization's	oooks and records						
	PARENTS TELEVISION COUNCIL, INC.	(- (-)						
	D.O. Poy 4240 PURDANIC CA 04502							

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than or is both or/truste	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Bradley Tweten	40.00									
Chief Financial Officer	0.00			Х				191,926		28,451
(2) Timothy Winter	40.00									
President	0.00			Х				192,023		23,171
(3) Melissa Henson	40.00									
Vice President, Programs	0.00					Х		116,081		14,930
(4) Christopher Kitchens	40.00									
Director-Development & Member Communications	40.00					Х		103,557		12,625
(5) Timothy Stabosz	10.00									
Chairman	0.00	Χ								
(6) Charles Humbard	5.00									
Treasurer	0.00	Х								
(7) Bill Abbott	5.00									
Secretary	0.00	Х								
(8) Sam Sorbo	5.00									
Director	0.00	Χ								
(9) Linsly Donnelly	5.00									
Director	0.00	Х								
(10) Melissa Thornton	5.00									
Director	0.00	Х								
(11)										
(12)										
(13)										
(14)										

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P	Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	iH t	ghes	t C	ompensated En	iployees (contir	iued)		
	(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck ss pe d a d	rson	than of the thick the thic	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) nated am of other mpensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the nization I organiz	and
(15)													
(16)													
(17)			•										
(18)			·										
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal								603,587	0		79	0,177 0
<u>d</u>	Total (add lines 1b and 1c)								603,587	0		79	,177
2	Total number of individuals (including but not lir reportable compensation from the organization		sted a	abov	e) v	vho	recei	ived	I more than \$100),000 of			4
_	Did the second in the second s	-t tt l				1		-4 -				Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched						•		•		3		Х
4	For any individual listed on line 1a, is the sum of	•	•						•				
	the organization and related organizations grea		00? <i>If</i>	' "Υε	es,"	con	nplete	Sc	chedule J for suc	h 	4	Х	
5	Did any person listed on line 1a receive or accr		n fror	n ar	ıy u	nrel	ated	org	anization or indiv	vidual			
<u> </u>	for services rendered to the organization? If "Ye	es," complete So	chedu	ıle J	for	suc	h per	rsor	1		5		Χ
1	tion B. Independent Contractors Complete this table for your five highest compe	nsated independ	dent o	cont	ract	ors	that r	ece	eived more than	\$100,000 of			
	compensation from the organization. Report co	mpensation for t	he ca	alen	dar	yea	r end	ing		e organization's			
	(A) Name and business addı	ress							(B) Description of ser	vices	(C Comper		
Todo	Dexter & Associates 1800 Preston P	ark Suite 250 Pl	ano,	TX	750	93		Fu	ndraising			422	2,753
													<u>0</u> 0
													0
2	Total number of independent contractors (inclu	-	ed to	tho	se l	iste	d abo	ve)	who received				0
	more than \$100,000 of compensation from the	organization					1						

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Part VIII Statement of Revenue

		Check if Schedule O co	ntains	a respons	e or	note to any line ir	n this Part VIII			🔲
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S (6	1a	Federated campaigns			1a	0				
ant	b	Membership dues			1b	0				
ية ق	С	Fundraising events			1c	0				
fs, An	d	Related organizations			1d	0				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contrib		*	1e	0				
ns,	f	All other contributions, gifts								
itio	•	similar amounts not include			1f	1,431,928				
혈	g	Noncash contributions inclu		+		1,101,020				
d tr	9	lines 1a–1f			1g	\$ 6,225				
S E	h	Total. Add lines 1a–1f					1,431,928			
		Total. / Ida iii ies ia ii : .		<u></u>	• •	Business Code	1,401,020			
ė	2a						0			
اہ خ	b						0			
ıram Ser Revenue	C						0			
E N	d						0			
Re	e						0			
Program Service Revenue	f	All other program service re					0			
₾	g	Total. Add lines 2a–2f					0			
	<u> </u>	Investment income (including					·			
	•	other similar amounts)					300			300
	4	Income from investment of					0			300
	5			•	•		0			
	•	Royalties	<u> </u>	(i) Rea		(ii) Personal	0			
	6a	Gross rents	6a							
	b	Less: rental expenses .	6b							
	C	Rental income or (loss)	6c		0	0				
	d	Net rental income or (loss)				ļ — — — — — — — — — — — — — — — — — — —	0			
	7a	Gross amount from		(i) Securit		(ii) Other	U			
		sales of assets				()				
		other than inventory	7a		0	0				
<u>o</u>	b	Less: cost or other basis				3				
Revenue	~	and sales expenses	7b		0	0				
e Ve	С	Gain or (loss)	7c		0	0				
	d	Net gain or (loss)			_	<u>-</u>	0			
her	8a	Gross income from fundrais		· · · · [J			
Othe		events (not including \$	5	0						
		of contributions reported or	line	1c).						
		See Part IV, line 18		,	8a	0				
	b	Less: direct expenses		*	8b	0				
	С	Net income or (loss) from fu	undrai	ising event	S		0			
	9a	Gross income from gaming		- +						
		See Part IV, line 19			9a	0				
	b	Less: direct expenses		1	9b	0				
	С	Net income or (loss) from g		-			0			
	10a	Gross sales of inventory, le	ss							
		returns and allowances			10a	0				
	b	Less: cost of goods sold .		1	10b	0				
	C	Net income or (loss) from s		-			0			
တ		, , ==				Business Code				
e go	11a	OTHER INCOME				900099	8,463	8,463		
ane inu	b						0	·		
scellaneo Revenue	C						0			
Miscellaneous Revenue	d	All other revenue					0			
Ξ	е	Total. Add lines 11a-11d.					8,463			
	12	Total revenue See instruc					1 440 691	8 463	0	300

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Part IX Statement of Functional Expenses

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

Do ==	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	0			
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16	0			
	Benefits paid to or for members	0			
	Compensation of current officers, directors,				
	rustees, and key employees	603,588	522,649	34,603	46,336
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
F	persons described in section 4958(c)(3)(B)	0			
7 (Other salaries and wages	95,305	82,525	5,464	7,316
	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)	0			
9 (Other employee benefits	79,283	68,652	4,545	6,086
10 F	Payroll taxes	47,385	41,031	2,716	3,638
	Fees for services (nonemployees):				
a l	Management	0			
b l	Legal	3,361	2,708	442	211
	Accounting	21,827	17,590	2,869	1,368
	Lobbying	0	,	·	·
	Professional fundraising services. See Part IV, line 17	110,334			110,334
	nvestment management fees	0	0	0	0
	Other. (If line 11g amount exceeds 10% of line 25, column		-	-	
	(A), amount, list line 11g expenses on Schedule O.)	125,026	100,753	16,435	7,838
	Advertising and promotion	1,500	1,500	10,100	7,000
	Office expenses	17,614	15,332	1,461	821
	Information technology	97,586	95,571	583	1,432
	Royalties	01,000	00,07 1	000	1,102
	Occupancy	39,085	33,604	1,900	3,581
		20,963	17,332	432	3,199
	Payments of travel or entertainment expenses	20,303	17,552	702	3,133
	for any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	0			
		0			
	Interest	0			
	Payments to affiliates		1 005	20	10
	Depreciation, depletion, and amortization	1,067	1,025	32	10
	Insurance	33,635	26,315	6,392	928
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	ine 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)			_	
_	Printing	109,157	102,275	5	6,877
_	Creative fees	63,021	58,032		4,989
-	Public relations	84,000	67,692	11,042	5,266
_	Postage expenses	72,045	65,652		6,393
	All other expenses Bank, credit card fees, others	157,925	130,453	7,158	20,314
	Total functional expenses. Add lines 1 through 24e	1,783,707	1,450,691	96,079	236,937
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
f	rom a combined educational campaig <u>n a</u> nd				
f	fundraising solicitation. Check here X if				
	following SOP 98-2 (ASC 958-720)	426,034	353,743	0	72,291

95-4819071

Part X Balance Sheet

2 Savings and temporary cash investments 30,056 2 130,055 3 100,055 3			Check if Schedule O contains a response o	r note to	any line in this Part \boldsymbol{X} .			
Cashnon-interest-bearing						(A)		(B)
Pledges and grants receivable, net.						Beginning of year		End of year
3 Pledges and grants receivable, net. 0 3 0 0		1	Cash—non-interest-bearing			931,094	1	549,025
A Accounts receivable, net 0 4 0		2	Savings and temporary cash investments			130,556	2	130,085
A Accounts receivable, net 0 4 0		3	Pledges and grants receivable, net			0	3	0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 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) 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges. 10 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10 Less: accumulated depreciation. 10 Less: accumulated depreciation. 10 Linvestments—publicly traded securities. 10 Linvestments—other securities. See Part IV, line 11. 10 Investments—other securities. See Part IV, line 11. 10 Intangible assets. 10 Contract See See See See See See See See See Se		4				0	4	0
Controlled entity or family member of any of these persons. 0 5		5	Loans and other receivables from any current	or former	officer, director,			
Comparison of the receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
Unifore section 4958(f)(11), and persons described in section 4958(c)(3)(8)			controlled entity or family member of any of the	ese perso	ons	0	5	
7 Notes and loans receivable, net. 0 7 0 0 8		6	Loans and other receivables from other disquali					
10a			under section 4958(f)(1)), and persons describe	d in secti	on 4958(c)(3)(B)	0	6	
10a	ets	7	Notes and loans receivable, net			0	7	0
10a	28	8	Inventories for sale or use		[0	8	
Description	⋖	9	Prepaid expenses and deferred charges			17,230	9	11,261
Description		10a	Land, buildings, and equipment: cost or					
11 Investments—publicly traded securities 1,038 11 1,039 11 1,039 12 10 10 12 10 13 10 13 10 13 10 14 10 14 10 14 10 14 10 14 10 14 10 14 10 14 10 15 15 12,991 16 16 16 16 16 16 16			- · · · · · · · · · · · · · · · · · · ·	10a	529,431			
11 Investments—publicly traded securities 1,038 11 1,039 12 10 10 12 10 13 10 13 10 13 10 13 10 14 10 13 10 14 10 14 10 14 10 14 10 14 10 14 10 14 10 15 15 12,991 16 Total assets. See Part IV, line 11 38,995 15 12,991 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,135,899 16 739,378 17 Accounts payable and accrued expenses 127,197 17 107,132 18 Grants payable 0 18 19 19 19 19 19 19 19		b	Less: accumulated depreciation	10b	494,454	16,986	10c	34,977
12 Investments—other securities. See Part IV, line 11. 0 12 0 0 13 10 14 Intangible assets. 0 14 14 0 0 15 0 0 14 15 0 0 14 15 0 0 14 15 0 0 14 15 0 0 14 15 0 0 14 15 0 0 15 0 0 16 0 0 16 0 0 16 0 0 0 16 0 0 0 0 0 0 0 0 0		11	· ·			1,038	11	1,039
13		12				0	12	0
14		13		0	13	0		
15 Other assets. See Part IV, line 11 38,995 15 12,991		14	· -			0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 33) 1,135,899 16 739,378 17 Accounts payable and accrued expenses 127,197 17 107,132 18 Grants payable 0 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 166,295 25 132,855 26 Total liabilities. Add lines 17 through 25 293,492 26 239,987 27 Net assets with other or estrictions 742,407 27 399,391 28 Net assets with donor restrictions 742,407 27 399,391 29 Capital stock or trust principal, or current funds 0 29 30 Paid-in or capital surplus, or land, building, or equipment fund 0 30 31 Retained earnings, endowment, accumulated income, or other funds 0 31 32 Total net assets or fund balances 842,407 32 499,391		15		38,995	15	12,991		
17		16						
18		17						
19 Deferred revenue 0 19 19 20 Tax-exempt bond liabilities 0 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 22 23 24 25 25 25 26 27 27 27 27 27 27 27		18			18	,		
Tax-exempt bond liabilities		19		0				
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20				0		
Controlled entity or family member of any of these persons		21	·			0		
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets without donor restrictions. 29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 33 Secured mortgages and notes payable to unrelated third parties. 34 0 23 00 24 00 25 Other liabilities (including federal income tax, payables to related third parties. 30 29,3492 26 239,987 399,391 399,391 300,000 301 302 303 304 306 307 308 309 309 309 309 309 300 300	S	22						
Unsecured notes and loans payable to unrelated third parties	≝							
Unsecured notes and loans payable to unrelated third parties	à					0	22	
Unsecured notes and loans payable to unrelated third parties	Ë	23		-		0		0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24				0		0
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25						
Part X of Schedule D. 166,295 25 132,855 26 Total liabilities. Add lines 17 through 25 293,492 26 239,987 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 742,407 27 399,391 28 Net assets with donor restrictions 100,000 28 100,000 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 0 29 Paid-in or capital surplus, or land, building, or equipment fund 0 30 Retained earnings, endowment, accumulated income, or other funds 0 31 Total net assets or fund balances 842,407 32 499,391			, ,	-				
Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Description or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 293,492 26 239,987 293,492 26 293,492 27 399,391 742,407 27 399,391 100,000 28 100,000 0 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund. 0 30 31 Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 32 499,391			·		•	166,295	25	132,855
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 742,407 27 399,391 Net assets without donor restrictions		26						239,987
and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	Ś							
Net assets without donor restrictions	ည			iook iioi				
Net assets with donor restrictions	<u>a</u>	27				742 407	27	399 391
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	ã							
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	р					100,000		100,000
29 Capital stock or trust principal, or current funds	교		_	000, 011				
30 Paid-in or capital surplus, or land, building, or equipment fund	ō	29		:			29	
31 Retained earnings, endowment, accumulated income, or other funds	ets							
32 Total net assets or fund balances	SS							
7	ţ							499 391
2 33 Total liabilities and net assets/fund balances	Š	33				1,135,899		739,378

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)		1,440	,691
2	Total expenses (must equal Part IX, column (A), line 25)		1,783	3,707
3	Revenue less expenses. Subtract line 2 from line 1		-343	3,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		842	,407
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		499	,391
Part	·		ī	
	Check if Schedule O contains a response or note to any line in this Part XII	· ·	.	
			Yes	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			
0-	Schedule O.	0-		V
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	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	Χ	
	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:			
	X Separate basis			
С	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	Χ	
	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			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	aan /	

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization PARENTS TELEVISION COUNCIL, INC. 95-4819071

Part	П	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.	
he c	rga	nization is not a private foundat	ion because it is: (F	or lines 1 through 12, or	check only	one box.)	_
1		A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(b)(1)(A)(iii	i).	
4		A medical research organizatio	n operated in coniu	nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii). En	ter the
- ,		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:						
5		An organization operated for th	e benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
		section 170(b)(1)(A)(iv). (Com	•					
6		A federal, state, or local govern	•				•	
7	X	An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental ι	ınit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9		An agricultural research organizor university or a non-land-granuniversity:						
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ons, subject to certain e ed business taxable in	exceptions come (les	; and (2) r s section (no more than 33 1/3° 511 tax) from busine	% of its
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See s e	ection 509)(a)(4).	
12		An organization organized and of one or more publicly support Check the box on lines 12a thro	ed organizations de	escribed in section 509	(a)(1) or	section 50	9(a)(2). See section	n 509(a)(3).
а	[Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regundant in the power to regundant in the power to regular to the power to the powe	llarly appoint or elect a tions A and B.	majority	of the direc	ctors or trustees of th	ne supporting
b	Ĺ	Type II. A supporting organization(s). You must o	e supporting organi	ization vested in the sa				
С		Type III functionally integral its supported organization(s)						rated with,
d		Type III non-functionally in that is not functionally integr	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	
	Г	requirement (see instruction						
е	L	Check this box if the organiz functionally integrated, or Ty					Type I, Type II, Typ	e III
f		Enter the number of supported						0
g		Provide the following information	•					
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)						-		
В)								
C)								
D)								
E)								
otal							0	0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,207,117	1,798,144	1,816,889	2,043,262	1,431,928	9,297,340
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	2,207,117	1,798,144	1,816,889	2,043,262	1,431,928	9,297,340
	shown on line 11, column (f)						370,000
	Public support. Subtract line 5 from line 4						8,927,340
	tion B. Total Support	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,207,117	1,798,144	1,816,889	2,043,262	1,431,928	9,297,340
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	6,811	17,934	50	300	25,095
9	Net income from unrelated business activities, whether or not the business is regularly carried on	· ·	0,011	17,001	50	300	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,105	6,170		6,408	8,463	24,146
11	Total support. Add lines 7 through 10						9,346,581
12 13	Gross receipts from related activities, etc. (so First 5 years. If the Form 990 is for the organization, check this box and stop here	nization's first, seco	ond, third, fourth, c	or fifth tax year as a	section 501(c)(3)		
	tion C. Computation of Public Su			(6)		44	05.540/
14 15	Public support percentage for 2022 (line 6, c Public support percentage from 2021 Sched	. ,	•	. , ,		14 15	95.51% 82.06%
16a	33 1/3% support test—2022. If the organiz and stop here. The organization qualifies as	ation did not check s a publicly support	the box on line 13 ed organization .	, and line 14 is 33 [.] 	1/3% or more, che	ck this box	
b	33 1/3% support test—2021. If the organiz box and stop here. The organization qualifies			,		•	
17a	10%-facts-and-circumstances test—2022 10% or more, and if the organization meets to Part VI how the organization meets the facts organization	2. If the organization the facts-and-circumstances	n did not check a b nstances test, chec s test. The organiz	ox on line 13, 16a, ck this box and sto ation qualifies as a	or 16b, and line 14 op here. Explain in publicly supported	4 1	
b	10%-facts-and-circumstances test—2021 15 is 10% or more, and if the organization m in Part VI how the organization meets the factorganization.	eets the facts-and- cts-and-circumstand	circumstances test ces test. The orgar	t, check this box an nization qualifies as	nd stop here . Expl s a publicly suppor	ain ted	
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						_
•	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						
Ĭ	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3	-	-				
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	tion B. Total Support				1		Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			0	0	0	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						_
40	or not the business is regularly carried on .						0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here	•		•	(/(/		
Sec	ction C. Computation of Public Su	pport Percenta	iae				
15	Public support percentage for 2022 (line 8, c		_	(f))		15	0.00%
16	Public support percentage from 2021 Sched					16	0.00%
	tion D. Computation of Investmer						
17	Investment income percentage for 2022 (line	e 10c, column (f), di	vided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2021 S					18	0.00%
19a	33 1/3% support tests—2022. If the organi						,
	not more than 33 1/3%, check this box and s	-			-		
b	33 1/3% support tests—2021. If the organi						ı
	line 18 is not more than 33 1/3%, check this		=				
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	3	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
401		
10b		

	e A (Form 990) 2022 PARENTS TELEVISION COUNCIL, INC.	95-4819071	F	Page 5
Part I	Supporting Organizations (continued)			
44	Here the argenization appeared a gift or contribution from any of the following persons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b a	and .		
а	11c below, the governing body of a supported organization?	118	a	
b	A family member of a person described on line 11a above?	111	_	
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p			
	detail in Part VI .	110	3	
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one so organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in P a	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directo			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or manage	1		
Section	the supported organization(s). on D. All Type III Supporting Organizations			<u> </u>
Occin	on b. An Type in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	e		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part \			
•	the organization maintained a close and continuous working relationship with the supported organization (s			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations has a significant voice in the organization's investment policies and in directing the use of the organization's	ave		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations		!	!
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ar (see instructio	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.	•	,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntal entitv (see instru	ctions).	
2	Activities Test. Answer lines 2a and 2b below.	, , , , , , , , , , , , , , , , , , ,	Yes	No
a a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of	162	NO
u	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purpos			
	how the organization was responsive to those supported organizations, and how the organization determine			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement	ent,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
b	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of the organization exercise as a substantial degree of direction over the policies.	of each		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rega			

1 Check here if the organization satisfied the Integral Part Test as a qualifyi instructions. All other Type III non-functionally integrated supporting organization.	•		,
Section A - Adjusted Net Income	anization	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ally integr	ated Type III supporting o	organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Section	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7				7	0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount	T		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1_	Distributable amount for 2022 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
<u>c</u>	From 2019				
d	From 2020				
e	From 2021				
	Total of lines 3a through 3e	0		_	
<u>g</u>	Applied to underdistributions of prior years			0	0
<u>h</u>	Applied to 2022 distributable amount				0
	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2022 from	U			
-	Section D, line 7: \$ 0				
	Applied to underdistributions of prior years			0	
	Applied to 2022 distributable amount				0
	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.			0	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain				
	in Part VI. See instructions.				0
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.	0			
8	Breakdown of line 7:				
а	Excess from 2018 0				
b	Excess from 2019 0				
С					
d	Excess from 2021 0				
е	Excess from 2022				

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

Nam	e of organization				Employe	r identif	ication nur	nber		
PAR	RENTS TELEVISION COUNCIL, INC. 95-4819071									
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.									
1	-	ne organization's direct and indirect p	oolitical campaign a	activities in Part IV	. See inst	ructions	s for			
	definition of "political cam	. •								
2		expenditures. See instructions								
3		al campaign activities. See instruction								
		he organization is exempt und								
1	-	excise tax incurred by the organizatio								
2		excise tax incurred by organization m	•							
3		d a section 4955 tax, did it file Form					Yes	No		
4a	Was a correction made?					<u>L</u>	Yes	No		
	If "Yes," describe in Part I									
Pa		he organization is exempt und			ion 501	(c)(3).				
1	•	expended by the filing organization f		•						
					. \$					
2		ling organization's funds contributed			_					
	•	rities			\$					
3	· · · · · · · · · · · · · · · · · · ·	penditures. Add lines 1 and 2. Enter h			•			0		
								0		
4	9 9	file Form 1120-POL for this year? .				_	Yes	No		
5		ses and employer identification numb ents. For each organization listed, en								
		ntributions received that were prompt								
		I fund or a political action committee								
	(a) Name	(b) Address	(a) FIN	(d) Amount moid	fuene	(0)	Americat of ma	litiaal		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizati	on's		Amount of political Amount			
				funds. If none, en	ter -0		omptly and dir ivered to a ser			
						poli	itical organiza	tion. If		
							none, enter -0	J		
(4)										
(1)										
(2)										
(-/						<u> </u>				
(3)										
(4)										
/E\										
(5)										
(6)					_					
(Ψ)						<u> </u>				

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022 Page **2**

Pá	art II-A Complete if the organiza	ation is exem _l	ot under section 5	01(c)(3) and filed	d Form 5768 (ele	ction
	under section 501(h)).					
Α	Check if the filing organization be name, address, EIN, expe				ted group member's	i
В	Check if the filing organization cl	hecked box A an	d "limited control" pro	visions apply.		
	Limits on L (The term "expenditures	obbying Expen			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (grassroots lobbying) .		0	0
b	Total lobbying expenditures to influence	a legislative boo	dy (direct lobbying).		0	0
С	Total lobbying expenditures (add lines 1	a and 1b)			0	0
d	Other exempt purpose expenditures				1,450,691	0
е	Total exempt purpose expenditures (ad-	d lines 1c and 1c	1)		1,450,691	0
f	Lobbying nontaxable amount. Enter the columns.	amount from the	e following table in bot	h	220,069	0
	If the amount on line 1e, column (a) or (b) is: The lobb	ying nontaxable amou	unt is:		
	Not over \$500,000		e amount on line 1e.			
_	Over \$500,000 but not over \$1,000,000		plus 15% of the excess			
Ļ	Over \$1,000,000 but not over \$1,500,000		plus 10% of the excess			
-	Over \$1,500,000 but not over \$17,000,000		plus 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,00			55.047	
g	Grassroots nontaxable amount (enter 2	•			55,017	0
h :	Subtract line 1g from line 1a. If zero or le				0	0
i :	Subtract line 1f from line 1c. If zero or le If there is an amount other than zero on					U
j	section 4911 tax for this year?					Yes No
	(Some organizations that made	4-Year Averag a section 501(h	ing Period Under Se	ction 501(h) ve to complete all c		below.
	Lob	bying Expendit	ures During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a	Lobbying nontaxable amount	225,14	190,338	209,556	220,069	845,105
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,267,658
С	Total lobbying expenditures		0 0	0	0	0
d	Grassroots nontaxable amount	56,2	36 47,585	52,389	55,017	211,277
е	Grassroots ceiling amount (150% of line 2d, column (e))					316 916

0

0

0

Schedule C (Form 990) 2022

0

 Schedule C (Form 990) 2022
 Page 3

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	Γ filed	For	n 5768	ŀ	
	and Ward warman and lines do there will dishalary mustials in Dort War datailed	(a	1)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Aı	noun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b	Volunteers?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e f	Publications, or published or broadcast statements?					
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					(
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d Pari	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(c)(5)	or s	oction		
rait	501(c)(6).	(८)(७),	01 3	ection		
	ου τ(ο)(ο).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	-100	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye			3		
Part	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."				line :	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 political expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
b	Carryover from last year		2b			
	Total	•	2c 3			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible		3			
	lobbying and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			(
Part						
	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	list): F	Part II-	A. lines	1 and	d
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	,,		,		

Schedule C (For	n 990) 2022 Page 4
Part IV	Supplemental Information (continued)
	- appromental information (continuou)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

PARE	ENTS TELEVISION COUNCIL, INC.		95-4819071
Part		Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answere		
-	- J	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		.,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	or advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donors		
	only for charitable purposes and not for the ben		
	conferring impermissible private benefit?		· · · — —
Part			
ı aı	Complete if the organization answere	d "Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by		•
•	Preservation of land for public use (for example		ion of a historically important land area
		· 	• •
	Protection of natural habitat	Preservati	ion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	on in the f <u>orm of a conservation</u>
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easen		<u> </u>
С	Number of conservation easements on a certific	· ,	
d	Number of conservation easements included in		
	on a historic structure listed in the National Reg		
3	Number of conservation easements modified, to	ransferred, released, extinguished, or terr	minated by the organization during
	the tax year		
4	Number of states where property subject to cor		
5	Does the organization have a written policy reg	- · ·	
_	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and enforcing	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecti	ing, nandling of violations, and enforcing cons	servation easements during the year
8	Does each conservation easement reported on	line 2(d) above entiety the requirements	of section 170(h)(4)(P)(i)
0			
9	In Part XIII, describe how the organization repo		
9	balance sheet, and include, if applicable, the te		
	organization's accounting for conservation ease	_	ancial statements that describes the
Part			r Other Similar Assets
I GI	Complete if the organization answere		
1a	If the organization elected, as permitted under I		
	works of art, historical treasures, or other similar	·	
	public service, provide in Part XIII the text of the	•	
b	If the organization elected, as permitted under I		
	works of art, historical treasures, or other similar	·	
	public service, provide the following amounts re	The state of the s	
	(i) Revenue included on Form 990, Part VIII, lir	_	\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
	following amounts required to be reported unde		_ · · · · · · · · · · · · · · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>	
	Assets included in Form 990 Part X		\$

Part	Organizations Maintaining C	Collec	tions of A	rt, Histo	rical Tre	asures, or	Other	Similar Asset	: s (contii	าued)	
3	Using the organization's acquisition, ac	ccessio	on, and other	records,	check any	of the followi	ing that	make significan	t use of it	S	
	collection items (check all that apply):										
а	Public exhibition			d	Loan or	exchange pro	ogram				
b	Scholarly research			e	Other						
С	Preservation for future generations	9			1						
4	Provide a description of the organization		llections and	evnlain h	ow they fi	irther the ora	anizatio	n's evemnt nurn	nea in Pa	art	
7	XIII.	3113 00	nections and	Схріаін н	OW they it	iraici aic orga	amzauc	ins exempt purp	030 1111 6		
5	During the year, did the organization so										
	assets to be sold to raise funds rather	than to	be maintain	ed as par	t of the org	ganization's c	ollectio	n?	Ye	es	No
Part	Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.			n Form 9	990, Part	: IV, line 9, c	or repo	rted an amour	ıt on For	m	
1a	Is the organization an agent, trustee, c included on Form 990, Part X?								Υe	.e 🗀	No
b	If "Yes," explain the arrangement in Pa									, s	140
~	ii 100, oxpiaii iio airangomentii i a		ana complet		wing table	•			Amount		
С	Beginning balance						10		ranount		0
d	Additions during the year						10				
e	Distributions during the year						16				
f	Ending balance						11				0
_	Did the organization include an amoun										
2a	<u> </u>							-		es X	No
b	If "Yes," explain the arrangement in Pa	art XIII.	Check here	if the exp	anation na	as been provi	aea on	Part XIII	• • •		
Part											
	Complete if the organization a	nswe	red "Yes" c	n Form 9	990, Part						
		(a) (Current year		or year	(c) Two years	back	(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance		0		0		0		0		0
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		0		0		0		0		0
2	Provide the estimated percentage of the	ne curr	ent year end	balance (line 1g, co	olumn (a)) hel	d as:				
а	Board designated or quasi-endowment	t	•	%		. ,,					
b	Permanent endowment		%								
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2	2c sho	uld equal 100	0%.							
3a	Are there endowment funds not in the	posses	ssion of the c	organizatio	n that are	held and adr	minister	ed for the			
	organization by:			-						Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related or								3b		
4	Describe in Part XIII the intended uses	•									
Part											
	Complete if the organization a		red "Yes" o	n Form 9	990. Part	IV. line 11a	a. See	Form 990. Par	t X. line	10.	
	Description of property		(a) Cost or of			or other basis		Accumulated		ook value	
	2 assumes of property		(investm		. ,	other)	. ,	lepreciation	(4) 00	raide	-
1a	Land			0		0					0
b	Buildings			0		0		0			0
С	Leasehold improvements			0		0		0			0
d	Equipment			0		529,431		494,454		3	4,977
e	Other			0		0		0			0
Total	. Add lines 1a through 1e. (Column (d) r		qual Form 99	90, Part X,	column (l	B), line 10c.)		<u></u> 1		3	4,977

Part VII Investments—Other Securities. Complete if the organization answered '	'Yes" on Form 990.	Part IV. line 11b. See Form 9	990. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	aluation:
(1) Financial derivatives	0		
(2) Closely held equity interests	0		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).	0		
Part VIII Investments—Program Related.			
Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11c. See Form 9	990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_ (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).	0		
Part IX Other Assets.			
Complete if the organization answered '		Part IV, line 11d. See Form 9	
(a) Descri	ption		(b) Book value
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		C
Part X Other Liabilities. Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
line 25.			
	tion of liability		(b) Book value
(1) Federal income taxes			0
(2) Deferred compensation liability			130,000
(3) Deferred rent			
(4) Operating lease liability			2,855
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li			132,855
2. Liability for uncertain tax positions. In Part XIII, provide the te organization's liability for uncertain tax positions under FASB AS		=	

Par	Reconciliation of Revenue per Audited Financial Statements V Complete if the organization answered "Yes" on Form 990, Part IV		eturn.	
1	Total revenue, gains, and other support per audited financial statements		1	1,440,691
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•	1,440,031
a		2a		
b		2b	-	
C		2c	-	
d		2d	-	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,440,691
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			., ,
a		4a		
b		4b		
C	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	1,440,691
Part	t XII Reconciliation of Expenses per Audited Financial Statements		Return.	, ,
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	1,783,707
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			.,,
а		2a		
b		2b		
С		2c		
d		2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,783,707
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		4a		
b	Other (Describe in Part XIII.)	4b		
~	-			
	Add lines 4a and 4b		4c	0
	Add lines 4a and 4b		4c 5	0 1,783,707
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . XIII Supplemental Information.		5	1,783,707
5 Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	t IV, lines 1b and 2b; Pa	5 art V, line 4	1,783,707
5 Part Provi	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; Pa de any additional inform	st V, line 4 ation.	1,783,707 1; Part X, line
c 5 Part Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	t IV, lines 1b and 2b; Pa de any additional inform	5 ation.	1,783,707 4; Part X, line
c 5 Part Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . **XIII** Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the complete the	t IV, lines 1b and 2b; Pa de any additional inform	st V, line 4 ation.	1,783,707
c 5 Parti	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the description of the complete this part to provide the complete the comp	t IV, lines 1b and 2b; Pa de any additional inform	st V, line 4 ation.	1,783,707
c 5 Parti	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	t IV, lines 1b and 2b; Pa de any additional inform	5 ation.	1,783,707
c 5 Parti	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete this part to provide the description of the complete this part to provide the complete the comp	t IV, lines 1b and 2b; Pa de any additional inform	5 ation.	1,783,707
c 5 Parti	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	t IV, lines 1b and 2b; Pa	5 art V, line 4	1,783,707
c 5 Parti	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . **XIII** Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the description of the complete the part to provide t	t IV, lines 1b and 2b; Pade any additional inform	st V, line 4 ation.	1,783,707
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental information.	t IV, lines 1b and 2b; Pade any additional inform	5 ation.	1,783,707
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IT XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental information.	t IV, lines 1b and 2b; Pa	5 ation.	1,783,707

Schedule D (Fo		PARENTS TELEVISION COUNCIL, INC.	95-4819071	Page 5
Part XIII	Suppleme	ental Information (continued)		-
	• • •			

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Internal Revenue Service

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information Inspection Employer identification number Name of the organization PARENTS TELEVISION COUNCIL, INC. 95-4819071 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants а Х Internet and email solicitations f Solicitation of government grants b Χ Phone solicitations Special fundraising events С X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) (ii) Activity custody or control of or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 Todd Dexter & Associates Mail and digital 1800 Preston Park Ste 250 Plano TX 7509 514,336 110,334 404.002 2 0 0 0 3 0 0 0 0 0 0 5 0 0 0 6 0 0 0 7 0 0 0 0 0 0 0 0 0 10 0 0 0 514,336 110,334 404,002 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

AK, AL, AR, AZ, CA, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK
, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

Part II

		more than \$15,000 of for events with gross recei	_	_	ome on Form 990-EZ,	lines 1 and 6b. List
		events with gross recei	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
е			(event type)	(event type)	(total number)	col. (c))
Revenue	,	1 Gross receipts			0	0
œ		Less: Contributions			0	0
		line 2)			0	0
	4	4 Cash prizes			0	0
	ţ	5 Noncash prizes			0	0
Direct Expenses	(Rent/facility costs			0	0
ct Exp	7	7 Food and beverages			0	0
Dire	8	B Entertainment			0	0
	,	Other direct expenses			0	0
Pa	10 17	Net income summary. Subtract	ct line 10 from line 3, colu ne organization answe	umn (d)		(0) 0 ported more than
Revenue		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				0
ses	2	Cash prizes				0
Direct Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add	d lines 2 through 5 in colu	umn (d)		(0)
	8	Net gaming income summary	. Subtract line 7 from line	e 1, column (d)		0
	а	Enter the state(s) in which the ord Is the organization licensed to co If "No," explain:	nduct gaming activities ir	n each of these states?.		. Yes No
		Were any of the organization's ga	aming licenses revoked,	suspended, or terminated	during the tax year?	. Yes No

scriedi	ule G (FORM 990) 2022 PARENTS TELEVISION COUNCIL, INC.	95-	48190	<i>/</i> 1	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Ye	s	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[Ye	s 🔲	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			%
b 14	An outside facility	13b			%
14	records:	1			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. [Ye	s 🗆	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the	L			
	amount of gaming revenue retained by the third party \$0				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$ 0				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Ye	s	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				•
Part	spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) s	and (v)	. and	0
art	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.				

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PARENTS TELEVISION COUNCIL, INC.

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

95-4819071

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

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

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

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

(A) Name and Title			and/or 1099-MISC and/or 10		(2) = (1)			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Timothy Winter	(i)	192,023	0	0	4,000	19,171	215,194	
1 President	(ii)						0	
Bradley Tweten	(i)	168,884	10,000	13,042	4,014	24,437	220,377	
2 Chief Financial Officer	(ii)						0	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)			.=========				
_ 5	(ii)							
	(i)							
6	(ii)							
_	(i)							
_ 7	(ii)							
•	(i)							
8	(ii)							
9	(i) (ii)							
9	(i)							
10	(i) (ii)							
	(i)							_
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
-	(i)							
_16	(ii)							

Schedule J (Form 990) 2022

Part III	Supplemental Information	
Provide	e 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 th	is part
for any a	ditional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

PARENTS TELEVISION COUNCIL, INC. 95-4819071 Types of Property (c) (d) (a) (b) Noncash contribution Number of contributions or Check if Method of determining amounts reported on items contributed applicable noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art Art—Historical treasures . . . 2 3 Art—Fractional interests . . . 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 6,225 Computer software Χ 9 Securities—Publicly traded . . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other Real estate—Residential . . . 15 16 Real estate—Commercial . . . 17 Real estate—Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archaeological artifacts 25 Other (_____) 26 Other (_____) 27 Other (_____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement 1 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required Χ 30a If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32a Χ If "Yes." describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is

checked, describe in Part II.

Scriedule IVI (F	offin 990) 2022 PARENTS TELEVISION COUNCIL, INC. 95-48190/1 Page Z							
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
	of a combination of both. Also complete this part for any additional information.							

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2022 Open to Public

Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

PARENTS TELEVISION COUNCIL, INC.	95-4819071
Form 990, Part I, Line 1: The mission of the Parents Television Council (PTC) is to protect	
children from the proven harm that comes from their consumption of graphic sex, violence and	
profanity in entertainment. PTC's vision is for a safe and sound entertainment media landscape	
for children and families. In order to pursue its mission and vision, PTC undertakes a series	
of programs and projects in the area of research, public education, grassroots advocacy and	
public policy.	
Form 990, Part VI, Section B, Line 11b: Form 990 is reviewed by management and is provided to	
the governing body for approval prior to its filing.	
Form 990, Part VI, Section B, Line 12c: The President, together with the members of the Board,	
review any conflict of interest issues at each Board meeting.	
Form 990, Part VI, Section B, Line 15a: The process of determining compensation for employees	
and staff is done through management discretion. The President's compensation is determined by	
an annual review of program accomplishment by the Board or a committee thereof.	
Form 990, Part VI, Section C, Line 19: The organization's governing documents, conflict of	
interest policy and financial statements are available to the public upon request.	

Schedule O (Form 990) 2022	Page	2
Name of the organization	Employer identification number	
PARENTS TELEVISION COUNCIL, INC.	95-4819071	

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1		·
2	Membership dues	2		
	Fundraising events			
	Related organizations			
	Government grants (contributions)			
	All other contributions, gifts, grants, and similar amounts not included above:			
	CONTRIBUTIONS		1,425,703	6,225
		_		
		_		
	Other contributions total	6	1,425,703	6,225
7	Total	7	1,425,703	6,225

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A)	(B)	(C)	(D)
	Total	Program services	Management and general	Fundraising
1 Depreciation	1,067	1,025	32	10
2 Depletion	0			
3 Amortization	0			
4 Total	1,067	1,025	32	10

PARENTS TELEVISION COUNCIL, INC. 95-4819071

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

			Before Disposition:	529,431	512,445	16,986			
			Less Disposed:	0					
		* Asset disposed during tax year	After Disposition:	529,431			0	494,454	34,977
	Asset Description and Classification		Beginning of Year		End of Year				
	Check (X) if				Beginning		Current	Ending	
	Investment		Asset	Cost/Other	Accumulated	Beginning	Year	Accumulated	Ending
	Asset	Category or Item	Classification	Basis	Depreciation	Balance	Depreciation	Depreciation	Balance
1		LEASEHOLD IMPROVEMENTS		0	0	0		0	0
2		COMPUTERS & COMPUTER SOFTWARE	Equipment	390,653	374,465	16,188		356,474	34,179
3		OFFICE EQUIPMENT	Equipment	1,140	342	798		342	798
4		FURNITURE & FIXTURE	Equipment	7,922	7,922	0		7,922	0
5		DIGITIZATION	Equipment	129,716	129,716	0	_	129,716	0
6		ASSETS UNDER CAPITAL LEASE		0	0	0		0	0

PARENTS TELEVISION COUNCIL, INC. 95-4819071

Part X, Lines 11 and 12 (990) - Investments - Securities

					Total:	0	1,038	1,039
		Check if		Check if			Beginning	Ending
		Publicly	Check if	Closely-Held	Number	Value	Balance	Balance
		Traded	Financial	Equity	of Shares/	at Time of	Book Value	Book Value
	Description	Securities?	Derivatives	Interests	Face Value	Donation	FMV	FMV
1	MONEY MARKET FUNDS	Х					0	0
2	CORPORATE BONDS	Х					0	0
3	EQUITY SECURITIES	Х					1,038	1,039

PARENTS TELEVISION COUNCIL, INC. 95-4819071

Part X, Line 15 (990) - Other Assets

	Total:	38,995	12,991
	Description	Beginning	End
1	DEPOSITS	2,700	10,136
2	RIGHT OF USE ASSET	36,295	2,855

Part X, Line 25 (990) - Other Liabilities

	Total:	166,295	132,855
	Description	Beginning	End
1	Federal income taxes	0	0
2	Deferred compensation liability	130,000	130,000
3	Deferred rent		
4	Operating lease liability	36,295	2,855