Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

OMB No 1545-0047

A F	or the	2016 calendar year, or tax year begi	nning 04/01, 2016	, and endin	g 0	3/31 , 20 17
		C Name of organization			D Employer Identific	cation number
D Ch	ock if applica	BERGER ACTION FUND IN	c.		20-894886	68
	Address change	Doing business as				
	Name cha	Number and street (or P O box if mail is	not delivered to street address)	Room/suite	E Telephone numbe	r
—	Initial retu	P.O. BOX 53241	i		() -	
	Final retur		and ZIP or foreign postal code			
-	terminated Amended	WASHINGTON, DC 20009-	9997		G Gross receipts \$	13,501,764.
	returo Applicatio	F Name and address of principal officer	JOSEPH FISHER		H(a) Is this a group re	turn for Yes X N
_	pending	P.O. BOX 53241 WASHIN	GTON, DC 20009-9997		subordinates? H(b) Are all subordinates	included? Yes No
<i>i</i> i	Tax-exemp		4) (insert no.) 4947(a)(1)	or 52		st. (see instructions)
	·	► N/A	, 4 (<u> 1, 1</u>	H(c) Group exemption	number 🕨
			Association Other	L Year of	formation 2007 M Stat	
		Summary				
Ť	1 Bri	efly describe the organization's mission o	r most significant activities THE OF	RGANIZAT	ION PRIMARY MIS	SION IS TO
اه		ROMOTE PRO-CONSERVATION AN			<u> </u>	
ğ					 	
Ě	2 Ch	eck this box If the organization d	econtinued its operations or denoes	d of more tha	n 25% of ite and Service	
Governance		mber of voting members of the governing				1 6.
ಹ		mber of voting members of the governing mber of independent voting members of t			VEIVE NO	5.
Activities &		•	- · · · · · · · · · · · · · · · · · · ·			19.
₹		tal number of individuals employed in cale	- T1	劉一. LLE	3 1 7 - 2018 · 1 251	5.
ţ		al number of volunteers (estimate if necess			······	0.
		tal unrelated business revenue from Part V			DEN UT 76	0.
-+	D Ne	t unrelated business taxable income from	Form 990-1, line 34	06	Prior Year	Current Year
		A 1 41 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			0.	13,500,000.
9		ntributions and grants (Part VIII, line 1h)			0.	0.
Revenue		ogram service revenue (Part VIII, line 2g)			0.	1,764.
		estment income (Part VIII, column (A), line			0.	1,764.
- L		ner revenue (Part VIII, column (A), lines 5,			0.	
-		tal revenue - add lines 8 through 11 (must				13,501,764.
- 1		ants and similar amounts paid (Part IX, coli			3,875,000.	16,563,000.
- 1		nefits paid to or for members (Part IX, colu			0.	0.
ŝ		laries, other compensation, employee bene			41,112.	52,214.
Expenses		ofessional fundraising fees (Part IX, column			0.	0.
×		tal fundraising expenses (Part IX, column (<u>• </u>		
۳	17 Ot	her expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)		17,993.	
	18 To	tal expenses Add lines 13-17 (must equal	Part IX, column (A), line 25)		3,934,105.	16,677,459.
	19 Re	venue less expenses Subtract line 18 fron	n line 12		-3,934,105.	-3,175,695.
200					Beginning of Current Year	
	20 To	tal assets (Part X, line 16)			6,110,160.	2,934,465.
뛢		tal liabilities (Part Y. line 26)			0.	0.
훒	22 Ne	t assets or fund balances. Subtract line 21			6,110,160.	2,934,465.
Pai		Signature Block				
Und	er penalti	es of perjury, I declare that I have examined th	is return, including accompanying schedu	les and statem	nents, and to the best of my	knowledge and beilef, it is
true	, correct,	and complete Declaration of preparer (other than	n officer) is based on all information of whi	ch preparer has	s any knowledge	
	- 1	yough Tisken	/		1/17	12018
Sig	n 📗	Signature of officer			Date	· • • • • • • • • • • • • • • • • • • •
Her	e	JOSEPH FISHER	SECRETA	ARY		
	1	Type or print name and title				
		rint/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid	· }				self-employed	
Prep	parer	irmin nama			Ferm's EiN	
Use		im's name				
Mari		rm's address discuss this return with the preparer show	n above? (see instructions)		Phone no	Yes X No
				• • • • • •	 	
For	Paperw	ork Reduction Act Notice, see the separat	te instructions.			Form 990 (2016)



Alle Stateme	ent of Program Service Acc	ramalishmants		
			s Part III	ſ
Briefly describe t	he organization's mission:	police of flote to any line in this		
ATTACHMEN				
711 171CIRILLI				
5 1141	Company of the compan		l'il a l'	
Did the organiza	ition undertake any significa	ant program services during ti	he year which were not listed on the	
prior Form 990 c	or 990-EZ/	· · · · · · · · · · · · · · · · · · ·		Yes X
	these new services on Sch			
			in how it conducts, any program	— —
				Yes X
•	these changes on Schedule			
expenses Section	on 501(c)(3) and 501(c)(4) is, and revenue, if any, for e	organizations are required to ach program service reported	of its three largest program service or report the amount of grants and a	
a (Code.		, 255. including grants of \$	2,950,000.) (Revenue \$	·)
PURSUE PRO-C	CONSERVATION POLICI			
				
				
				
				
				
) (Expenses \$ 13,707 AL WELFARE ADVOCACY	,204. including grants of \$POLICIES	13,613,000.) (Revenue \$)
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PURSUE SOCIA	AL WELFARE ADVOCACY	POLICIES		
PURSUE SOCIA	L WELFARE ADVOCACY (Expenses \$	including grants of \$		
PURSUE SOCIA	AL WELFARE ADVOCACY	including grants of \$		

Page 3

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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 98-197 If "Yes," complete Schedule C,		}	
	Part III	5		<u> </u>
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		<u> </u>
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		X
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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. , "		i
	VII, VIII, IX, or X as applicable.	<u></u>		
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		<u>X</u>
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	l i	1	1,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ.—. ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	l	}	v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	\vdash	Λ.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	İ	v
	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		j	v
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If]	v
	"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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	١		v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	۱		v
4.5	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			v
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			"
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		"
	If "Yes," complete Schedule G, Part III	19		Х

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		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
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	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	- [x
				-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		Ì	İ
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	Í	х
	employees? If "Yes," complete Schedule J	23		
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		1	v
	, · · · ·	24a		<u> x</u>
		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		i	
	······································	24c		
		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ł	ŀ	
	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	1	I	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1	ŀ	
	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	j	ſ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	- [j	
	disqualified persons? If "Yes," complete Schedule L, Part II	26	ł	Х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	7		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ĺ	1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	l	Х
	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):		- }	
	··· · · · · · · · · · · · · · · · · ·	28a	1	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV.	28b	j	Х
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	1	Х
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			
00	conservation contributions? If "Yes," complete Schedule M	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	-	_	
J.	Part I	31	- 1	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		_	
32	complete Schedule N, Part II	32	- 1	Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		Ì	x
	or IV, and Part V, line 1	34		$\frac{\hat{x}}{x}$
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		1	1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ł
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		——
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	, ,		İ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	} }		ł
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	000	<u> </u>
		Form	990	(2016)

Par				
	Check if Schedule O contains a response or note to any line in this Part V			. <u> X </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	21		- 1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	40	X	٠
٥-	reportable gaming (gambling) winnings to prize winners?	1c		 ,
Za	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.		7	1.
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	` - `
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		. ,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country. ▶		140 -	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	- جــا		;
	(FBAR)	نستنا		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			x
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>^</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	- 00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ا ئىمدائىد	1	- 1
a	and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			ا .
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			×
_	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	9a		X
-	Did the sponsoring organization make any taxable distributions under section 4966?	9b	-	X
10		12.	· ·	-
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	4	,	
	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	1. `,	-	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	3::	P. 15	
	against amounts due or received from them.)	<u> </u>	`_ '	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	, Se	7.	ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Ŀ	<u></u>	ļ
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.		ł	{
b	Enter the amount of reserves the organization is required to maintain by the states in which	70	'	}
	the organization is licensed to issue qualified health plans	د اهاز د	 1.	ł
	Enter the amount of reserves on hand	142		$\frac{1}{x}$
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		 ^
JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2016
⊎E 104	40 1 000	. 5		,,

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 in	for a	
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		2 '	-
	If there are material differences in voting rights among members of the governing body, or if the governing	٠.		٠.
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		. د	
b	Enter the number of voting members included in line 1a, above, who are independent L1b 5	÷.		٠.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	6 1/2	2	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	÷	:	
	the year by the following:	۱ ، د د	¢ · ''	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		1
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	
b	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	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe 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		71,	
15	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		١,	\
_		15a	, i	X
a	The organization's CEO, Executive Director, or top management official	15b		Х
Ь	Other officers or key employees of the organization	100	<u> </u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	-	'	١.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
_	with a taxable entity during the year?	Iba	├	 ``
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	٠,		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	464	-	
Ca = 4	organization's exempt status with respect to such arrangements?	16b	Щ	<u> </u>
	on 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	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 interesting the second of the secon	erest	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	s: ▶		

orm 990 (2016) ໍ	•									Page
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
,	Independent C	ontr	actors								

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

	1	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	e) Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	_	ě	stee			nsated		. <u> </u>		
(1)MOLLY MCUSIC	2.00									
DIRECTOR & PRESIDENT	0.	Х		Х				7,860.	0.	1,195.
(2)JOSEPH FISHER	2.00					_				
DIRECTOR & SECRETARY	0.	х		Х				0.	0.	0
(3)ROBERT BLAND	1.00									
DIRECTOR	0.	Х			l			0.	0.	0
(4)ANDREW STEVENSON	2.00									
DIRECTOR & VICE PRESIDENT	0.	x		Х				0.	0.	0
(5)JOHN LESHY	1.00					-				
DIRECTOR	0.	Х						0.	0.	0
(6)COURTNEY CUFF	1.00									
DIRECTOR	0.	Х						0.	0.	0
(7)PATRICIA DAVIS	2.00									_
TREASURER	0.	1		Х	l _			2,235.	0.	382
(8)										
(9)	<u> </u>									
(10)			-							
(11)			-			-				
(12)				\vdash		-				
(13)					-	-	-			
(14)		-	-	-	\vdash	-	-			

Part VII Section A. Officers, Directors, Tr	rustees, Ke	y En	plqr	oye	es,	and	Hig	hest Compensat	ed Employ	yees (c	ontinue	d)
(A) Name and title	(B) Average hours per week (list any hours for	box, unless person is both a officer and a director/truste					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	anization f related nrizations
							-	f 				
]					_					
		-]		1		
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	<u> </u>											
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	· 									Ì		
	 		-				-					
							_					
	- 											
1b Sub-total	<u>.l.,, .</u> .	.					<u> </u>	10,095.		0.		1,577
c Total from continuation sheets to Part VII, S							▶	0.		0.		0
d Total (add lines 1b and 1c)							<u> </u>	10,095.		0.		1,577
2 Total number of individuals (including but not reportable compensation from the organization		hose! 0.		d al	bove	e) wh	o re	ceived more than	\$100,000	of		
												Yes No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched										-	3	X
4 For any individual listed on line 1a, is the organization and related organizations gr												
individual									-		4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If ">											5	X
Section B. Independent Contractors												
 Complete this table for your five highest con compensation from the organization. Report year 												
(A) Name and business ad	dress							(B) Description of se	ervices	С	(C) compens	
							$oldsymbol{\perp}$					
	 -						+		-	 -		
							\dagger			 		
2 Total number of independent contractors (i more than \$100,000 in compensation from ti				nite	_	tho:	se l	isted above) who	received			

Par	t VII							
		Check if Schedule O co	ontains a respoi	nse or note to a		VIII		
چی رو د میرون د میرون					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, Grants	1a	Federated campaigns					-	1.
S E	b	Membership dues Fundraising events	· · · · · 		·			
ar Jar	c d	Related organizations	· · · · · 	- • •				
ns,	e	Government grants (contribu						1
er S	f	All other contributions, gifts,	'		1			
Ę Ę		and similar amounts not included	- i (13,500,000.		•		
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions included	ın lınes 1a-1f \$				1 - 1 - 5	· ·
	<u>h</u>	Total, Add lines 1a-1f	<u> </u>	T .	13,500,000.		74	
Revenue	2a			Business Code				
g	b.					 	<u> </u>	
<u>Ş</u>	C							
Program Service	d		 -				 	
gra	e •	All other program service rev						
P 5	g	Total. Add lines 2a-2f			0.		<u> </u>	, ,
	3		cluding dividen			,	<u> </u>	T
- 1		and other similar amounts).			1,764.	1,764.	_	
	4	Income from investment of			0.			
	5	Royalties		1	0.			
			(i) Real	(ii) Personal	ī		. ,	
	6a	Gross rents		-		, .		1
	b	Less: rental expenses			,			
	c d	Rental income or (loss) Net rental income or (loss) .			0.			'
- [7a	Gross amount from sales of	(i) Secunties	(II) Other	0.			<u> </u>
- {		assets other than inventory			- * -		-	
	ь	Less cost or other basis						
		and sales expenses			···		1-	
	С	Gain or (loss)		<u> </u>				أحدد خصصت
	d	Net gain or (loss)		<u> ▶</u>	0.			ļ
흥	8a	Gross income from fundra				'		
ě		events (not including \$			<i>:</i>		, ,	
윤		of contributions reported on		0.	'	**.;		
Other Revenue	L	See Part IV, line 18				<u>-</u>		+
٥	C	Less direct expenses Net income or (loss) from fu			0.	* * * * *	and the second second second	المدادة المستشاكسات
ľ	9a				1			- 1 - 2 - 4
		See Part IV, line 19		0.	· .			· · ·
	ь	Less. direct expenses						
	С	Net income or (loss) from g	aming activities.	<u>, ▶</u>	0.			
	10a	Gross sales of inventor			-	•		
		returns and allowances			,		,	1 , 1
	b	Less cost of goods sold Net income or (loss) from sa	b	<u> </u>	0.			
		Miscellaneous Revenu		Business Code	0.		 	
	11a							
	b							
	c							1
	d	All other revenue						
	е	Total. Add lines 11a-11d .						. ``,
	12	Total revenue. See instruction				1,764		

Pa	rt IX Statement of Functional Expense tion 501(c)(3) and 501(c)(4) organizations must		s All other organization	ons must complete col	umn (A)
	Check if Schedule O contains a resp	onse or note to any lin	ne in this Part IX	me made domprotes dor	XI
	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	16,563,000.	16,563,000.		
2	Grants and other assistance to domestic				
	ındividuals See Part IV, line 22	0.			<u> </u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	_			
	ındıvıduals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,			,	
	trustees, and key employees	10,095.	10,095.		
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and	_	J	J	
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	<u> </u>	39,-836		<u> </u>
8	Pension plan accruals and contributions (include			ļ	
	section 401(k) and 403(b) employer contributions)	758.	758.		
9	Other employee benefits	819.	819.		
10	Payroll taxes	706.	706.		
11	Fees for services (non-employees):	_ (
а	Management	0.			
b	Legal	0.			<u> </u>
C	Accounting	0.			·
d	Lobbying	0.			_ _
е	Professional fundraising services See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other (If line 11g amount exceeds 10% of line 25, column	_			
	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	0.	205		<u> </u>
13	Office expenses	285.	285.		
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
	Travel				
18	Payments of travel or entertainment expenses	0.			ı
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.		·	
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	17,160.	17,160.		
23	Insurance	17,100.	21,7200.		
24	Other expenses Itemize expenses not covered				
	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 (A)		n .		
	OTHER EXPENSES	44,800.	44,800.		
_		11,000.	117000.		<u> </u>
	<u> </u>		 -		
		<u></u>			
	All other concess	·			
	All other expenses Add lines 1 through 246	16,677,459.	16,677,459.		
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	10/0///409.	25/01//459.		
	organization reported in column (B) joint costs				}
	from a combined educational campaign and fundraising solicitation Check here				l
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	0.			{
			l <u> </u>		L

Pai	tΧ	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	6,110,160.	1	2,934,465.
	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.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
ets.	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
۹	9	Prepaid expenses and deferred charges	0.	9	0.
		Land, buildings, and equipment: cost or			·····
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,110,160.	16	2,934,465.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Ś	22	Loans and other payables to current and former officers, directors,			
III		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	0.
=	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	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.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	6,110,160.	30	2,934,465.
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Ă	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
Net	33	Total net assets or fund balances	6,110,160.	33	2,934,465.
	34	Total liabilities and net assets/fund balances	6,110,160.	34	2,934,465.
_					Form 990 (2016)

Page **12** Form 990 (2016) **Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI..... 13,501,764. 16,677,459. 2 2 -3,175,695. 3 6,110,160. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 0. 5 Ō. 6 6 0. 7 Ō. Я 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 2,934,465. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No 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," explain in 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 compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis Х 2b b Were the organization's financial statements audited by an independent accountant? 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: Consolidated basis Both consolidated and separate basis 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.

Form 990 (2016)

SCHEDULE 1 (Form 990) BERGER ACTION FUND INC.

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public

OMB No. 1545-0047

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

Employer identification numbe

20-8948868

Š X Yes 1 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? General Information on Grants and Assistance Part I

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.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

(1) CENTER FOR POPULAR DENOCRACY ACTION FUND 449 TROUTAN STREET BROOKLYN, NY 11237 (2) WESTERN CONSERVATION ACTION 1536 WYNKOOP STREET - #410 (3) PLANKED PARENTHOOD ACTION FUND INC. 434 WEST 33RD STREET NEW YORK, NY 10001 (4) SIXTEEN THINTY FUND 1201 CONNECTICUT AND VOTERS 1520 L STREET NW MASHINGTON, DC 20036 (5) LEAGUE OF CONSERVATION VOTERS 1520 L STREET NW WASHINGTON, DC 20036 (6) FUND FOR A BETTER FUTURE 555 CAPITOL MALL SACRAMENTO, CA 95814 (7) AMERICAN PROGRESS ACTION FUND 1333 H STREET NW WASHINGTON, DC 20036 (9) (10) (11) (12) 2 Enler total number of Section 501(c)(3) and government organizations listed in the line 1 table	(c) IRC section (d) Amount of cash (e) / (if applicable) grant ca	(f) Amount of non-	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
### 45-3860271 #### 1230 #### CONSERVATION ACTION #### CONSERVATION ACTION #### CONSERVATION ACTION #### CONSERVATION ACTION #### CONSERVATION ACTION #### CONSERVATION FUND #### CONSERVATION WASHINGTON, DC 20036 #### 26-4486735 #### CONSERVATION WOTERS ##### #### #### #### #### #### #### #### #### ##### #### #### #### #### #### #### #### #### ##### #### #### #### #### #### ##### ##### ##### #### ##### ##### ##### ##### ##### ##### ##### ##### ##### ##### ######					
WESTERN CONSERVATION ACTION 1536 WYNKOOP STREET - #410 20-8091495 PLANNED PARENTHOOD ACTION FUND INC. 434 WEST 33RD STREET NEW YORK, NY 10001 13-3539048 SIXTEEN THIRTY FUND 1201 CONNECTICUT AVENUE NW 1201 CONNECTICUT AVENUE NW 1202 L STREET NW WASHINGTON, DC 20036 52-1733698 EUND FOR A BETTER FUTURE 555 CAPITOL MALL SACRAMENTO, CA 95814 47-5419512 AMERICAN PROGRESS ACTION FUND 1333 H STREET NW WASHINGTON, DC 20036 30-0192708 1333 H STREET NW WASHINGTON, DC 20036 30-0192708 Enter total number of section 501(c)(3) and government					SOCIAL WELFARE ADVOC
1336 WYNKOOP STREET - #10 20-8091495 PLANNED PARENTHODD ACTION FUND INC. 13-3539048 SIXTEEN THIRTY FUND 1201 CONNECTICUT AVENUE NW 10001 26-4486735 1201 CONNECTICUT AVENUE NW 26-4486735 1202 L STREET NW MASHINGTON, DC 20036 52-1733698 1920 L STREET NW MASHINGTON, DC 20036 47-5419512 255 CAPITOL MALL SACRAMENTO, CA 95814 47-5419512 255 CAPITOL MALL SACRAMENTO, DC 20036 30-0192708 1333 H STREET NW WASHINGTON, DC 20036 30-0192708 26-4486735					
## ## ## ## ## ## ## ## ## ## ## ## ##			,		PRO-CONSERVATION PRO
### ### ### ### ### ### ### ### ### ##					
1201 CONNECTICUT AVENUE NW 1201 CONNECTICUT AVENUE NW 1201 L STREET NW WASHINGTON, DC 20036 1920 L STREET NW WASHINGTON, DC 20036 52-1733698 FUND FOR A BETTER FUTURE 555 CAPITOL MALL SACRAMENTO, CA 95814 AMERICAN PROGRESS ACTION FUND 1333 H STREET NW WASHINGTON, DC 20036 30-0192708 Enter total number of section 501(c)(3) and government					SOCIAL WELFARE ADVOC
1201 CONNECTICUT AVENUE NW LEAGUE OF CONSERVATION VOTERS 1920 L STREET NW MASHINGTON, DC 20036 52-1733698 FUND FOR A BETTER FUTURE 5S5 CAPITOL MALL SACRAMENTO, CA 95814 AMERICAN PROGRESS ACTION FUND 1333 H STREET NW MASHINGTON, DC 20036 30-0192708 Enter total number of section 501(c)(3) and government					
LEAGUE OF CONSERVATION VOTERS 1920 L STREET NW MASHINGTON, DC 20036 52-1733698 FUND FOR A BETTER FUTURE 555 CAPITOL MALL SACRAMENTO, CA 95814 47-5419512 AMERICAN PROGRESS ACTION FUND 1333 H STREET NW MASHINGTON, DC 20036 30-0192708 Enter total number of section 501(c)(3) and government		-			SOCIAL WELFARE ADVOC
FUND FOR A BETTER FUTURE 555 CAPITOL MALL SACRAMENTO, CA 95814 AMERICAN PROGRESS ACTION FUND 1333 H STREET NW WASHINGTON, DC 20036 30-0192708 Enter total number of section 501(c)(3) and government					
SSS CAPITOL MAIL SACRAMENTO, CA 95814 AMERICAN PROGRESS ACTION FUND 1333 H STREET NW WASHINGTON, DC 20036 Company of Section 501(c)(3) and government					PRO-CONSERVATION & S
SSS CAPITOL MALL SACRAMENTO, CA 95814 AMERICAN PROGRESS ACTION FUND 1333 H STREET NW WASHINGTON, DC 20036 30-0192708 Capability of Section 501(c)(3) and government					
1333 H STREET NW WASHINGTON, DC 20036 30-0192708 124 STREET NW WASHINGTON, DC 20036 Enter total number of section 501(c)(3) and government					SOCIAL WELFARE ADVOC
1333 H STREET NW WASHINGTON, DC 20036 30-0192708					
Enter total number of section 501(c)(3) and government	_				SOCIAL WELFARE ADVOC
Enter total number of section 501(c)(3) and government					
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Enter total number of section 501(c)(3) and government					
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Enter total number of section 501(c)(3) and government		ļ	-		
Enter total number of section 501(c)(3) and government					
Enter total number of section 501(c)(3) and government			- - - -		
Enter total number of section 501(c)(3) and government					
Enter total number of section 501(c)(3) and government					
	anizations listed in the line 1 table.			A : : : : : : : : : : : : : : : : : : :	
3 Enter total number of other organizations listed in the line 1 table	able			A	7.

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

Schedule I (Form 990) (2016)

JSA 6E1288 1 000

Page 2									}		990) (2016)
orm 990, Part IV, line 22.	(f) Description of non-cash assistance								ther additional		Schedule I (Form 990) (2016)
answered "Yes" on F	(e) Method of valuation (book, FMV, appraisal, other)								olumn (b); and any c	·	
ne organization	(d) Amount of non-cash assistance								line 2, Part III, c		
. Complete if th	(c) Amount of cash grant								quired in Part I,		
stic Individuals ace is needed.	(b) Number of recipients								information re		
Schedule I (Form 990) (2016) Part III Grants and Other Assistance to Domestic Individuals. 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								Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.		
Schedule I (Fo Part III		-	2	80	4	2	ဖွ	7	Part IV		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

POLICY" ANNUALY.

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.

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

OMB No. 1545-0047 2016

Open to Public Inspection

Name of the organization BERGER ACTION FUND INC.

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

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.

ATTACHMENT 1

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 PRIMARILY PRO-CONSERVATION POLICIES AND INTERNAL REVENUE CODE. SOCIAL WELFARE AT THE FEDERAL LEVEL THROUGH MEETINGS WITH POLICY MAKERS AND OTHER CONSERVATION MINDED GROUPS.

ATTACHMENT 2 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED EXEMPT REVENUE BUSINESS REV. DESCRIPTION REVENUE REVENUE INVESTMENT INCOME 1,764. 1,764. TOTALS 1,764 1,764.