

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

<u>A</u>	For the	e 201	5 calendar year, or tax year beginning 04/01, 2015, and	enaing	03.	/31, 20 16
R.	Check if ap		C Name of organization		D Employer identification	tion number
_	_		BERGER ACTION FUND INC.		20-8948868	
X	Addres change		Doing business as			
X	Name	change	Number and street (or P O box if mail is not delivered to street address)	/suite	E Telephone number	
	Initial i	return	P.O. BOX 53241		() -	
L	Final retermina		City or town, state or province, country, and ZIP or foreign postal code			_
	Amend	ded	WASHINGTON, DC 20009-9997		G Gross receipts \$	10,000,000.
	Applica	ation	F Name and address of principal officer JOSEPH FISHER		H(a) Is this a group return subordinates?	n for Yes X No
		•	P.O. BOX 53241 WASHINGTON, DC 20009-9997		H(b) Are all subordinates in	cluded? Yes No
ī	Tax-exe	empt st	ratus 501(c)(3) X 501(c) (4) ◀ (insert no) 4947(a)(1) or	527	If "No," attach a list	(see instructions)
J	Websit	te: 🕨			H(c) Group exemption nu	imber -
ĸ	Form o	of organ	nization X Corporation Trust Association Other L	Year of format	ion 2007 M State	of legal domicile DE
Р	art l	Su	ımmary			
	1	Briefly	y describe the organization's mission or most significant activities THE ORGANI	IZATION I	PRIMARY MISSI	ON IS TO
ø			MOTE PRO-CONSERVATION AND SOCIAL WELFARE POLICIES.			
Governance	'		·			
ern	2	Check	k this box I if the organization discontinued its operations or disposed of mi	ore than 25%	of its net assets	
8	3		per of voting members of the governing body (Part VI, line 1a)			5.
			per of independent voting members of the governing body (Part VI, line 1b)			5.
Activities &			number of individuals employed in calendar year 2015 (Part V, line 2a)			0.
Ξ	1		number of volunteers (estimate if necessary)			0.
Act			unrelated business revenue from Part VIII, column (C), line 12		7a	0.
				····· 👸	7b	0.
	"	Net ui	nrelated business taxable income from Form 990-T, line 34	16:11:31	Prior Year	Current Year
	ا .	Contr		181	200,000.	10,000,000.
Ë	8 9	Contri	ibutions and grants (Part VIII, line 1h)		200,000.	0.
Revenue	10		am service revenue (Part VIII, line 2g)	·U:	0.	0.
8	10		tment income (Part VIII, column (A), lines 3, 4, and 7d).	ST.	0.	0.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and life)	• • •	200,000.	10,000,000.
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
			s and similar amounts paid (Part IX, column (A), lines 1-3)		730,000.	3,875,000.
			fits paid to or for members (Part IX, column (A), line 4)		* -	0.
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		29,615.	41,112.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	• • •	0.	0.
Exp	b		fundraising expenses (Part IX, column (D), line 25) ▶0.		44-700	4.7.000
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,730.	17,993.
	1		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		771,345.	3,934,105.
	19	Rever	nue less expenses Subtract line 18 from line 12		-571,345.	6,065,895.
9 9	20 21 22			Begin	ning of Current Year	End of Year
set	20		assets (Part X, line 16)		44,265.	6,110,160.
ξĔ	21	Total	liabilities (Part X, line 26)		0.	<u>0.</u>
Ž	22	Net a	ssets or fund balances Subtract line 21 from line 20		44,265.	6,110,160.
	art II		gnature Block			
			of perjury, I declare that I have examined this return, including accompanying schedules and I complete Declaration of preparer (other than officer) is based on all information of which prep			nowledge and belief, it is
	c, con c	1	On A XIA	para nas any ki		.11.6
Sign			Sympleture of officer		1012c	1110
He	ге		JOSEPH FISHER SECRETARY			
			Type or print name and title			
_		Print	/Type preparer's name Preparer's signature Dat	ate	Check If F	PTIN
Pai	d				self-employed	
	parer	Firm's	s name		,	
Us	e Only		s name		Firm's EIN	
Ma	v the II		s address scuss this return with the preparer shown above? (see instructions)		Phone no	Yes X No
_			Reduction Act Notice, see the separate instructions.	·····	· · · · · · · · · · · · · · · · · · ·	
F 01	rapei	WOLK	reduction Act Notice, see the separate histractions.			Form 990 (2015)

Fon	m 990 (2015) Page 2
P	`Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission
•	ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services? Yes X No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses 1,015,249 including grants of \$ 1,000,000) (Revenue \$) PURSUE PRO-CONSERVATION POLICIES.
41-	(Code) (European C) (Paragraph of C)
4D	(Code) (Expenses \$ 2,918,856 including grants of \$ 2,875,000) (Revenue \$) PURSUE SOCIAL WELFARE ADVOCACY POLICIES
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4	Other program services (Describe in Schedule O.)
-ru	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,934,105.

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	-,-	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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 Revenue Procedure 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_		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			;
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	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	<u> </u>	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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			١
	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,			۱.,
	Part I	31		_x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
20-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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	356		
26		35b	\vdash	
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	26	ļ	l
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\vdash
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	=	 	
50	19? Note. All Form 990 filers are required to complete Schedule O	38	1	x
		, ,,,		

Par	tV Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			$. \square$
•			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			İ
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	Į	1	l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			- 1
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			l
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.		-	-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			l v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	42		х
L	account)?	4a		
D	If "Yes," enter the name of the foreign country. ▶		1	l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			l
	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		·
	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		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		l
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		.	l
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \dots	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 -
_	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			Х
	sponsoring organization have excess business holdings at any time during the year?	8		_^
9_	Sponsoring organizations maintaining donor advised funds.	9a		Х
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	150		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	1		1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter	i		1
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		:	
	against amounts due or received from them)	į		l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	1		1
	Enter the amount of reserves on hand	ļ	ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	İ	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI	See ın	struc	tions
			• • •	Х
Secti	on A. Governing Body and Management		¥	N-
	1.	اـــــــ	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>			
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			1
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			i
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			Γ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	j	
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s	only)
-	available for public inspection. Indicate how you made these available Check all that apply	`		• • •
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record JOSEPH FISHER P.O. BOX 53241 WASHINGTON, DC 20009-9997	ds ►		

Form	aan	/201	51

(20.	•,										
Part VII	Compensation	of (Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	ctors								
	Check if Sched	ule O	contains	a response	or note to	any lii	ne in this Part	VII		<u>.</u>	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor	any related	orgai	nıza	tion	cor	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	ss pe	nore rson irect	n of st Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MOLLY MCUSIC DIRECTOR & PRESIDENT	2.00	x		x				0.	0.	0.
(2)JOSEPH FISHER DIRECTOR & SECRETARY	2.00	Х		х				0.	0.	0.
(3)ROBERT_BLAND DIRECTOR	1.00	х						0.	0.	0.
(4)ANDREW STEVENSON DIRECTOR	2.00	х						0.	0.	0.
(5)JOHN LESHY DIRECTOR	1.00	Х						0.	0.	0.
(6)PATRICIA DAVIS TREASURER	2.00			х				0.	0.	0.
					_				_	
				<u> </u>	-					
(10)		1			-				1	
(11)	+									
(12)										
(13)										
(14)	· -	1								

Form 990 (2) Part VII	Section A. Officers, Directors, Tr	ustees, Ke	y Em	ıplo	ye	es,	and F	ligi	hest Compensat	ed Employees	(continue	_	Page 8
•	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson	n th ដី Highest compensated to be seen ployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	com fr org	(F) stimate nount o other pensa om the anizati d relate anizatio	of tion e ion ed
				_			ed_						
								-			-		
				_									
		<u> </u>											
		- -											
				 	-								
					_	_							
		<u> </u>											
				1				_	-				
			<u> </u> 										
c Total d Total	from continuation sheets to Part VII, 5 (add lines 1b and 1c)	Section A .					<u></u>	▶ ▶ ○ re	0. 0.	\$100,000 of) .		0
	table compensation from the organization		0		.u u								
	the organization list any former offi byee on line 1a? <i>If "Yes," complete Sche</i> o										3	Yes	No X
•	any individual listed on line 1a, is the												†
orgar	nization and related organizations g	reater than	\$15	50,0	0007	· 11	"Yes	s, "	complete Schedu		4		x
5 Did a	any person listed on line 1a receive of ervices rendered to the organization? If "	r accrue co	mper	ısat	on	fron	n any	un	related organizati		5		x
	B. Independent Contractors	res, comple	10 30	1601	aid c	, 101	Sucn	per	3011	<u> </u>			<u></u> _
	plete this table for your five highest cor pensation from the organization Report												_
· -	(A) Name and business ad	idress							(B) Description of s	ervices	(C) Comper		1
								\pm			<u>-</u>		
								╀					
								\perp					
	number of independent contractors (than \$100,000 in compensation from t				nite		tho:	se	listed above) who	received			
SA E 1055 1 000		no organiza		_			/ ·				Form	990	(201

	990 (2	 _					Page 9
Par	t VIII	Statement of Revenue Check if Schedule O contains a response	se or note to an	v line in this Part VI	11		
	•	Check if Scriedule O Contains a respons	se of note to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions)					
	e f	All other contributions, giffs, grants, and similar amounts not included above . 1f	10,000,000				
Cor	g	Noncash contributions included in lines 1a-1f \$					
Program Service Revenue	2a b	Total. Add lines 1a-1f	Business Code	10,000,000			
m Service	c d e						
ogra	f	All other program service revenue					
Pr	g	Total. Add lines 2a-2f		0		,	
	3 4 5	Investment income (including dividend and other similar amounts)	proceeds . ▶	0 0 0			
	6a b c	Gross rents	(II) Personal	0			
	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(II) Other	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
Ó	b	Less direct expenses b Net income or (loss) from fundraising events.		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	С	Less direct expenses b Net income or (loss) from gaming activities.		0			
		Gross sales of inventory, less returns and allowances	i 1				
		Less cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue		0	<u>. </u>		4
	112	IVISCEIRI IEUUS REVEITUE	22311033 0048	ţ			
	11a b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		10,000,000.		1	1

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 i	in this Part IX

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	3,875,000.	3,875,000.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	0.			
3	Grants and other assistance to foreign	1			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			ļ. <u>-</u>
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	41,112.	41,112.		
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees)				
а	Management	0.			
Ь	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
f	Investment management fees	0.			
9	Other (If line 11g amount exceeds 10% of line 25, column	0			
	(A) amount, list line 11g expenses on Schedule O)	0.			
	Advertising and promotion	0.			<u>-</u>
	Office expenses	0.			
	Information technology	0.			
	Royalties	0.			
	Occupancy	0.			
	Travel	0.			
10	Payments of travel or entertainment expenses	0.	1		
10	for any federal, state, or local public officials Conferences, conventions, and meetings	0.			_
		0.			
20 21	Interest	0.	-		-
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			-
	Other expenses Itemize expenses not covered				
-7	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				[
	(A) amount, list line 24e expenses on Schedule O)				<u> </u>
а	OTHER EXPENSES	17,993.	17,993.		-
b	·				1
c				•	
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	3,934,105.	3,934,105.		
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	following SOP 98-2 (ASC 958-720)	0.			

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	44,265.	1	6,110,160.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
Ì		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	6	0.
ţ	7	organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
۲	9	Prepaid expenses and deferred charges	0.	_	0.
		Land, buildings, and equipment cost or	·	-	<u> </u>
	IVa	other basis Complete Part VI of Schedule D			
	h	Less accumulated depreciation	0	10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities See Part IV, line 11		12	0.
	13	Investments - other securities See Part IV, line 11		13	0.
	14			14	0.
	15	Intangible assets		15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	44,265.		6,110,160.
\dashv	17	Accounts payable and accrued expenses		17	0.
	18	Grants payable		18	0.
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	0.
	22	Loans and other payables to current and former officers, directors,	<u> </u>		
Liabilities		trustees, key employees, highest compensated employees, and			
ē		disqualified persons Complete Part II of Schedule L	0.	22	0.
:=	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	0.
	25	Other liabilities (including federal income tax, payables to related third			
ļ		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	44,265.	30	6,110,160.
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0.		0.
¥	32	Retained earnings, endowment, accumulated income, or other funds	0.	-	0.
Ş	33	Total net assets or fund balances	44,265.	_	6,110,160.
-	34	Total liabilities and net assets/fund balances.	44,265.	34	6,110,160.
_				_	Form 990 (2015)

Page **12** 10,000,000. 1 2 3,934,105. 6,065,895. 3 44,265. 4 0. 5 0. 6 0. 7 Ō. 8 0. 9 6,110,160. Yes No Х 2a Х 2b

Form 990 (2015)

Form 990 (2015) Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 6 7 8 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Х 3a b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULEI

(Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 Open to Public

► Attach to Form 990.

Employer Identification number 20-8948868

BERGER ACTION FUND INC.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Pa	Part I General Information on Grants and Assistance
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
	the selection criteria used to award the grants or assistance?
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW VENTURE FUND							
1201 CONNECTICUT AVENUE, NW - SUITE 300	20-5806345	501 (C) (3)	750,000				PRO-CONSERVATION PRO
(2) CENTER FOR POPULAR DEMOCRACY ACTION FUND	•						
449 TROUTMAN STREET BROOKLYN, NY 11237	45-3860271	501 (C) (4)	1,875,000.				SOCIAL WELFARE ADVOC
(3) NATIONAL COUNCIL OF LA RAZA ACTION FUND INC	1						
1126 16TH STREET, NW - SUITE 600	45-5341145	501 (C) (4)	250,000				SOCIAL WELFARE ADVOC
(4) WESTERN CONSERVATION ACTION							
1536 WYNKOOP STREET - #410	20-8091495	501 (C) (4)	250,000				PRO-CONSERVATION PRO
(5) COMMUNITY CATALYST ACTION FUND INC							
ONE FEDERAL STREET BOSTON, MA 02110	30-0687494	501(C)(4)	250,000				SOCIAL WELFARE ADVOC
(6) PLANNED PARENTHOOD ACTION FUND INC.	1						
434 WEST 33RD STREET NEW YORK, NY 10001	13-3539048	501(C)(4)	200,000				SOCIAL WELFARE ADVOC
(7)							
(8)							
(6)		 					
(10)	1						
(11)							
	_	,					
(12)							-
	,						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	d governmer	t organizations	listed in the line 1 to	able		•	
	isted in the li	line 1 table				A : : : : : : : : : : : : : : : : : : :	9
l							

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

Schedule 1 (Form 990) (2015)

JSA 5E1288 1 000

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	•
-							
2							, .
 ო							
4							
ro.							
ဖ							
7							_
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	vide the informat	ion required in	Part I, line 2, Part III, o	column (b), and any other additional	

SCHEDULE O (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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BERGER ACTION FUND INC.

Employer identification number 20-8948868

CONF

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

ATTACHMENT 1

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.

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:21 AM 11/02/2015
FILED 09:21 AM 11/02/2015
SR 20150729179 - File Number 4341774

STATE OF DELAWARE CERTIFICATE OF AMENDMENT (A CORPORATION WITHOUT CAPITAL STOCK)

The corporation, Wyss Action Fund, Inc.

organized and existing under the laws of the State of Delaware, hereby certifies as follows:
(1) That at a meeting a vote of the members of the governing body was taken for and against the amendment to the Certificate of Incorporation, said Amendment being
as follows: The Article titled "Article I. Name" now reads as follows:
The name of the corporation is Berger Action Fund, Inc. ("the corporation)
(2) That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.
IN WITNESS WHEREOF, said corporation has caused this certificate to be signed this 29 h day of October, A.D. 2015.
By: Molly MCZ Authorized Officer
Name: Molly McUsic, President Print or Type

WYSS ACTION FUND, INC.

UNANIMOUS WRITTEN CONSENT OF THE BOARD OF DIRECTORS

The undersigned, being directors of the Wyss Action Fund, Inc. a Delaware nonprofit corporation (the "Corporation"), does hereby waive any notice of an annual meeting of the Director of the Corporation and does hereby adopt, by written consent, the following Resolution.

Change of Name of Wyss Action Fund, Inc. to Berger Action Fund, Inc.

RESOLVED, that the Certificate of Incorporation of this corporation be amended by changing the Article thereof titled "Article I. Name" so that, as amended, said article shall be read as follows:

The name of the corporation is Berger Action Fund, Inc. ("the Corporation")

Andrew Stephenson, Director
STEVENION AND ST

The undersigned Secretary of the Wyss Action Fund, Inc. hereby certifies that this Unanimous Written consent has been duly filed in the minute book of the Corporation.

Jøseph Fisher, Secretary

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.

Section 6. Recordkeeping. 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, go member have a financial interes	ist all organizations in which you or a family member hold a eneral manager, or principal officer, or in which you or a family est, if those organizations engage in business transactions with the te that they will do such business in the coming year. Enter "N/A" or report.
Name of Organization	Nature of Your Interest in the Organization
-	-
I certify that the above information	ation is correct to the best of my knowledge.
Name:	
Signature:	
Date:	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "WYSS ACTION FUND,
INC.", CHANGING ITS NAME FROM "WYSS ACTION FUND, INC." TO
"BERGER ACTION FUND, INC.", FILED IN THIS OFFICE ON THE SECOND
DAY OF NOVEMBER, A.D. 2015, AT 9:21 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Authentication: 10345010

Date: 11-02-15

4341774 8100 SR# 20150729179