Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A FC	or the	e 2023 cale	endar year, or tax year beginning	04/01/2023	and end	iing			D F		31/2024	
B Ch	eck if a	pplicable:	C Name of organization						D EM	pioyer	identificatio	n number
			BERGER ACTION FUND IN	NC.								
	Addres	ss change	Doing business as								8868	
	Name	change	Number and street (or P.O. box if ma	ail is not delivered to street addres	s)	Ro	oom/sui	te	E Tele	ephone	e number	
	Initial r		P.O. BOX 53241						()	-	
		eturn/terminated	City or town, state or province, cour	itry, and ZIP or foreign postal code)				G Gro	ss rec	eipts \$	
		led return	WASHINGTON, DC 20009-							2	230,785	
	Applica	ation pending	F Name and address of principal office	r: MOLLY MCUSIC				H(a) Is this subord		return for	′ <u> </u>	es X No
			P.O. BOX 53241, WASH	INGTON, DC 20009-9	241			H(b) Are all		nates inc	luded?	es No
<u> </u>	ax-ex	empt status:	501(c)(3) X 501(c) (4	1) (insert no.) 494	7(a)(1) or	527		If "No	," attac	h a list.	See instructions	3.
Jν	Vebsi	te: N/	'A					H(c) Group	exem	ption nu	ımber	
K F	orm o	of organization	on: X Corporation Trust	Association Other		L Year of	formati	ion: 2007	и :	State o	of legal domic	ile: DE
Pa	rt I	Summ	ary									
	1	Briefly des	scribe the organization's mission o	r most significant activities:	THE ORG	ANIZAT	rion	PRIMA	RY I	MISS	SION IS	TO
ø			'E PRO-CONSERVATION AN	_								
and		-										
ern	2	Check this	s box if the organization of	discontinued its operations	or dispos	ed of m	nore th	han 25%	of	its ne	et assets.	
Governance	3	Number of	f voting members of the governing	·						3		3
જ	4		f independent voting members of t							4		3
Activities &	5		ber of individuals employed in cale							5		25
Ξ	6		ber of volunteers (estimate if necess							6		<u>25</u>
Act			elated business revenue from Part V	,,						7a		NONE
				` '						7 b		INOINE
-	D	ivet unitera	ated business taxable income from	roini 990-i, Paiti, iiile ii .				Prior Ye		7.0	Curren	t Voor
	0	Cantribusi	one and grants (Dort VIII line 4h)					FIIOI IE		ONTE	Curren	
ne	8		ons and grants (Part VIII, line 1h)							ONE		NONE
Revenue	9		service revenue (Part VIII, line 2g)					10 015		ONE	10 4	NONE
	10		nt income (Part VIII, column (A), line					12,915			17,4	31,087.
	11		enue (Part VIII, column (A), lines 5,							ONE		NONE
-	12		nue - add lines 8 through 11 (must				-	12,915				31,087.
	13		d similar amounts paid (Part IX, colu					63,650	,00	0.	58,9	<u>25,000.</u>
,	14	Benefits p	aid to or for members (Part IX, colu	mn (A), line 4)						ONE		NONE
S .	15		other compensation, employee bene					11	L,81	L8.		9,926.
Expenses	16 a	Profession	nal fundraising fees (Part IX, column	(A), line 11e)					NO	ONE		NONE
ă	b	Total fund	Iraising expenses (Part IX, column (I	D), line 25)	NONE							
ш	17	Other exp	enses (Part IX, column (A), lines 11	a-11d, 11f-24e)				437	7,79	94.	7	54,683.
	18	Total expe	enses. Add lines 13-17 (must equal	Part IX, column (A), line 25)				64,099	,61	2.	59,6	89,609.
	19	Revenue I	ess expenses. Subtract line 18 from	n line 12		[_	77,015	, 44	3.	-42,2	58,522.
ces							Begin	ning of Cur	rent Y	'ear	End of	Year
sets	20	Total asse	ts (Part X, line 16)			[2	263,434	, 28	9.	232,0	93,752.
Net Assets or Fund Balances	21	Total liabil	lities (Part X, line 26)			[158	3,78	34.		87,678.
L L	22		s or fund balances. Subtract line 21				2	263,275				06,074.
Par	t II	Signat	ture Block									
Unde	er per	nalties of pe	rjury, I declare that I have examined th	is return, including accompanyin	g schedules	and statem	nents, a	nd to the b	est of	my k	nowledge and	d belief, it is
true,	corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all informati	on of which p	reparer has	s any kn	nowledge.				
									2/(06/2	0.25	
Sigr		Signature of	of officer					Date		30,2		
Here	е	TOSEDH	FISHER	т	REASURE	Ð						
	ŀ		nt name and title		KEADOKE.	10						
			preparer's name	Preparer's signature		Date		Oh a -1	\Box	: P	TIN	
Paid				. 3				Check self-er		"		
Prep	arer	<u> </u>										
Use (Only	Firm's nam						Firm's EIN				
NA	4h -	Firm's add		s about about 0.0 to -to-	ations			Phone no.				T
			iss this return with the preparei		ctions						Yes	X No
For F	ape	rwork Red	uction Act Notice, see the separat	e instructions.							Form 9	90 (2023)

Pa	art III	Statement of Program Service Check if Schedule O contains a	e Accomplishments a response or note to any line in this Part	:	
1	-	describe the organization's mission CHEDULE O			
2			ificant program services during the ye		
3	If "Yes,"	describe these new services on	Schedule O. g, or make significant changes in h		Yes X No
	services If "Yes,"	describe these changes on Sche	dule O.		Yes X No
4	expense	es. Section 501(c)(3) and 501(c	ervice accomplishments for each of ir)(4) organizations are required to reported.		
4a			.543,780. including grants of \$58 D SOCIAL WELFARE ADVOCACY P)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other p	rogram services (Describe on Scl	-	: \$)	
		ogram service expenses	59,543,780.	γ /	
JSA 3E1	020 2.000				Form 990 (2023)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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,			
9	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			21
U	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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		X
′		7		37
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		X
8				3.5
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	444		3.5
	complete Schedule D, Part VI	11a		X
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446	3.7	
_	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	444		3.5
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			3.5
	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		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		3.7
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		
40	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	4.0		3.5
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		3.7
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		7.7
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	Щ

Form 9	90 (2023)		F	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			21
	\$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?			
20	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			21
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		37
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in noncast contributions? If res, complete scriedule in	29		
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	26		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	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 on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38		Х
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🔲
			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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		7-	
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X 990	(2023)
3E1030	1.000	1 01111	550	(2023)

Form 990 (2023) Page **5**

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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 on 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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		V
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	420		
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.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	The original control of the control			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 5

Sect	ion A. Governing Body and Management	<u> </u>				
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		_X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other	persor	1?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			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 e			_		
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval					3.5
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	en during			
	the year by the following:			8a	Х	
а	The governing body?			8b	X	
b	Each committee with authority to act on behalf of the governing body?			0.0	- 1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			_	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	•		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	J				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review are		-			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a		v
a	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			.55		21
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngomont			
ıva	with a taxable entity during the year?	ıı alla	ingement	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to ev	aluate its			
.,	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	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 (1024 or 1024-A, if applicable)		and 990-7	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		_,			
	Own website Another's website X Upon request Other (explain on So	hedul	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict o	f inter	est p	olicy,
	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	nnoke	and record	c		

MOLLY MCUSIC P.O. BOX 53241 WASHINGTON, DC 20009-9997

Form 990 (2023) Page **7**

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor	any related	organization compensate	ed any current offic	er, director, or trus	stee.
		(6)			

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle	Pos heck ss pe	erson	e than contraction is both tor/trust employee	an tee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
			96			ated				
(1) ROBERT BLAND DIRECTOR	NONE NONE	Х						NONE	NONE	NONE
(2) JOHN LESHY	NONE									
DIRECTOR	NONE	X						NONE	NONE	NONE
(3) COURTNEY CUFF DIRECTOR	NONE NONE	X						NONE	NONE	NONE
(4) MOLLY MCUSIC	NONE	Λ						NONE	NONE	NONE
PRESIDENT	NONE			Х				NONE	NONE	NONE
(5) JOSEPH FISHER	NONE							110112	110112	110112
TREASURER & SECRETARY	NONE			Х				NONE	NONE	NONE
(6) ANDREW STEVENSON	NONE							-	_	
VICE PRESIDENT	NONE			Х				NONE	NONE	NONE
(7)										
(8)										
(9)										
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
(14)										

	990 (2023)												age 8
Pa	rt VII Section A. Officers, Directors, Tru		y En	nplo			and F	lig		l			
	(A) Name and title	Average hours per week (list any	box,	unles	Pos heck	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	n Est	(F) timated ount of other	_
		hours for related organizations below dotted line)	Ind or c	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) fro orga and	pensation om the anization related nizations	ı
	Sub-total							>	NONE				IONI
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	-		• •					NONE				10NI 10NI
	Total number of individuals (including but not reportable compensation from the organization	limited to t			d a	bov	-	o re			프		10111
	Toportable compensation from the organization					NO.	INE					Yes	No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu										3		Х
4	For any individual listed on line 1a, is the organization and related organizations gro	sum of repeater than	oortab \$15	ole o 50,0	om 00?	per	sation	n a s,"	nd other compens	sation from the le J for such			
5	individual	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	4		X
Se	for services rendered to the organization? If "You be called the organization of the contractors of the cont	es," comple	te Scl	hedu	ıle J	l for	such	per	rson		5		X
1	Complete this table for your five highest comcompensation from the organization. Report of year.												
	(A) Name and business add	dress							(B) Description of se	rvices	(C) Compens	ation	
_	Total condens of the last of the condens of the last of the condens of the conden								total at S. A.				
2	Total number of independent contractors (in				ııte	u to	tnos	e I	isted above) who	received			

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a r	espor	nse or note to an	y line in this Part V	/		
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b	Federated campaigns . Membership dues		[1a 1b					360110113 312-314
ts,	C	Fundraising events			1c					
Giff ilar	d	Related organizations .			1d					
is,	e f	Government grants (cor All other contributions,		' Г	1e					
it io	'	and similar amounts not in	•		1f					
t pn	g	Noncash contributions i			••					
d C	9	lines 1a-1f			1g \$					
a C	h	Total. Add lines 1a-1f		_			NONE			
						Business Code				
ပ္	2a									
e Ž	b									
Program Service Revenue	c									
eve	d									
og R	e									
7	f	All other program servic	e rev	enue						
	g	Total. Add lines 2a-2f					NONE			
	3	Investment income (i	ncluc	ding divide	ends,	interest, and				
		other similar amounts).					7,381,704.	7,381,704.		
	4	Income from investmen	nt of	tax-exempt	bond	proceeds	NONE			
	5	Royalties					NONE			
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с		NONE	NONE				
	d	Net rental income or (los	ss) .				NONE			
	7a	Gross amount from		(i) Securi	ities	(ii) Other				
		sales of assets	_	000 400						
•	١.	·	7a	223,403	3,594.					
Revenue	b	Less: cost or other basis		212 25	1 211					
Ne.		·	7b	10,049						
_		NI=4 ===================================	7c				10,049,383.			
Other					· · · ·		10,013,303.			
ŏ	8a	Gross income from events (not including \$		undraising						
		of contributions repo								
		1c). See Part IV, line 18			8a	NONE				
	b	Less: direct expenses			8b	NONE				
	C	Net income or (loss) fro					NONE			
	9a	, ,	om	gaming						
		activities. See Part IV, lin		0 0	9a	NONE				
	b	Less: direct expenses .			9b	NONE				
	С	Net income or (loss) from			vities.		NONE			
	10a	Gross sales of in	vento	ory, less						
		returns and allowances			10a	NONE				
	b	Less: cost of goods sold			10b	NONE				
	С	Net income or (loss) from	m sal	es of invent	tory		NONE			
ns						Business Code				
eo ne	11a									
llar ⁄en	b									
Miscellaneous Revenue	С									
ž	d	All other revenue					370			
		Total. Add lines 11a-11a					NONE	7 201 764	****	
	12	Total revenue. See instr	uC(IO	115			17,431,087.	7,381,704.	NONE	İ

Form 990 (2023) Page **10**

Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	58,925,000.	58,925,000.		
	and domestic governments. See Part IV, line 21	30,723,000.	30,723,000.		
2	Grants and other assistance to domestic	NONE			
•	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,	NONE			
3	trustees, and key employees	9,926.	9,926.		
e		3,320.	3,520.		
О	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7		NONE			
	Other salaries and wages				
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):				
	Management	NONE			
b	Legal	310,093.	310,093.		
C	Accounting	NONE			
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
1	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	145,829.		145,829.	
12	Advertising and promotion	NONE			
13	Office expenses	NONE			
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	22,183.	22,183.		
24					
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	OTHER EXPENSES	273,778.	273,778.		
	OFFICE EXPENSES	2,800.	2,800.		
c		_,	_,		
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	59,689,609.	59,543,780.	145,829.	NONE
	Joint costs. Complete this line only if the	22,002,002.	22,223,700.	110,020.	1,011
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
$\overline{}$					

Form 990 (2023) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	48,810.	1	47,863.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
As	9	Prepaid expenses and deferred charges	NONE	_	NONE
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	NONE	100	
	11	Investments - publicly traded securities		11	NONE
	12	Investments - other securities. See Part IV, line 11		12	231,345,889.
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	·	NONE		-
		Intangible assets			NONE
	15	Other assets. See Part IV, line 11	·	15	700,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	263,434,289.	16	232,093,752.
	17	Accounts payable and accrued expenses	158,784.	17	87,678.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	158,784.	26	87,678.
seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions		27	
Ã	28	Net assets with donor restrictions		28	
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	263,275,505.	29	232,006,074.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	NONE		NONE
SS	31	Retained earnings, endowment, accumulated income, or other funds	NONE		NONE
it A	32	Total net assets or fund balances	263,275,505.	32	232,006,074.
Net	33	Total liabilities and net assets/fund balances	263,273,303.	33	232,000,074.
_	100	Total nashinto and not according salahoos, , , , , , , , , , , , , , , , , , ,	403, 434, 403.	 	Form 990 (2023)

Form **990** (2023)

Form 990 (2023) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				087
2	Total expenses (must equal Part IX, column (A), line 25)	2				609
3	Revenue less expenses. Subtract line 2 from line 1	3				522
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				505
5	Net unrealized gains (losses) on investments	5				091
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	232	2,0	06,	<u>074</u>
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			01		7.7
b	Were the organization's financial statements audited by an independent accountant?			2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	_		2c		
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20		
	If the organization changed either its oversight process or selection process during the tax year, ex	piain	on			
•	Schedule O.	41- 1 - 1	.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set for		ne	3a		Х
L	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		· -	Ja		
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	-		3b		
	required addit of addits, explain with on confedure of and describe any steps taken to undergo such at	uito .			990	(2023)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number BERGER ACTION FUND INC. 20-8948868 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included on line 2a . . . Number of conservation easements included on line 2c acquired after July 25, 2006, and 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). а Public exhibition Loan or exchange program Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No **Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table. Amount 1c 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V **Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (c) Two years back (b) Prior year (d) Three years back (e) Four years back 1a Beginning of year balance c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

(a) Cost or other basis

(investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

(b) Cost or other basis

(other)

(c) Accumulated

depreciation

Schedule D (Form 990) 2023

(d) Book value

Description of property

Schedule D (Form 990) 2023			Page \$
Part VII Investments - Other Securities			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) FIDELITY - GOVT SECURITIES	231,345,889.	FMV	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	231,345,889.		
Part VIII Investments - Program Related	231,313,003.		
Complete if the organization answered	"Yes" on Form 990	Part IV. line 11c. See Form 990.	Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati	
(a) Description of investment	(b) book value	Cost or end-of-year mark	
(1)		, , , , , , , , , , , , , , , , , , , ,	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	II) / II	D . N . II	D ()/ !! 45
Complete if the organization answered		, Part IV, line 11d. See Form 990,	
	scription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, of	col. (B))		
Part X Other Liabilities			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	m 990, Part X,
line 25.			
1. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).			
2. Liability for uncertain tax positions. In Part XIII, provide the organization's liability for uncertain tax positions under FASB A		•	

Schedule D (Form 990) 2023 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
·	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
	Donated services and use of facilities		
a	Prior year adjustments		
b	The year adjustments		
C C			
d		2e	
e	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7b. 4a		
a	invocation expenses her included on Ferri coo, Fair Vin, into Fe		
b		4.0	
с 5	Add lines 4a and 4b	4c 5	
	XIII Supplemental Information	<u> </u>	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V	line 4: Part X line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	

Schedule D (Form 990) 2023 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE I (Form 990)

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization Employer identification number BERGER ACTION FUND INC. 20-8948868 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of (q) Description of (b) EIN (h) Purpose of grant (if applicable) noncash assistance or government grant noncash assistance or assistance (1) SEE ATTACHED SCHEDULE PO BOX 53241 WASHINGTON, DC 20009 58,925,000. PRO-CONSERVATION AND (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)

Schedule I (Form 990) (2023)

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

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

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization BERGER ACTION FUND INC.

20-8948868

CONFLICT OF INTEREST

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

REIMBURSEMENT AGREEMENT

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

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

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

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

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/Form1041 for instructions and the latest information. OMB No. 1545-0092

Employer identification number 20-8948868 BERGER ACTION FUND INC. Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Note: Form 5227 filers need to complete only Parts I and II. Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions) See instructions for how to figure the amounts to enter on (h) Gain or (loss) Adjustments Subtract column (e) the lines below. Proceeds Cost to gain or loss from from column (d) and Form(s) 8949, Part I, line 2, column (g) This form may be easier to complete if you round off cents (sales price) (or other basis) combine the result with column (g) to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. **1b** Totals for all transactions reported on Form(s) 8949 2 Totals for all transactions reported on Form(s) 8949 3 Totals for all transactions reported on Form(s) 8949 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2022 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3). Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions) See instructions for how to figure the amounts to enter on (h) Gain or (loss) Adjustments (e) Cost Subtract column (e) the lines below. to gain or loss from from column (d) and Proceeds This form may be easier to complete if you round off cents (sales price) (or other basis) Form(s) 8949, Part II, combine the result with line 2, column (g) column (q) to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 8b Totals for all transactions reported on Form(s) 8949 213,354,211. 10,049,383. 9 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts....... 12 12 13 14 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2022 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on 16 Part III, line 18a, column (3) 10,049,383

Page 2 Schedule D (Form 1041) 2023

Pa	rt III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	
	Caution: Read the instructions before completing this part.		(see instr.)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			
18	Net long-term gain or (loss):				
а	Total for year	18a			10,049,383.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
С	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a	19			10,049,383.
	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (

Worksheet, as necessary.

Part IV **Capital Loss Limitation**

Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3); or b \$3,000 20

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

Tax Computation Using Maximum Capital Gains Rates

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

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

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

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

CILLIC	inite rob, column (2), or line roc, column (2), is more than zero.			
21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2)			
	but not less than zero			
23	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T) 23			
24	Add lines 22 and 23			
25	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g; otherwise, enter -0 25			
26	Subtract line 25 from line 24. If zero or less, enter -0	26		
27	Subtract line 26 from line 21. If zero or less, enter -0	27		
28	Enter the smaller of the amount on line 21 or \$3,000	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at 0	%	30	
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$14,650	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)		37	
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0	40		
41	Multiply line 40 by 20% (0.20)		41	
42	Figure the tax on the amount on line 27. Use the 2023 Tax Rate Schedule for Estates			
	and Trusts. See the Schedule G instructions in the Instructions for Form 1041	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates			
	and Trusts. See the Schedule G instructions in the Instructions for Form 1041	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and or	on Form 1041, Schedule		
	G, Part I, line 1a (or Form 990-T, Part II, line 2)		45	

Form 8949 (2023) Attachment Sequence No. 12A Page 2

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

Social security number or taxpayer identification number

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

Part II

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

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

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

Х	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
	(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) (cost or other basis Proceeds See the Note below (sales price) and see Column (e)		Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
FIDELITY INVESTMENTS -							
SEE ATTACHED	01/28/2022	12/31/2023	223403594.00	213354211.00			10,049,383.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			223,403,594.	213,354,211.			10,049,383.

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

Form 8949 (2023)

Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2023Jurisdiction:FederalName:BERGER ACTION FUNDNo of Attachments:4

Return No: E08597Q3

PDF Attachment Description	PDF File Name	File Size
Capital Gains Attachment	E08597Q3_FE_Capital Gains Attachment.pdf	92,949
Conflict of Interest Attachment	E08597Q3_FE_Conflict of Interest Attachment.pdf	193,707
Grants Paid Attachment	E08597Q3_FE_Grants Paid Attachment.pdf	105,427
8453 Signature Document	E08597Q3_FE_Form 8453TE.pdf	208,560

Capital Gains

Security	Symbol	Shares	Bought	Sold	Gross Proceeds	Cost Basis	Gain (Loss)
LONG TERM							
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	10	1/28/2022	4/18/2023	4,954,887	4,698,800	256,087
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	10	1/28/2022	4/19/2023	4,943,414	4,698,800	244,614
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	10	1/28/2022	4/20/2023	4,930,840	4,698,800	232,040
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	10	1/28/2022	4/21/2023	4,946,855	4,698,800	248,055
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	10	1/28/2022	4/24/2023	4,972,360	4,698,800	273,560
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	10	1/28/2022	6/29/2023	5,089,832	4,698,800	391,032
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	10	1/28/2022	6/30/2023	5,140,032	4,698,800	441,232
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	10	1/28/2022	7/3/2023	5,159,946	4,698,800	461,146
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	10	1/28/2022	7/5/2023	5,159,526	4,698,800	460,726
JOHNSON & JOHNSON	JNJ	12,820	1/28/2022	10/12/2023	1,997,072	2,202,348	(205,276)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	2	1/28/2022	10/12/2023	1,053,642	939,760	113,882
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	2	1/28/2022	10/13/2023	1,050,692	939,760	110,932
JOHNSON & JOHNSON	JNJ	12,750	1/28/2022	10/13/2023	2,001,780	2,190,323	(188,543)
JOHNSON & JOHNSON	JNJ	12,650	1/28/2022	10/16/2023	1,997,583	2,173,144	(175,560)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	2	1/28/2022	10/16/2023	1,055,427	939,760	115,667
JOHNSON & JOHNSON	JNJ	12,800	1/28/2022	10/17/2023	1,987,391	2,198,912	(211,521)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	2	1/28/2022	10/17/2023	1,051,042	939,760	111,282
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	2	1/28/2022	10/18/2023	1,042,992	939,760	103,232
JOHNSON & JOHNSON	JNJ	13,100	1/28/2022	10/20/2023	2,006,989	2,250,449	(243,460)
JOHNSON & JOHNSON	JNJ	16,300	1/28/2022	10/23/2023	2,498,235	2,800,177	(301,942)
JOHNSON & JOHNSON	JNJ	16,500	1/28/2022	10/24/2023	2,497,786	2,834,535	(336,749)
JOHNSON & JOHNSON	JNJ	6,600	1/28/2022	10/25/2023	999,336	1,133,814	(134,478)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	2	1/28/2022	10/25/2023	1,024,812	939,760	85,052
JOHNSON & JOHNSON	JNJ	6,650	1/28/2022	10/26/2023	1,003,454	1,142,404	(138,950)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	2	1/28/2022	10/26/2023	1,024,777	939,760	85,017
JOHNSON & JOHNSON	JNJ	6,820	1/28/2022	10/30/2023	999,038	1,171,608	(172,570)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	2	1/28/2022	10/30/2023	1,025,927	939,760	86,167
JOHNSON & JOHNSON	JNJ	6,800	1/28/2022	10/31/2023	1,001,331	1,168,172	(166,841)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	2	1/28/2022	10/31/2023	1,034,292	939,760	94,532
JOHNSON & JOHNSON	JNJ	13,400	1/28/2022	11/1/2023	1,999,953	2,301,986	(302,033)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	4	1/28/2022	11/1/2023	2,090,463	1,879,520	210,943

Capital Gains

Security	Symbol	Shares	Bought	Sold	Gross Proceeds	Cost Basis	Gain (Loss)
JOHNSON & JOHNSON	JNJ	9,296	1/28/2022	11/2/2023	1,390,363	1,596,960	(206,597)
JOHNSON & JOHNSON	JNJ	4,104	1/28/2022	11/2/2023	613,818	705,026	(91,209)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	4	1/28/2022	11/2/2023	2,106,782	1,879,520	227,262
JOHNSON & JOHNSON	JNJ	19,800	1/28/2022	11/3/2023	2,997,848	3,401,442	(403,594)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	6	1/28/2022	11/3/2023	3,205,597	2,819,280	386,317
JOHNSON & JOHNSON	JNJ	19,750	1/28/2022	11/6/2023	2,994,435	3,392,853	(398,417)
JOHNSON & JOHNSON	JNJ	19,800	1/28/2022	11/7/2023	2,996,957	3,401,442	(404,485)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	4	1/28/2022	11/7/2023	2,094,619	1,879,520	215,099
JOHNSON & JOHNSON	JNJ	19,800	1/28/2022	11/8/2023	2,993,712	3,401,442	(407,730)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	4	1/28/2022	11/8/2023	2,107,248	1,879,520	227,728
JOHNSON & JOHNSON	JNJ	6,825	1/28/2022	11/10/2023	1,000,254	1,172,467	(172,212)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	4	1/28/2022	11/10/2023	2,127,064	1,879,520	247,544
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	4	1/28/2022	11/13/2023	2,122,793	1,879,520	243,273
JOHNSON & JOHNSON	JNJ	6,775	1/28/2022	11/13/2023	998,099	1,163,877	(165,779)
JOHNSON & JOHNSON	JNJ	6,750	1/28/2022	11/14/2023	1,000,457	1,159,583	(159,126)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	4	1/28/2022	11/14/2023	2,146,498	1,879,520	266,978
JOHNSON & JOHNSON	JNJ	6,750	1/28/2022	11/15/2023	1,001,636	1,159,583	(157,947)
JOHNSON & JOHNSON	JNJ	10,060	1/28/2022	11/16/2023	1,500,174	1,728,207	(228,033)
JOHNSON & JOHNSON	JNJ	16,700	1/28/2022	11/20/2023	2,505,150	2,868,893	(363,743)
JOHNSON & JOHNSON	JNJ	62,500	1/28/2022	3/7/2024	9,971,626	10,736,875	(765,249)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	20	1/28/2022	3/7/2024	12,105,223	9,397,600	2,707,623
JOHNSON & JOHNSON	JNJ	62,500	1/28/2022	3/8/2024	9,939,670	10,736,875	(797,205)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	20	1/28/2022	3/8/2024	12,042,144	9,397,600	2,644,544
JOHNSON & JOHNSON	JNJ	62,500	1/28/2022	3/11/2024	10,025,120	10,736,875	(711,755)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	20	1/28/2022	3/11/2024	12,156,714	9,397,600	2,759,114
JOHNSON & JOHNSON	JNJ	62,500	1/28/2022	3/12/2024	10,101,469	10,736,875	(635,406)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	20	1/28/2022	3/12/2024	12,203,367	9,397,600	2,805,767
JOHNSON & JOHNSON	JNJ	54,635	1/28/2022	3/13/2024	8,840,451	9,385,747	(545,295)
BERKSHIRE HATHAWAY A(HLDG CO)	BRK'A	17	1/28/2022	3/13/2024	10,372,598	7,987,960	2,384,638
TOTAL LONG TERM					223,403,594	213,354,211	10,049,383

BERGER ACTION FUND, INC.

Conflict of Interest Policy

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

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

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

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

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

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

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

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

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

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

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

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

ANNUAL DISCLOSURE STATEMENT

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

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

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

Grants Paid Schedule

Organization Name Address		EIN IRC Section Amount		<u>Amount</u>	Purpose of Grant	
Americans For Financial Reform	1615 L St, NW, Washington, DC 20036	82-2543434	501(C)(4)	350,000	Pro-Conservation and Social Welfare Advocacy	
American Civil Liberties Union	125 Broad St, 18th Floor, New York, NY 10004	13-3871360	501(C)(4)	3,000,000	Pro-Conservation and Social Welfare Advocacy	
Animal Wellness Action	611 Pennsylvnia Avenue, Washington DC 20003	82-5477192	501(C)(4)	1,000,000	Pro-Conservation and Social Welfare Advocacy	
Citizen Action of New York	P.O. Box 6360, Albany, NY 12206	11-2644562	501(C)(4)	350,000	Pro-Conservation and Social Welfare Advocacy	
Citizens For Tax Justice	1200 18th Street, NW, Washington, DC 20036	52-1156415	501(C)(4)	100,000	Pro-Conservation and Social Welfare Advocacy	
Common Cause	805 15th Street, NW, Washington, DC 20005	52-6078441	501(C)(4)	125,000	Pro-Conservation and Social Welfare Advocacy	
Community Catalyst Action Fund, Inc.	One Federal Street, Boston, MA 02110	30-0687494	501(C)(4)	200,000	Pro-Conservation and Social Welfare Advocacy	
Fund For A Better Future	400 Capital Mall, Suite 2150, Sacramento CA 95814	81-2319758	501(C)(4)	7,000,000	Pro-Conservation and Social Welfare Advocacy	
Indivisible Project	P.O. Box 43884, Washington, DC 20010	81-4944067	501(C)(4)	1,000,000	Pro-Conservation and Social Welfare Advocacy	
League Of Conservation Voters, Inc.	740 15th St NW, Suite 700, Washington DC 20005	52-1733698	501(C)(4)	6,000,000	Pro-Conservation and Social Welfare Advocacy	
Our American Future Action	1015 18th Street, NW Suite 1000, Washington DC 20036	92-1713534	501(C)(4)	5,000,000	Pro-Conservation and Social Welfare Advocacy	
Sixteen Thirty Fund	1828 L Street, NW, Suite 300-B, Washington DC 20036	26-4486735	501(C)(4)	34,450,000	Pro-Conservation and Social Welfare Advocacy	
Western Conservation Action	1675 Larimer Street, Denver, CO 80202	20-8091495	501(C)(4)	350,000	Pro-Conservation and Social Welfare Advocacy	

58,925,000

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file

OMB No. 1545-0047

Internal Revenue Service

Name of filer

For calendar year 2023, or tax year beginning $\underline{04/01/2023}$ and ending $\underline{03/31/2024}$

Department of the Treasury Internal Revenue Service For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to www.irs.gov/Form8453TE for the latest information.

EIN or SSN

BERGE: Part I		ACTION FUND IN		ation			20-8948	3868			
and Form 6a, 7a, 8a 6b, 7b, 81	533 a, 9a b, 9	0 filers may enter dollars , or 10a below, and the a	and cents. For amount on that pplicable, blank	Form 8453-TE and enter all other forms, enter whol line of the return being file (do not enter -0-). If you	e dollars only. ed with this for	If you check the brown was blank, then	oox on line 1a, leave line 1b,	2a, 3a, 4a, 5a, 2b, 3b, 4b, 5b,			
1a For	rm 9	90 check here	X b Total	revenue, if any (Form 990, F	art VIII, column	(A), line 12)	. 1b	7431087.			
2a For	m 9	90-EZ check here									
		120-POL check here		tax (Form 1120-POL, line 22	•						
		90-PF check here		ased on investment income							
		868 check here		ce due (Form 8868, line 3c).	•	•					
		90-T check here		tax (Form 990-T, Part III, line							
		720 check here	_	tax (Form 4720, Part III, line	•						
				of assets at end of tax year	•						
		227 check here		•	•	,					
		330 check here	_	ue (Form 5330, Part II, line 1	•						
		038-CP check here		nt of credit payment reques	sted (FOIIII 8038	3-CP, Part III, line 22	2) 10b				
Part II		Declaration of Officer									
11a <u> </u>	I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.										
b X	th		sent contained w	5 , ,	closure by the I						
Under pen	altie	s of perjury, I declare that	X I am an o	officer of the above named en	ntity or	I am the person	subject to tax	with respect to			
(name of e	entity)				, (EIN)		,			
they are tru allow my i	ue, c nteri Igem	orrect, and complete. I furth mediate service provider, tra	er declare that tansmitter, or ele	turn and accompanying sche the amount in Part I above is ctronic return originator (ER transmission, (b) the reason	the amount sho O) to send the for any delay in	own on the copy of t return to the IRS ar	the electronic rend to receive frou	eturn. I consent to om the IRS (a) an			
Here	Sigr	nature of officer or person subje	ct to tax	Date		if applicable		_			
Part III		Declaration of Electron	nic Return O	riginator (ERO) and Pa	id Preparer	(see instruction	s)				
I declare the collector, I subject to berson substances Rusiness Rand stater	nat I am tax v bject Retur	have reviewed the above re not responsible for reviewin- will have signed this form b to tax, and have followed a ns. If I am also the Paid Pre	turn and that the g the return and efore I submit the all other required parer, under per knowledge and	e entries on Form 8453-TE at only declare that this form a re return. I will give a copy of ments in Pub. 4163, Modern halties of perjury I declare the belief, they are true, corre	re complete and ccurately reflec f all forms and ized e-File (Mef at I have exam	d correct to the bests the data on the reinformation to be fing information for A fined the above returns.	t of my knowled eturn. The entity led with the IR authorized IRS or rn and accomp	officer or person S to the officer or e-file Providers for anying schedules			
ERO's Use		ature		Date	Check if also paid prepare		ERO's SSN	or PTIN			
Only	self-	o's name (or yours if employed), ess, and ZIP code					EIN Phone no.				
	altie	s of perjury, I declare that		ed the above return and a Declaration of preparer is ba	, , ,		, ,	,			
		Print/Type preparer's name	., copioto.	Preparer's signature		Date		PTIN			
Paid		- M - L - Francis - Harris		,			Check if self-				
Prepare	er	<u> </u>					employed				
Use On	1	Firm's name	Firm's EIN Phone no.								
036 OII	IY [Firm's address									