Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except block lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 02/02, 2011, and ending 12/31, 2011

B Check if applicable

C Name of organization

ACTION NOW INITIATIVE

D Employer identification number

45-4083809

E Telephone number

(713) 554-0546

F Group Exemption Number

G Accounting Method

X Cash

Accrual

Other (specify)

H Check if the organization is not required to attach Schedule B

X

I Website

J Tax-exempt status

K Check if the organization is not a section 501(c)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are $200,000 or more, or if total assets (Part II line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, grants, and similar amounts received

2 Program service revenue including membership fees and contracts

3 Investment income

4 Gross amount from sale of assets other than inventory

5 Less cost or other basis and sales expenses

6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

7 Gaming and fundraising events

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

18 Excess (or deficit) for the year (Subtract line 17 from line 9)

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)
**Part II** Balance Sheets. (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>0</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>0</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>0</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>0</td>
</tr>
</tbody>
</table>

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? ATTACHMENT 1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<table>
<thead>
<tr>
<th>(Grants $ ) If this amount includes foreign grants, check here</th>
<th>28a</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td></td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>29a</td>
</tr>
<tr>
<td>30</td>
<td></td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>30a</td>
</tr>
<tr>
<td>31 Other program services (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>31a</td>
</tr>
<tr>
<td>32 Total program service expenses (add lines 28a through 31a)</td>
<td></td>
</tr>
</tbody>
</table>

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-21099-MISC) (If not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
</table>

ATTACHMENT 2
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. ................................................................. 33 Yes

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). ................................................................. 34 Yes

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? ................................................................. 35a Yes

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation on Schedule O ................................................................. 35b Yes

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III ................................................................. 35c Yes

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N ................................................................. 36 Yes

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ................................................................. 37a Yes

b Did the organization file Form 1120-POL for this year? ................................................................. 37b Yes

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? ................................................................. 38a Yes

b If "Yes," complete Schedule L, Part II and enter the total amount involved ................................................................. 38b Yes

39 Section 501(c)(7) organizations Enter ................................................................. 39a No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ................................................................. 40b Yes

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ................................................................. 40c Yes

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ................................................................. 40d Yes

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ................................................................. 40e Yes

41 List the states with which a copy of this return is filed ▶ ................................................................. 41 Yes

42a The organization's books are in care of ▶ PAUL QUEEN 6BA 6Telephone no ▶ 713-550-0546 6Located at ▶ 2800 POST OAK BLVD., SUITE 225 HOUSTON, TX 6ZIP + 4 ▶ 77056-6169 6Yes No 42b Yes

b 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. ................................................................. 42c Yes

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ▶ ................................................................. 42d Yes

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here, and enter the amount of tax-exempt interest received or accrued during the tax year ................................................................. 43 Yes

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ................................................................. 44a Yes

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ................................................................. 44b Yes

c Did the organization receive any payments for indoor tanning services during the year? ................................................................. 44c Yes

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ................................................................. 44d Yes

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ................................................................. 45a Yes

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) ................................................................. 45b Yes
### Part VI

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47. 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.

48. Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E.

49a. Did the organization make any transfers to an exempt non-charitable related organization?

49b. If "Yes," was the related organization a section 527 organization?

50. Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plan, and other compensation</th>
<th>(e) Estimated amount of other compensation</th>
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</table>

51. Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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</thead>
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52. Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Signature of officer**

**President**

**Date**

**PTIN**

**Check if self-employed**

**Firm's name**

**Firm's address**

**Firm's EIN**

**Phone no**

**May the IRS discuss this return with the preparer shown above? See instructions.**
FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF THE ORGANIZATION IS TO ORGANIZE AND SUPPORT ADVOCACY EFFORTS AIMED AT INFORMING AND EDUCATING THE PUBLIC AT LARGE, PARTICULARLY IN THE AREAS OF EDUCATION, PENSION, AND CRIMINAL JUSTICE REFORM.

THE ORGANIZATION DID NOT ENGAGE IN ANY PROGRAM SERVICES IN 2011 AS IT DID NOT RECEIVE ANY CONTRIBUTIONS.
<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND TO POSITION</th>
<th>REPORTABLE COMPENSATION</th>
<th>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENE</th>
<th>ESTIMATED AMOUNT OF OTHER COMPENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN D. ARNOLD</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2800 POST OAK BLVD., SUITE 225</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAURA E. ARNOLD</td>
<td>DIRECTOR/SECRETARY</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2800 POST OAK BLVD., SUITE 225</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENIS CALABRESE</td>
<td>DIRECTOR/PRESIDENT</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2800 POST OAK BLVD., SUITE 225</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRAND TOTALS</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>