Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No. 1545-0047

A For	tne 2022 cal	endar year, or tax year beginning	04/01/2022	and ending				31/2023	
R 01-1	k if applicable	C Name of organization				D En	ıployer ic	dentification	number
Checl	k if applicable:	BERGER ACTION FUND II	NC.						
Ad	Idress change	Doing business as				20	-8948	3868	
Na	ame change	Number and street (or P.O. box if m	ail is not delivered to street addre	ss)	Room/su	ite E Te	lephone r	number	
Ini	tial return	P.O. BOX 53241				()	-	
Fir	nal return/terminated	City or town, state or province, cour	ntry, and ZIP or foreign postal cod	Э		G Gr	oss recei	pts\$	
An	nended return	WASHINGTON, DC 20009	-9241				f	60,028,4	425.
Ap	pplication pending	F Name and address of principal office	er: MOLLY MCUSIC			H(a) Is this a grou		Yes	S X No
		P.O. BOX 53241, WASH	INGTON, DC 20009-	9241		subordinates? H(b) Are all subordinates?		ded? Yes	s 🔲 No
I Tax	x-exempt status	' 		47(a)(1) or	527	If "No," a	ttach a list	. See instruction	ıs.
J We	ebsite: N	/A	, ((3)(7)		H(c) Group exem	otion num	ber	
K For	rm of organizati		Association Other	L Ye	ear of format	tion: 2007 M			: DE
Part	_		7.0000.00.00.		5a. 5. 15a.	2007 111	Otato o.	rogal dominone	<u> DII</u>
		scribe the organization's mission o	r most significant activities:	THE ORGANI	77TON	DDTMADV	MTQQT	ON TO T	
	•	TE PRO-CONSERVATION AN	_		ZATION	FICTMAKI	1417001	LON ID I	
Š	PROMO	IE PRO-CONSERVATION AI	ID SOCIAL WELFARE	POLICIES.					
, like		is how if the execution	diagontinuod ita anaratiana	or diamond a	-f t	han OFO/ of	:40 004		
6	2 Check thi		discontinued its operations				1 1	assets.	2
		of voting members of the governing					3		3
8		of independent voting members of t					4		3
i I		nber of individuals employed in cale					5		25
cti		nber of volunteers (estimate if neces					6		6
~ `		elated business revenue from Part V	· ,				7a		NONE
_	b Net unrel	ated business taxable income from	Form 990-T, Part I, line 11 .				7b		
						Prior Year		Current	
<u>e</u>		ions and grants (Part VIII, line 1h)				278,951,0 ₁	12.		NONE
Revenue	9 Program	service revenue (Part VIII, line 2g) .				N	ONE		NONE
20 26 30	0 Investme	nt income (Part VIII, column (A), line	es 3, 4, and 7d)			30,720,1	18.	-12,91	5,831.
ـــــــــــــــــــــــــــــــــــــ	1 Other rev	enue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			N	ONE		NONE
12	2 Total reve	enue - add lines 8 through 11 (must	t equal Part VIII, column (A), I	ne 12)	3	309,671,1	50.	-12,91	5,831.
1:	3 Grants ar	nd similar amounts paid (Part IX, col	umn (A), lines 1-3)			72,712,7	53.	63,65	0,000.
14	4 Benefits	paid to or for members (Part IX, colu	mn (A), line 4)			N	ONE		NONE
1 بي		other compensation, employee bene				12,0	64.	1	1,818.
Expenses		nal fundraising fees (Part IX, column				N	ONE		NONE
Cpe		draising expenses (Part IX, column (
1:		penses (Part IX, column (A), lines 11				214,3	06.	43	7,794.
18		enses. Add lines 13-17 (must equal				72,939,1			9,612.
19		less expenses. Subtract line 18 from				236,732,0		-77,01	
	• Revenue	Tess expenses. Cubitati line 10 from	1111110 12 1 1 1 1 1			ning of Current		End of Yo	
Net Assets or Fund Balances	n Total acc	ets (Part X, line 16)				351,661,60		263,43	
Ass d Bal		ilities (Part X, line 26)			• •				
a det					• •	30,8			8,784.
Ž급 2		s or fund balances. Subtract line 21	from line 20			351,630,79	99.	263,27	5,505.
		erjury, I declare that I have examined th	is return including accompany	a cohodulos and s	tatamente	and to the best o	f my kne	awladaa and	holiof it is
true, c	orrect, and com	pplete. Declaration of preparer (other than	n officer) is based on all informat	on of which prepar	er has any ki	nowledge.	i iliy kiic	owieuge and	Dellei, It is
						00/	00/00		
Sign	Signature	of officer					08/20)24	
Here						Date			
		H FISHER		REASURER					
		int name and title	T =						
Paid	Print/Type	e preparer's name	Preparer's signature	Date		Check	if PTI	N	
Prepar	-er					self-employ	red		
Use O	Eirm's nor	me				Firm's EIN			
	Firm's add	dress				Phone no.			
May tl	he IRS disci	uss this return with the prepare	r shown above? See instr	ıctions				Yes	X No
For Pa	perwork Red	duction Act Notice, see the separat	te instructions.						0 (2022)

Pa	art III	Statement of Program Service Check if Schedule O contains a	Accomplishments response or note to any line in this Par	t III	
1	-	describe the organization's missio CHEDULE O			
2			ificant program services during the ye		
3	If "Yes,"	describe these new services on S	Schedule O. g, or make significant changes in h		Yes X No
	services If "Yes,"	describe these changes on Sche	dule O.		Yes X No
4	expense	es. Section 501(c)(3) and 501(c	ervice accomplishments for each of in (4) organizations are required to report each program service reported.		
4a			099,612. including grants of \$ 63 SOCIAL WELFARE ADVOCACY F)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(Expens		•	÷\$)	
JSA		ogram service expenses	64,099,612.		Form 990 (2022)
	020 1.000				FUIII 990 (2022)

Part	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110		v
h	complete Schedule D, Part VI	11a		X
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	١		
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		3,7
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		3,7
20 ~	If "Yes," complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	22		- 44	

Yes No No No No No No No N	Form 9	90 (2022)		F	Page 4
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. 23 Did the organization aware "Yes" to Part VII, Section A, line 3.4, or 5, about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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. 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization with a disqualified person during the year? If "Yes," complete Schedule L. Part I,	Part	V Checklist of Required Schedules (continued)			
Part IX, column (A), line 27 (If Yes,** complete Schedule I, Parts I and III 23 Did the organization swaver Yes* in Part IVII, Soction 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 I, and the year, that was issued after December 31, 2002? If Yes,** answer lines 24b through 24d and complete Schedule IV, 17%, gr to line 25a . b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . 24b				Yes	No
23 Did the organization aswer "vsa" 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. 24 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. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization and an Schedule C. Jan 100 (1) (2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person timing the year? 26 Did 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 organizations proforms 990 or 990-EC? If "Yes," complete Schedule L. Part I. 27 Did the organization proport 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. 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L. Part IV. 29 Did the organization aparty to a business transaction with one of the following parties (see the Schedule L. Part IV. 29 Did the organization organization in promise Schedule L. Part IV. 29 Did the organization organization in promise Schedule L. Part IV. 29 Did the organization organization aparty to a business transaction with one of the following parties (see the Schedule L. Part IV. 29 Did the organization organization receive more than \$25,000 in non-cash contributions? If "Ye	22				
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employees? If "Yes," complete Schedule I, 241 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	23				
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . 24b c 10 dit the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . 24d 25s 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			24a		х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	b				
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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 1. 25a X 25b 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 1. 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. 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. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV			24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d		24d		
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-E2? If "Yes," complete Schedule L. Part I	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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16 16 16 16 16 16 17 16 17 16 17 16 17 17	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
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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			25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26	26				
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					
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 IV. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part III. 31 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. 32 Did 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 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 33 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			26		X
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. 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c 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. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3 and 301.7701-3? If "Yes," complete Schedule R, Part II. 33 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 35 Did the organization orduct 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 Did the organiz	27				
persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c 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. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 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. 31 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. 32 A X 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 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, lines 1. 38 Did th					
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			27		77
Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28		21		Λ
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	20				
"Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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, lines 11b and	а				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 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 . 32 A 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	u		28a		x
c 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	b				_
"Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M					
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			28c		Х
conservation contributions? If "Yes," complete Schedule M	29		29		Х
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. 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. 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. 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. 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, lines 11b and	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		conservation contributions? If "Yes," complete Schedule M	30		X
complete Schedule N, Part II	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			32		X
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	33				
or IV, and Part V, line 1			33		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34				
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	25-				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			SSA		_ A
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	D		35h		
related organization? If "Yes," complete Schedule R, Part V, line 2	36		330		
 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? <i>If "Yes," complete Schedule R, Part VI.</i>	00		36		
and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		-		
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			37		Х
19? Note : All Form 990 filers are required to complete Schedule O	38				
		19? Note : All Form 990 filers are required to complete Schedule O	38		Х
Part V Statements Regarding Other IRS Filings and Tax Compliance	Part				
Check if Schedule O contains a response or note to any line in this Part V		Check if Schedule O contains a response or note to any line in this Part V			
Yes No				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					
c Did the organization comply with backup withholding rules for reportable payments to vendors and	С		1.	v	
reportable gaming (gambling) winnings to prize winners?	JSA				(2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		3.7
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		21
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
	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.)	40.		
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	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		

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	3			
	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	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		ship with	2		v
_	any other officer, director, trustee, or key employee?					X
3	Did the organization delegate control over management duties customarily performed by or un			3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other			4		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's Did the organization have members or stockholders?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to e					
' a	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval					
-	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und					
	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 re	ached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	405		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling th	e form? .	па		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			124		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts?	ınaı c	bula give	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Vac"			
C	describe on Schedule O how this was done	-		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review as					
	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		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		•			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to			4.C.b.		
Socti	organization's exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires on proprietion to make its Forms 1022 (1024 or 1024 A. if applicable)	000	and 000 -	Γ (000	tion F	01(0)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable) (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable in the second section of the second section is a second section.		and 990-	i (sec	นบท 5	O I (C)
	Own website Another's website X Upon request Other (explain on So		e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur		,	f intor	est n	olicy
. •	and financial statements available to the public during the tax year.	,	JOINIOL C		JUL P	Jiioy,
20	State the name, address, and telephone number of the person who possesses the organization's	books	and record	ls		
-	MOLLY MCUSIC P.O. BOX 53241 WASHINGTON, DC 20009-9997			-		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 th	ne organization nor an	y related organization com	pensated any current	officer, director, or trustee
--	--	------------------------------	------------------------	----------------------------	----------------------	-------------------------------

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ROBERT BLAND	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(2) JOHN LESHY	1.00							-	-	
DIRECTOR	NONE	Х						NONE	NONE	NONE
(3) COURTNEY CUFF	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(4) MOLLY MCUSIC	1.00									
PRESIDENT	39.00			Х				NONE	NONE	NONE
(5) JOSEPH FISHER	1.00									
TREASURER & SECRETARY	NONE			Х				NONE	NONE	NONE
(6) ANDREW STEVENSON	1.00									
VICE PRESIDENT	NONE			Х				NONE	NONE	NONE
(8)										
(9)										
(10)		-								
(11)										
(12)										
<u>(13)</u>										
(14)										

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Pa	rt VII Section A. Officers, Directors, Tru		y En	nplo			and I	lig					
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than c	an	(D) Reportable compensation from	(E) Reportable compensation from related	amount of other		
		hours for related organizations below dotted line)	Ind or c	a Institutional trustee	a Officer		Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) fro orga and	pensation om the anization I related inization:	n I
	Sub-total							>	NONE				NON
	Total from continuation sheets to Part VII, S	-						>	NONE				NON
	Total (add lines 1b and 1c)	limited to t			d a		-	o re	NONE eceived more than		IEI	<u>r</u>	NON
	reportable compensation from the organization					NO	NE					Yes	No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu										3		Х
4	For any individual listed on line 1a, is the organization and related organizations greater	sum of rep	oortab	ole d	com	per	nsatio	n a	nd other compens	sation from the	3		7
_	individual										4		X
	Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Yestion B. Independent Contractors</i>										5		X
	Complete this table for your five highest com compensation from the organization. Report c year.												
	(A) Name and business add	dress							(B) Description of se	rvices	(C) Compens	ation	
2	Total number of independent contractors (in				nite	d to	thos	e I	isted above) who	received			

Part VIII Statement of Revenue

		Check if Schedule	O co	ontains a r	espor	nse or note to an	y line in this Part V	/		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns			1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
ي ق	c	Fundraising events			1c					
ts,	d	Related organizations		Г	1d					
ia id				Г						
ä,'n	e	Government grants (co		· [1e					
o S	f	All other contributions,	-	- 1						
b K		and similar amounts not in		Г	1f	NONE				
<u></u> ₹8	g	Noncash contributions	inclu	ded in						
ou		lines 1a-1f		-	1g					
O @	h	Total. Add lines 1a-1f					NONE			
						Business Code				
Program Service Revenue	2a									
er Ye	b									
า S เก	С									
ev	d									
9 R	e									
<u>. </u>	f	All other program servi	ce rev	enue						
	g	Total. Add lines 2a-2f					NONE			
	3	Investment income (
		other similar amounts).		•		•	3,686,614.	3,686,614.		
	4	Income from investme					NONE			
	5	Royalties		•		•	NONE			
				(i) Rea		(ii) Personal				
	6-	Cross rents	60	()		()				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b		NONE	NONE				
	С	Rental income or (loss)	<u>6c</u>			1	27027			
	d _	Net rental income or (lo	SS) .				NONE			
	7a	Gross amount from		(i) Secur	ities	(ii) Other				
		sales of assets								
		other than inventory	7a	56,34	1,811.					
ne	b	Less: cost or other basis								
Revenue		and sales expenses	7b	72,94	4,256.					
Re		Gain or (loss)	7c	-16,602	2,445.					
_	d	Net gain or (loss)					-16,602,445.			
Other	8a	Gross income from	n f	undraising						
O		events (not including \$								
		of contributions rep	orted	on line						
		1c). See Part IV, line 18			8a	NONE				
	b	Less: direct expenses .			8b	NONE				
	С	Net income or (loss) from	om fu	ındraising e	vents		NONE			
	9a	Gross income f	rom	gaming						
		activities. See Part IV, li	ne 19)	9a	NONE				
	b	Less: direct expenses			9b	NONE				
	C	Net income or (loss) fr			vities.		NONE			
	10a		nvent	-				_		
	100	returns and allowances		•	10a	NONE				
	b	Less: cost of goods sold				NONE				
	C	Net income or (loss) from	om sa	les of inven			NONE			
' 0		()			, · <u>-</u>	Business Code	-1,1212			
ous •	44-									
ne	11a									
Miscellaneous Revenue	b									
SCE	C									
Ξ	d	All other revenue					210275			
		Total revenue See inco					NONE	2 606 614	***	
	12	Total revenue. See inst	เหนตรีเดิ	лю			-12,915,831.	3,686,614.	NONE	NONE

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).

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

	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	63,650,000.	63,650,000.		
	and domestic governments. See Part IV, line 21	03,030,000.	03,030,000.		
2	Grants and other assistance to domestic	NONE			
•	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,	110112			
3	trustees, and key employees	11,818.	11,818.		
6	Compensation not included above to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
	Pension plan accruals and contributions (include	NONE			
U	section 401(k) and 403(b) employer contributions)	1.0112			
۵	Other employee benefits	NONE			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):	110112			
	Management	NONE			
	Legal	45,510.	45,510.		
	Accounting	NONE	10,70101		
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	NONE			
12	Advertising and promotion	NONE			
13		2,640.	2,640.		
14	Information technology	NONE	,		
15	Royalties	NONE			
16	Occupancy	NONE			
17	_ [NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	29,015.	29,015.		
24					
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	OTHER EXPENSES	301,966.	301,966.		
b	BANK FEES AND CHARGES	58,663.	58,663.		
c	BANKS FEES AND CHARGES				
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	64,099,612.	64,099,612.	NONE	NONE
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	92,080.	1	48,810.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
A	9	Prepaid expenses and deferred charges	NONE		NONE
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	NONE	10c	
	11	Investments - publicly traded securities SEE SCHEDULE .Q	286,660,299.		202,454,825.
	12	Investments - other securities. See Part IV, line 11	64,409,286.		60,230,654.
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	500,000.		700,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	351,661,665.		263,434,289.
	17	Accounts payable and accrued expenses	30,866.		158,784.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
s	22	Loans and other payables to any current or former officer, director,	1,01,1		1,01,1
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	110112		1.01.2
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	30,866.		158,784.
		Organizations that follow FASB ASC 958, check here	20,000.		23377311
Ç		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions		27	
Ř	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds	351,630,799.	29	263,275,505.
set	30	Paid-in or capital surplus, or land, building, or equipment fund	NONE	30	NONE
As	31	Retained earnings, endowment, accumulated income, or other funds	NONE	31	NONE
let	32	Total net assets or fund balances	351,630,799.	32	263,275,505.
_	33	Total liabilities and net assets/fund balances	351,661,665.	33	263,434,289.
					Form 990 (2022)

Part						
	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				<u>831</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>612</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>443</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	352	1,6	30,	<u> 799</u>
5	Net unrealized gains (losses) on investments	5	-1	1,3	39,	<u>851</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	263	3,2	75,	<u>505</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					\Box
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	on			
	Schedule O.					
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 com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsiaht	of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountain	_		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	٠				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		he			
5	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	-		3b		
	- Squille assit of assite, explain mily on contented of and account any clope taken to undergo cucin ac	<u> </u>			990	(2022)

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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.

10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

IValli	e of the organization	Employer identification number
BE:	RGER ACTION FUND INC.	20-8948868
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year.	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
3	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a certified historic structure
	Preservation of open space	a certified flistoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	on form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
_		
a		2a
b		26
C	(4)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	24
_		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of auropean incurred in manifesting inspecting bondling of violations and enforcing con	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170/h)//)/P)/i)
0		
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its reversal balance sheet, and include, if applicable, the text of the footnote to the organization's finance.	
	organization's accounting for conservation easements.	iciai statements that describes the
P	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and halance sheet works
ıu	of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue star	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resea provide the following amounts relating to these items:	ion in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as:	
2	following amounts required to be reported under FASB ASC 958 relating to these items:	sets for illiancial gain, provide the
9		\$
a b	Revenue included on Form 990, Part VIII, line 1	\$ \$

Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): а Public exhibition Loan or exchange program Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back 1a Beginning of year balance c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value depreciation (investment) (other) **b** Buildings c Leasehold improvements d Equipment....... Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990) Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuati	
(including name of security)		Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	60 000 654	TNG	
(A) FIDELITY - GOVT SECURITIES	60,230,654.	FMV	
(B) (C)			
(D)			
(E)			
(E)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	60,230,654.		
Part VIII Investments - Program Related.	00/230/031.		
Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	ion:
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	"\/aa" an Farm 000) Dort IV line 44 d Con Form 000	Dowt V. Line 45
Complete if the organization answered		, Part IV, line 11d. See Form 990,	
	scription		(b) Book value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X Other Liabilities.		<u> </u>	
Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See Fori	m 990, Part X,
	tion of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	nat reports the

Schedule D (Form 990) 2022 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
	Recoveries of prior year grants	
	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b4a	
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part 2		irn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
	Donated services and use of facilities	
b	Prior year adjustments	
	Other losses	
	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	

Schedule D (Form 990) 2022 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2022

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization	me of the organization					Employer identification number			
BERGER ACTION FUND INC.	GER ACTION FUND INC.								
Part I General Information on Grants a	and Assistanc	e:e				•			
1 Does the organization maintain records to	substantiate t	ne amount of the	e grants or assista	nce, the grantees	eligibility for the grants	s or assistance, and			
the selection criteria used to award the gra	ants or assistan	ce?					X Yes No		
2 Describe in Part IV the organization's prod	cedures for mo	nitoring the use	of grant funds in th	e United States.					
Part II Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiza	ation answered "Y	es" on Form 990.		
Part IV, line 21, for any recipien		•					,		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	•	(g) Description of	(h) Purpose of grant		
or government	(b) Liiv	(if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance		
(1) SEE ATTACHED SCHEDULE									
PO BOX 53241 WASHINGTON, DC 20009			63,650,000.				PRO-CONSERVATION AND		
(2)									
(3)									
(4)									
(4)									
(5)									
(6)									
(7)									
_(1)									
(8)									
_(9)									
(40)									
(10)									
(11)									
(12)									
O Fatantial analysis for the 5047 202			to die de Per 4 6 2	1-					
2 Enter total number of section 501(c)(3) ar	-	-	sted in the line 1 tal	oie			NONE		
3 Enter total number of other organizations	usted in the line	a i iabie					12		

Schedule I (Form 990) (2022)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (b) Number of recipients (c) Amount of (a) Type of grant or assistance (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance cash grant non-cash assistance FMV, appraisal, other) 3 5 6 7

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection **Employer identification number**

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

CONFLICT OF INTEREST

EACH DIRECTOR IS REQUIRED TO COMPLETE THE ATTACHED "CONFLICT OF INTEREST POLICY" ANNUALY.

REIMBURSEMENT AGREEMENT

THE BERGER ACTION FUND HAS ENTERED INTO A REIMBURSEMENT AGREEMENT WITH ANOTHER ORGANIZATION, WHICH CHARGES THE BERGER ACTION FUND FOR ITS PROPORTIONATE SHARE OF OFFICE SPACE, EMPLOYEE SERVICES AND ADMINISTRATIVE EXPENSES AND FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS.

Name of the organization	Employer identification number
BERGER ACTION FUND INC.	20-8948868

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CORPORATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR SOCIAL WELFARE PURPOSES WITHIN THE MEANING OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. PRIMARILY PRO-CONSERVATION POLICIES AND SOCIAL WELFARE AT THE FEDERAL LEVEL THROUGH MEETINGS WITH POLICY MAKERS AND OTHER CONSERVATION MINDED GROUPS.

Name of the organization

BERGER ACTION FUND INC.

Employer identification number
20-8948868

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

FIDELITY - STOCKS 202,454,825.

TOTALS 202,454,825.

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Attach to Form 104
Use Form 8949 to list your tran
Go to www.irs.gov/F1041 for

Capital Gains and Losses Attach to Form 1041, Form 5227, or Form 990-T.

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2022

Name	of estate or trust			Employer identif	Employer identification number			
E	BERGER ACTION FUND INC.			20-894	<u>88</u> 68			
Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.						es X No	•	
	: Form 5227 filers need to complete only Parts I and II.		d 4 Vaan an I aan /	!				
	Short-Term Capital Gains and Losses - Gen	erally Assets Hel	d 1 Year or Less (ns)			
the I	instructions for how to figure the amounts to enter on nes below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss Form(s) 8949, F	from	(h) Gain or (I Subtract colur from column (combine the re	nn (e) d) and	
to w	form may be easier to complete if you round off cents nole dollars.	(sales price)	(or other basis)	line 2, column		column (g		
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.							
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked							
	Totals for all transactions reported on Form(s) 8949 with Box B checked							
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				T			
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4			
5	Net short-term gain or (loss) from partnerships, S corp	porations, and other	estates or trusts		5			
6	Short-term capital loss carryover. Enter the amour	nt, if any, from line	e 9 of the 2021	Capital Loss				
_	Carryover Worksheet				6	()	
7	Net short-term capital gain or (loss). Combine line Part III, line 17, column (3). t II Long-Term Capital Gains and Losses - Gen				7	Ļ		
Par		erally Assets Hel	d More Than 1 Ye	ar (see instrud	ctions	5)		
	instructions for how to figure the amounts to enter on ines below.	_ (d)	(e)	(g) Adjustment		(h) Gain or (I Subtract colur	nn (e)	
	form may be easier to complete if you round off cents nole dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, P line 2, column	art II,	from column (combine the re-	súlt with	
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.							
	Totals for all transactions reported on Form(s) 8949 with Box D checked	56,341,811.	72,944,256.			-16,602	445.	
9	Totals for all transactions reported on Form(s) 8949 with Box E checked							
10	Totals for all transactions reported on Form(s) 8949 with Box F checked							
11	Long-term capital gain or (loss) from Forms 2439, 46				11			
12	Net long-term gain or (loss) from partnerships, S corp				12			
13	Capital gain distributions				13			
14 15	Long-term capital loss carryover. Enter the amount				14			
1.5	Carryover Worksheet	•		•	15	()	
16	Net long-term capital gain or (loss). Combine lines Part III, line 18a, column (3)	8a through 15 in	column (h). Enter	here and on	16	-16,602	445.	

Schedule D (Form 1041) 2022

					- 3 -
Pa	Summary of Parts I and II Caution: Read the instructions before completing this pa	art.	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17			
18	Net long-term gain or (loss):				
а	Total for year	18a			-16,602,445.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
С	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a	19			-16,602,445.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Capital Loss Limitation Part IV

Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:

3,000.) 20 Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18h col (2) or line 18c col (2) is more than zero

CILIT	inite 100, coi. (2), of fine 100, coi. (2), is more than zero.			
21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2)			
	but not less than zero			
23	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T) 23			
24	Add lines 22 and 23			
25	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g; otherwise, enter -0 25			
26	Subtract line 25 from line 24. If zero or less, enter -0	26		
27	Subtract line 26 from line 21. If zero or less, enter -0	27		
28	Enter the smaller of the amount on line 21 or \$2,800	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at 0	%	30	
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$13,700	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)		37	
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20)		41	
42	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates			
	and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates			
	and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and or	on Form 1041, Schedule		
	G, Part I, line 1a (or Form 990-T, Part II, line 2)		45	

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

		, I	•	
	Х	x (D) Long-term transactions reported on Form(s) 109	099-B showing basis was reported to the IRS (see Note above	€)
		(E) Long-term transactions reported on Form(s) 1099	99-B showing basis wasn't reported to the IRS	
ſ		(F) Long-term transactions not reported to you on Fo	Form 1099-B	

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.) (see instructions) in	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).	
FIDELITY INVESTMENTS -							
SEE ATTACHED	01/28/2022	03/31/2023	56,341,811.00	72,944,256.00			-16602445.00
	<u> </u>						
2 Totals. Add the amounts in columns							
negative amounts). Enter each total Schedule D, line 8b (if Box D above							
above is checked), or line 10 (if Box			56,341,811.	72,944,256.			-16,602,445.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2022Jurisdiction:FederalName:BERGER ACTION FUNDNo of Attachments:4

Return No: E08597Q2

PDF Attachment Description	PDF File Name	File Size
Capital Gains Attachment	E08597Q2_FE_Capital Gains Attachment.pdf	75,257
Berger Action Fund Conflict of Interest Statement	E08597Q2_FE_Berger Action Fund Conflict of Interest Statement.pdf	191,620
2022 Grants Paid Attachment	E08597Q2_FE_2022 Grants Paid Attachment.pdf	104,894
8453 Signature Document	E0859702 FE Form 8453-TE pdf	217.686

Attachment to Schedule D

	Shares						Long Term			
Security Description	Date Acquired	Date Sold	<u>Sold</u>		<u>Proceeds</u>		<u>Basis</u>		Gain (Loss)	
BERKSHIRE HATHAWAY INC	1/28/2022	3/27/2023	4	\$	1,821,825	\$	1,879,520	\$	(57,695)	
BERKSHIRE HATHAWAY INC	1/28/2022	3/24/2023	5	\$	2,235,195	\$	2,349,400	\$	(114,205)	
BERKSHIRE HATHAWAY INC	1/28/2022	3/23/2023	4	\$	1,824,690	\$	1,879,520	\$	(54,830)	
BERKSHIRE HATHAWAY INC	1/28/2022	3/23/2023	1	\$	456,172	\$	469,880	\$	(13,708)	
BERKSHIRE HATHAWAY INC	1/28/2022	3/22/2023	5	\$	2,297,873	\$	2,349,400	\$	(51,527)	
BERKSHIRE HATHAWAY INC	1/28/2022	3/21/2023	5	\$	2,307,528	\$	2,349,400	\$	(41,872)	
BERKSHIRE HATHAWAY INC	1/28/2022	3/20/2023	5	\$	2,254,924	\$	2,349,400	\$	(94,476)	
BERKSHIRE HATHAWAY INC	1/28/2022	3/17/2023	5	\$	2,227,147	\$	2,349,400	\$	(122,253)	
BERKSHIRE HATHAWAY INC	1/28/2022	3/16/2023	5	\$	2,245,767	\$	2,349,400	\$	(103,633)	
BERKSHIRE HATHAWAY INC	1/28/2022	3/15/2023	5	\$	2,252,290	\$	2,349,400	\$	(97,110)	
NOVOCURE LTD COM USD	10/19/2020	1/10/2023	205,875	\$	18,667,759	\$	27,245,498	\$	(8,577,739)	
NOVOCURE LTD COM USD	10/19/2020	1/9/2023	189,089	\$	17,750,641	\$	25,024,038	\$	(7,273,398)	
									_	
				\$	56,341,811	\$	72,944,256	\$	(16,602,445)	

BERGER ACTION FUND, INC.

Conflict of Interest Policy

Berger Action Fund, Inc. (the "Corporation") is a Delaware nonprofit, nonstock corporation described in section 501(c)(4) of the Internal Revenue Code and is therefore subject to the Internal Revenue Code provisions applicable to social welfare organizations. Directors and officers of the Corporation also have legal obligations to exercise prudence and undivided loyalty to the Corporation in managing the Corporation's affairs. To the extent required by their particular responsibilities, all board members, officers, staff members, and other agents of the Corporation should be familiar with the specific provisions of the law applicable to the Corporation and its employees and agents. In order to help ensure that all directors, officers, and staff conduct themselves in accordance with the highest fiduciary standards, the Board of Directors of the Corporation has adopted this Policy.

Section 1. Statement of purpose. From time to time, in the life of every organization, conflicts of interest or the appearance of such conflicts arise in the organization's decision making process. It is imperative that the Corporation be exemplary in its handling of such situations. In adopting this Policy, the Board of Directors is mindful that the appearance that a decision of the Corporation has been improperly influenced by an individual with a conflict of interest can compromise the Corporation's ability to achieve its mission even if in fact there is no improper influence. For this reason, officers, directors, employees, and other agents of the Corporation must strive to avoid even the appearance of impropriety.

Section 2. Conflicts of interest covered by this policy. This policy applies to all situations in which a director, officer, employee, or other agent of the Corporation: (1) is in a position to make, or exercise substantial influence over, a significant decision of the Corporation, and (2) has a material private interest (financial or otherwise) that could cause, or reasonably be perceived as causing, the individual to exercise his or her authority or influence in a manner not solely motivated by the best interests of the Corporation.

For purposes of this policy, a material private interest may arise in a transaction between the Corporation and: (1) a director, officer, employee, or other agent of the Corporation; (2) a family member, domestic partner, or business partner of such director, officer, employee or other agent of the Corporation; or (3) an organization in which any of the individuals listed above have a significant financial or non-financial interest.

<u>Section 3. Disclosure of all conflicts and potential conflicts</u>. Directors, officers, employees, and other agents of the Corporation have an obligation to promptly disclose to the President all conflicts covered by this policy or situations that might reasonably be thought to present conflicts covered by this policy.

To encourage continuing compliance with this disclosure obligation, every director and officer shall file an annual statement with the President listing the following affiliations that involve or could reasonably be expected to involve a conflict of interest, as defined above, covered by this policy: (1) employers, (2) board memberships, (3) significant financial interests of the individual or the individual's extended family, and (4) other significant personal involvements. Although only directors and officers are required to submit annual statements, all Corporation employees and agents shall promptly disclose any conflicts covered by this policy to the President of the Corporation.

If the Corporation learns of facts suggesting a conflict of interest that has not been disclosed, it shall seek clarification from the individual with a putative conflict of interest. The disinterested members of the Board of Directors have final authority to determine whether a conflict of interest actually exists.

Section 4. Recusal required when a conflict of interest exists. No director, officer, employee, or other agent of the Corporation may take part in any decision by the Corporation in which such person has a material private interest or that would directly or indirectly benefit such person or any family member, domestic partner, business partner, or organization with which any of the foregoing has a formal relationship. Such director, officer, employee, or other agent may participate in discussions regarding the matter to be decided, but shall not be present when the decision is made.

Section 5. Procedure for approving transactions presenting a conflict of interest. In the case of any prospective transaction involving a conflict of interest of a director or other person with substantial influence over the Corporation's operations as a whole, the transaction must be approved by the Board of Directors or a duly authorized committee thereof (not including any directors required to recuse themselves pursuant to Section 4 of this Policy). In other cases, the Board may delegate authority to approve the transaction to others.

The body approving a transaction shall make a reasonable investigation of alternative transactions not involving any conflict of interest and of the fair market value of the benefits the Corporation would obtain through the transaction. It shall not approve the transaction unless, based on any facts or data obtained in its investigation, it determines that (1) there are no reasonably available alternatives to the transaction providing more favorable terms to the Corporation; (2) the transaction is entirely fair to the Corporation, and the Corporation will not provide more than fair market value in return for the benefits it receives through the transaction; and (3) taking into account all relevant factors, including any potential appearance' of impropriety, the transaction is in the best interest of the Corporation.

<u>Section 6. Recordkeeping.</u> With respect to any Board discussion, decision or action involving matters covered by this Policy, the minutes of the Board meeting at which such discussion, decision or action takes place shall reflect in detail the Board deliberations and the voting process. In addition, copies shall be kept of any market data or information considered by the Board in approving or disapproving a proposed transaction. Similar records shall be kept of any discussion, decision or action involving matters covered by this Policy by a body other than the Board.

<u>Section 7. Distribution of this policy</u>. A copy of this Policy and Disclosure Statement shall be furnished annually to all directors, officers, employees, and other agents of the Corporation, and shall be furnished to all new directors, officers, employees, or other agents at that time they begin service to the Corporation.

ANNUAL DISCLOSURE STATEMENT

I have carefully read the Conflict of Interest Policy, and in signing this Disclosure Statement, I have considered not only the literal expression of the policy, but its intent. Except as hereinafter stated, I do not, to the best of my knowledge, have a conflict of interest that may be seen as competing with the interests or concerns of Berger Action Fund, Inc., nor does any member of my extended family, or any organization to which my extended family or I have an allegiance, have such a competing concern.

If any situation should arise in the future that may create a conflict of interest, I will promptly and fully disclose the circumstances to the President.

Name:	
Signature:	
Date:	
position as trustee, director, general member have a financial interest, it	Il organizations in which you or a family member hold a all manager, or principal officer, or in which you or a family f those organizations engage in business transactions with the at they will do such business in the coming year. Enter "N/A" ort.
Name of Organization	Nature of Your Interest in the Organization
I certify that the above information	is correct to the best of my knowledge.
Name:	
Signature:	
Date:	<u> </u>

Grants Paid Schedule

Organization Name	<u>Address</u>	<u>EIN</u>	IRC Section Amount		Purpose of Grant	
Americans For Financial Reform	1615 L St, NW, Washington, DC 20036	82-2543434	501(C)(4)	150,000	Pro-Conservation and Social Welfare Advocacy	
Animal Wellness Action	611 Pennsylvnia Avenue, Washington DC 20003	82-5477192	501(C)(4)	250,000	Pro-Conservation and Social Welfare Advocacy	
Citizen Action of New York	P.O. Box 6360, Albany, NY 12206	11-2644562	501(C)(4)	500,000	Pro-Conservation and Social Welfare Advocacy	
Citizens For Tax Justice	1200 18th Street, NW, Washington, DC 20036	52-1156415	501(C)(4)	50,000	Pro-Conservation and Social Welfare Advocacy	
Common Cause	805 15th Street, NW, Washington, DC 20005	52-6078441	501(C)(4)	50,000	Pro-Conservation and Social Welfare Advocacy	
Community Catalyst Action Fund, Inc.	One Federal Street, Boston, MA 02110	30-0687494	501(C)(4)	200,000	Pro-Conservation and Social Welfare Advocacy	
Fund For A Better Future	400 Capital Mall, Suite 2150, Sacramento CA 95814	81-2319758	501(C)(4)	19,750,000	Pro-Conservation and Social Welfare Advocacy	
Indivisible Project	P.O. Box 43884, Washington, DC 20010	81-4944067	501(C)(4)	750,000	Pro-Conservation and Social Welfare Advocacy	
League Of Conservation Voters, Inc.	740 15th St NW, Suite 700, Washington DC 20005	52-1733698	501(C)(4)	5,000,000	Pro-Conservation and Social Welfare Advocacy	
Sixteen Thirty Fund	1828 L Street, NW, Suite 300-B, Washington DC 20036	26-4486735	501(C)(4)	35,000,000	Pro-Conservation and Social Welfare Advocacy	
Western Conservation Action	1675 Larimer Street, Denver, CO 80202	20-8091495	501(C)(4)	300,000	Pro-Conservation and Social Welfare Advocacy	
Wilderness Society Action Fund	1615 M St. NW, Washington DC 20036	82-1742996	501(C)(4)	150,000	Pro-Conservation and Social Welfare Advocacy	
WorkMoney Inc.	790 N. Milwaukee Street, Ste 300, Milwaukee WI 53202	85-0604101	501(C)(4)	1,500,000	Pro-Conservation and Social Welfare Advocacy	

63,650,000

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No 1545-0047

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year beginning 04/01/2022 and ending 03/31/2023 Department of the Treasury For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-C Go to www.irs.gov/Form8453TE for the latest information.

Name of filer **EIN or SSN** BERGER ACTION FUND INC 20-8948868 Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) -12915831. Form 990-EZ check here **b** Total revenue, if any (Form 990-EZ, line 9) 2a 2h Form 1120-POL check here Taxed based on investment income (Form 990-PF, Part V, line 5) . . 4b Form 990-PF check here Form 8868 check here.... 5b 5a Form 990-T check here Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b Form 8039-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration of Officer or Person Subject to Tax** Part II 11a Lauthorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). X I am an officer of the above named entity or I am the person subject to tax with respect to Under penalties of perjury, I declare that (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign TREASURER Here Signature of officer or person subject to tax Date Title, if applicable Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO's SSN or PTIN Date Check if also ERO's Check if self signature paid preparer employed Use Firm's name (or yours if EIN Only self-employed), Phone no. address, and ZIP code Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature PTIN **Paid** Check if sel employed **Preparer** Firm's EIN Firm's name **Use Only**

Firm's address

Phone no