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

2022

Open to Public

Department of the Treasury Internal Revenue Service

Α	For the	2022 calendar year, or tax year beginning	and	ending					
	Check if applicable	C Name of organization			D Employer ident	tification number			
	Addres change								
	Name change	5			45-408380	09			
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone num	ber			
	Final return/	1717 WEST LOOP SOUTH	,	1800	713-554-13				
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code	•	G Gross receipts \$	13,562,786.			
	Amend return		- '		H(a) Is this a group	p return			
	Application	F Name and address of principal officer: אבייייי	RHEE		for subordina	tes? Yes X No			
	pendin	SAME AS C ABOVE			H(b) Are all subordinate	es included? Yes No			
<u></u>	Tax-exe	mpt status: 501(c)(3) X 501(c) (4)	(insert no.) 4947(a)(1)	or 527	If "No," attach	h a list. See instructions			
	Websit				H(c) Group exemp				
		- gameaton	ociation Other	L Year	of formation: 2011	M State of legal domicile: TX			
Р	_	Summary							
Œ	, 1	Briefly describe the organization's mission or most s			.'S PHILANTHROP	IC			
an c		WORK TACKLES SOME OF THE MOST PRESSING							
Governance	2	•	tinued its operations or dispo		1	1			
Š	3	Number of voting members of the governing body (F				3 4 4 2			
æ	4 5 5	Number of independent voting members of the gove				5 0			
Activities &	5	Fotal number of individuals employed in calendar ye				6 5			
:≥	72.	Fotal number of volunteers (estimate if necessary) . Fotal unrelated business revenue from Part VIII, colu				7a 0.			
Ā	' h	Net unrelated business taxable income from Form 9				7b 0.			
	"	vet unrolated business taxable meeme norm of the	00 1,1 4111, 11110 11		Prior Year	Current Year			
•	8	Contributions and grants (Part VIII, line 1h)			1,900,000	0. 13,540,000.			
Revenue	9	Program service revenue (Part VIII, line 2g)			0. 0.				
ē,	10	nvestment income (Part VIII, column (A), lines 3, 4, a			4.4	4. 22,786.			
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			(0. 0.			
		Fotal revenue - add lines 8 through 11 (must equal F		1,900,04	4. 13,562,786.				
	13	Grants and similar amounts paid (Part IX, column (A	1,707,58	5. 10,107,281.					
	14	Benefits paid to or for members (Part IX, column (A),	, line 4)		(0. 0.			
y.	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)			0. 0.			
Expenses	16a I	Professional fundraising fees (Part IX, column (A), lin	ne 11e)		(0. 0.			
X	b .	Γotal fundraising expenses (Part IX, column (D), line	•	0.					
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d,			2,470				
	1	Total expenses. Add lines 13-17 (must equal Part IX			1,710,063				
_	19	Revenue less expenses. Subtract line 18 from line 1	2		189,983 eginning of Current Yea				
Net Assets or		5 (5			249,966				
SSe	20 ·				•	6. 3,398,236. 0. 0.			
let /	21	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from li			249,966				
P	art II	Signature Block	nie 20		215,500	3,330,230.			
		ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and statem	ents, and to the best of	my knowledge and belief, it is			
		, and complete. Declaration of preparer (other than officer			•	,			
			,						
Sig	jn i	Signature of officer			Date				
Не	L	ELIZABETH BANKS, TREASURER							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN			
Pai	d	JENNIFER BECKER HARRIS J	ENNIFER BECKER HARRIS	1	.0/12/23 self-em	nployed P00183358			
	parer	Firm's name CLARK NUBER PS			Firm's EIN 91-1194016				
Use	Only	Firm's address 10900 NE 4TH ST STE 1400							
		BELLEVUE, WA 98004			Phone no.4	25-454-4919			
Ma	y the IR	S discuss this return with the preparer shown above	e? See instructions			X Yes No			

including grants of \$

10,392,691.

) (Revenue \$

Total program service expenses

Form 990 (2022) ACTION NOW, INC Part 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	<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		١
	If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		x
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	-
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		1
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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 for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form 990 (2022) ACTION NOW, INC 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				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	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			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		Х	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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	00-		x	
L	"Yes," complete Schedule L, Part IV	28a 28b		x	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200			
C	· · · · · · · · · · · · · · · · · · ·	28c		x	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25			
00	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>			
-	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		х	
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	х	L	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36			
37					
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI					
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	X		
Par					
	Check if Schedule O contains a response or note to any line in this Part V			Ш	
			Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-			
b					
С					
	(gambling) winnings to prize winners?	1c	006		

Form 990 (2022)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 45-4083809

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		- 17
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		Х
h	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	4a		Λ
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	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 required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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	7h		
Ü	an analysis a graphisation have exceed business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ū		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	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		Х
	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.			

Page 6 45-4083809

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

Sec	tion A. Governing Body and Management			
	Months develoning Dealy and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	110
	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		<u>:</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	office diseases to the star of	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		x
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
-		5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?	6		Α
7a		_		x
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		,,
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		<u>8a</u>	Х	
b	, , , , , , , , , , , , , , , , , , , ,	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		arana	
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
19		u midil	oidi	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH BANKS - 713-554-1349			
	1717 WEST LOOP SOUTH, SUITE 1800, HOUSTON, TX 77027			

Form 990 (2022) ACTION NOW, INC 45-4083809 Page **7**

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

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

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

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

X Check this box if neither the organization ne	or any related o	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	itior	າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	is both or/trus	n an	compensation	compensation	amount of
	week	-	Cer ai	lu a u	recic	Trirus	lee)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Institutional trustee or director (M-57/1099-MISC/1099-NEC) The complete or director (M-52/1099-MISC/1099-NEC) The complete or director (M-52/1099-MISC/1099-NEC)			and related					
	below	vidual	tution	je,	Key employee	loyee	ner			organizations
	line)	Indi	lust	Officer	Key	High	Former			
(1) KELLI RHEE	1.00	-								
PRESIDENT AND CEO	40.00	Х		Х		_		0.	0.	0.
(2) ROXANNE ALMARAZ	1.00	-								
SECRETARY	40.00			Х		_		0.	0.	0.
(3) ELIZABETH BANKS	1.00	-								
TREASURER	40.00	Х		Х		_		0.	0.	0.
(4) JOHN ARNOLD	1.00									
DIRECTOR	40.00	Х				_		0.	0.	0.
(5) LAURA ARNOLD	1.00									
DIRECTOR	40.00	Х				_		0.	0.	0.
						_				
		-								
						<u> </u>				
		-								
			_			┝				
		-								
						<u> </u>				
		-								
						┝				
		-								
						-				
		-								
						┢				
		1								
						\vdash				
		1								
						\vdash				
		1								
						\vdash				
		1								
						\vdash				
		1								
								l.	I	000

	Section A. Officers, Directors, Trus	tees, Key Emp	pioy	ees,	anc	HIÇ	gnes	τC	ompensated Employee	s (continued)				
	(A)	(B) (C) (D) (E)		(E)			(F)							
	Name and title	Average	(do		Pos		<mark>າ</mark> than d	ne	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss per	rson i	s both	an	compensation	compensatio	n	ar	nount	of
		week	offi	cer ar	nd a d	irecto	r/trus	ee)	from	from related	l		other	
		(list any	ector						the	organization	S	com	pensa	tion
		hours for	r dire	, n			ted		organization	(W-2/1099-MIS	SC/	fı	om th	е
		related	stee c	nste			ensa		(W-2/1099-MISC/	1099-NEC)	C) organization		ion	
		organizations	altrus	nalt		loyee	comp		1099-NEC)			1	d relat	
		below	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	anizati	ons
		line)	Pul	lns	0#	Key	e Hig	휸						
1b	Subtotal								0.		0.			0.
С	Total from continuation sheets to Part VI	l, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0. 0			
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			0
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	director tructo	00 l	·0\/ 0	mnl	01/0	0 Or	hia	host componented ampl	0,400 00			163	NO
3	,	·	-	•	•	•		_	•	•		3		х
	line 1a? If "Yes," complete Schedule J for si											3		
4	For any individual listed on line 1a, is the su	•								•		4		х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											-		
3	• •	•				•			•			5		х
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	piete Scriedule	3 J I	or st	ICH I	bers	OII .							
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensa	tion fr	om	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	hin	the organization's tax y	ear.				
	(A)								(B)		_	(0	C)	
	Name and business								Description of s	ervices	<u> </u>	Compe	nsatio	n
	HE ORANGE AGENCY, 2111 EISENHOWER AVE,													
SUIT	E 400, ALEXANDRIA, VA 22314							4	MEDIA WEBSITE SUPP	ORT			185,	410.
								_]						
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati		ot lir	nited	d to	thos		ted	above) who received mo	ore than				

Form 990 (2022) ACTION NOW

Part VIII Statement of Revenue

			Check if Schedule O c	ontai	ins a re	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
လ လ	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	_		Membership dues			1b					
			Fundraising events			1c					
						1d					
n Sign			Government grants (contri			1e					
Sign			All other contributions, gifts,								
her it		-	similar amounts not included	-		1f	13,540,000.				
草豆		g	Noncash contributions included in I			1g \$					
Sol		_	Total. Add lines 1a-1f			·9 ·		13,540,000.			
<u> </u>							Business Code				
a l	2	а									
ķ	_	b									
Ser		c									
E S		d									
gra Re		e									
Program Service Revenue			All other program service i	reven	116						
	3		Investment income (includ								
	Ŭ							22,786.			22,786.
	4		Income from investment o								
	5		Royalties								
	Ŭ		noyumoo			Real	(ii) Personal				
	6	а	Gross rents	6a	(7		(.,,				
	Ü		Less: rental expenses	6b							
		C	Rental income or (loss)	6c							
			Net rental income or (loss)				l				
	7		Gross amount from sales of	Ш	(i) Se	curities	(ii) Other				
	•	а	assets other than inventory	7a	(.)		(, 55.				
		h	Less: cost or other basis	74							
ø		D	and sales expenses	7b							
Ľ		_	Gain or (loss)	7c							
ě			Net gain or (loss)				1				
her Revenue	٥		Gross income from fundraisir								
Ŏ.	Ü	u	including \$	-	-						
١			contributions reported on								
			Part IV, line 18		,						
		b	Less: direct expenses								
			Net income or (loss) from				1				
	a		Gross income from gamin								
	3	u	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from				1				
	10		Gross sales of inventory, le	-	-	vities					
	10	а	and allowances			10a	J				
		h	Less: cost of goods sold								
			Net income or (loss) from				1				
			THE MOOTHS OF 1033/ HOTHS	Juius	J. 111VC	лиоту	Business Code				
sno	11	a									
neo	• •	b				_					
Miscellaneous Revenue		C									
isce			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue See instruction					13 562 786.	0.	0.	22 786.

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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	10,107,281.	10,107,281.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees):									
а	Management	2.42		242						
b	Legal	343.		343.						
С	Accounting	21,482.		21,482.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	205 410	205 410							
	column (A), amount, list line 11g expenses on Sch 0.)	285,410.	285,410.							
12	Advertising and promotion									
13	Office expenses									
14 45	Information technology									
15 16	Royalties									
16 17	Occupancy Travel									
17 10	Payments of travel or entertainment expenses									
18	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
19 20	Interest									
20 21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses. Itemize expenses not covered 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 0.)									
a										
b										
c C										
d	All other expenses									
е 25	Total functional expenses. Add lines 1 through 24e	10,414,516.	10,392,691.	21,825.	0.					
<u>25 </u>	Joint costs. Complete this line only if the organization	,,,	,,	==,===.						
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		End of year
	1	Cash - non-interest-bearing	249,966.	1	0.
	2	Savings and temporary cash investments		2	2,469,527.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(3)	6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b			10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	928,709.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	I	16	3,398,236.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ý	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
abi		controlled entity or family member of any of these persons		22	
⋍	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Par	t X		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
Ва	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here	X		
		and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	0.
set	30	Paid-in or capital surplus, or land, building, or equipment fund		+ 00 +	0.
As	31	Retained earnings, endowment, accumulated income, or other funds		31	3,398,236.
Set	32	Total net assets or fund balances	249,966.	32	3,398,236.
	33	Total liabilities and net assets/fund balances		33	3,398,236.

Form **990** (2022)

Form 990 (2022) ACTION NOW, INC 45-4083809 Page **12**

Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,	562,	786.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,	414,	516.		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,	148,	270.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4						
5	Net unrealized gains (losses) on investments	5					
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3,	398,	236.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Cash Other MODIFIED Cash	ASH					
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
			Form	990	(2022)		

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization **Employer identification number** 45-4083809 ACTION NOW, INC Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(4) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

ACTION NOW, INC

45-4083809

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization

Employer identification number

ACTION NOW, INC

45-4083809

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** ACTION NOW, INC 45-4083809 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

ACTION NOW, INC

Employer identification number 45 - 4083809

Pa		Organizations Maintaining Donor Advise rganization answered "Yes" on Form 990, Part IV, lin		ds or Acco	unts. Complete if the
		rganization answered fes on Form 990, Fart IV, iii	(a) Donor advised funds	(b) F	Funds and other accounts
1	Total nu	mber at end of year	(a) Bener advised rands	(2)	and and other deceante
2		te value of contributions to (during year)			
3		te value of grants from (during year)			
4		te value at end of year			_
5		organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised funds	
Ū		organization's property, subject to the organization's	_		Yes No
6		organization inform all grantees, donors, and donor a			
_		table purposes and not for the benefit of the donor o			
				_	Yes No
Pai		conservation Easements. Complete if the or			
1	Purpose	(s) of conservation easements held by the organization	on (check all that apply).		
	Pr	eservation of land for public use (for example, recrea	ition or education) Preservation	of a historica	ally important land area
	Pr	otection of natural habitat	Preservation	of a certified	historic structure
	Pr	eservation of open space			
2	Complet	e lines 2a through 2d if the organization held a qualit	fied conservation contribution in the for	m of a conse	
	day of th	ne tax year.			Held at the End of the Tax Year
а	Total nu	mber of conservation easements		2	а
b	Total ac	reage restricted by conservation easements		2	b
С		of conservation easements on a certified historic stru		2	с
d	Number	of conservation easements included in (c) acquired a	after July 25,2006, and not on a		
3	Number	of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	he organizati	on during the tax
	year _				
4		of states where property subject to conservation eas	•	_	
5		e organization have a written policy regarding the per		of	
		s, and enforcement of the conservation easements it			Yes No
6	Staff and	d volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation ea	asements during the year
7	Amount	 of expenses incurred in monitoring, inspecting, hanc	dling of violations, and enforcing conser	vation easem	ents during the year
8		ch conservation easement reported on line 2(d) abov			
		ion 170(h)(4)(B)(ii)?			Yes No
9		III, describe how the organization reports conservation	•		
		sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments that d	escribes the
Pai	organiza rt III (tion's accounting for conservation easements. Organizations Maintaining Collections of	f Art. Historical Treasures. or	Other Sim	ilar Assets.
		complete if the organization answered "Yes" on Form			
1a	If the org	ganization elected, as permitted under FASB ASC 95	68, not to report in its revenue statemen	t and balance	e sheet works
	of art, hi	storical treasures, or other similar assets held for pub	olic exhibition, education, or research ir	furtherance	of public
	service,	provide in Part XIII the text of the footnote to its finar	ncial statements that describes these it	ems.	
b		ganization elected, as permitted under FASB ASC 95			eet works of
		orical treasures, or other similar assets held for public			
		the following amounts relating to these items:			
	•	enue included on Form 990, Part VIII, line 1			. \$
					_
2	If the org	ganization received or held works of art, historical tre			
		wing amounts required to be reported under FASB A		=	
а		e included on Form 990, Part VIII, line 1			. \$
b		ncluded in Form 990, Part X			

Sche	dule D (Form 990) 2022 ACTION NOW							45-408		Р	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, or C	Other S	imila	Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that m	ake signi	ificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔙 ı	Loan or exc	hange program						
b	Scholarly research	е	, (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organization's	s exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	sures, or other s	imilar as	sets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Ye	es" on Fo	rm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-					_	_		_
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					_		
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F					-		L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two years I	back (d)	Inree y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1g	ı, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		_%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held ar	nd administered	for the			ſ		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	t VI Land, Buildings, and Equipm						40				
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr			or other (other)	(c) Accu	umulate ciation	ed	(d) Boo	k valu	е
	Land	- ` 		54313	(5.1101)	асріє	Sidiloit				
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										

Schedule D (Form 990) 2022

0.

e Other

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

Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n 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 valuation: Cost or end	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A) CREDIT FACILITY	928,709.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	928,709.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Dook value
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
2. Liability for uncertain tax positions. In Part XIII, provide t			hat reports the
organization's liability for uncertain tax positions under F			

Pai			•	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
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	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12	2.)	5	
Pa	t XII Reconciliation of Expenses per Audited Financial St	-	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I			
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:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line t XIII Supplemental Information.	18.)	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line t XIII Supplemental Information.	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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.

2022 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 45-4083809 ACTION NOW, INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 criteria used to award the grants or assistance? X Yes 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 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) TO SUPPORT THE EDUCATION ALASKANS FOR BETTER ELECTIONS. AND ADVOCACY ACTIVITIES INC. - PO BOX 210295 - ANCHORAGE RELATED TO ADVANCING 84-2283567 501(C)(4) BALLOT MEASURE 2 AK 99521 0 950,000, AMERICA IS BETTER 10 G STREET NORTHEAST TO PROVIDE SUPPORT FOR WASHINGTON, DC 20002 26-4718617 501(C)(4) 0. IMMIGRATION REFORM. 50,000 TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES AVITIUM PARTNERS 8680 JACOT LANE RELATED TO LEGISLATIVE MISSOULA, MT 59808 46-1446941 55,000 0 REFORM ENDING JUVENILE CLEAN ENERGY BUYERS ASSOCIATION 1425 K STREET NORTHWEST TO PROVIDE GENERAL 83-2935439 501(C)(6) OPERATING SUPPORT. WASHINGTON DC 20005 250 000 0. TO SUPPORT AN AFFORDABLE COLORADOANS FOR AFFORDABLE HOUSING NOW - 1600 STOUT STREET, SUITE HOUSING BALLOT INITIATIVE 1400 - DENVER CO 80202 88-2183220 IRC 527 IN COLORADO. 500 000 0. COMMON CAUSE 805 15TH STREET NW, SUITE 800 TO SUPPORT RANKED CHOICE WASHINGTON, DC 20005 52-6078441 501(C)(4) 200 000 0 VOTING IN NEW YORK CITY. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. 27. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) ACTION NOW, INC 45-4083809

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRVOTE MINNESOTA							
550 VANDALIA ST							TO ADVANCE RANKED CHOICE
ST PAUL, MN 55114	01-0911420	501(C)(4)	600,000.	0.			VOTING IN MINNESOTA.
<u> </u>	01 0311120	501(5)(1)	000,000.	••			TO SUPPORT RESEARCH ON
FARELLA BRAUN + MARTEL LLP							ANTICOMPETITIVE CONDUCT
235 MONTGOMERY STREET, 18TH FLOOR							IN THE HEALTHCARE
SAN FRANCISCO, CA 94104	94-1527242		378,288.	0.			INDUSTRY IN THREE STATES.
,			7 - 7 - 7				
FREEDOM VIRGINIA, INC.							TO SUPPORT THE AFFORDABLE
PO BOX 17058							MEDICINE CAMPAIGN IN
ARLINGTON, VA 22216	85-1257540	501(C)(4)	250,000.	0.			VIRGINIA.
HEALTH ACTION NEW MEXICO							TO SUPPORT PRESCRIPTION
3700 OSUNA RD NE							DRUG REFORM IN NEW
ALBUQUERQUE, NM 87109	85-0481860	501(C)(3)	47,549.	0.			MEXICO.
							TO SUPPORT EDUCATION AND
HEALTH CARE FOR ALL, INC.							ISSUE ADVOCACY ACTIVITIES
ONE FEDERAL ST, 5TH FLOOR							RELATING TO THE
BOSTON, MA 02110	04-3071598	501(C)(3)	400,000.	0.			MASSACHUSETTS CAMPAIGN
							TO SUPPORT EDUCATION AND
MARYLAND CITIZENS HEALTH							ISSUE ADVOCACY ACTIVITIES
INITIATIVE INC - 2600 ST PAUL ST -							RELATED TO THE
BALTIMORE, MD 21218	52-2208746	501(C)(4)	350,000.	0.			PRESCRIPTION DRUG
							L
OREGON RANKED CHOICE VOTING							TO SUPPORT RANKED CHOICE
ADVOCATES - PO BOX 1233 -	04 5150501	501/61/41	100 000	_			VOTING IN PORTLAND,
CORVALLIS, OR 97339	84-5179701	501(C)(4)	100,000.	0.			OREGON.
PRODUCCIONES DE RASTRO LLC							
1825 PONCE DE LEON BLVD, #485							TO PROVIDE GENERAL
CORAL GABLES, FL 33134	82-0791262		62,500.	0.			OPERATING SUPPORT.
CONAL GABLES, FL 33134	02-0/91202		02,300.	0.			TO SUPPORT THE
PUBLIC PRIVATE STRATEGIES							PRESCRIPTION FOR A
700 PENNSYLVANIA AVE SE							HEALTHY MAIN STREET
WASHINGTON, DC 20003	82-2648213		95,000.	0.			CAMPAIGN.
		I	1, 3000	ı			

Page 1

ACTION NOW, INC 45-4083809

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) Liiv	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
RANKED CHOICE VOTING FOR CLARK COUNTY - PO BOX 9100 - SEATTLE, WA 98109	88-1073164	TRC 527	50,000.	0.			TO SUPPORT RANKED CHOICE VOTING IN CLARK COUNTY, WASHINGTON.
30103	00 1073104	IRC 327	30,000.	· ·			MISHINGTON.
REDISTRICTING PARTNERS, LLC 1007 7TH ST, FLOOR 4 SACRAMENTO, CA 95814	45-0707105		75,000.	0.			TO SUPPORT REDISTRICTING REFORM IN NEW MEXICO.
SPACE CITY WEATHER LLC 1494 MCGUIRE RD LEAGUE CITY, TX 77573	81-4231969		28,421.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
STAND TOGETHER CHAMBER OF COMMERCE INC - 1320 N COURTHOUSE RD, STE 500 - ARLINGTON, VA 22201	45-3732750	501(C)(6)	590,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
TEXAS EMPLOYERS FOR AFFORDABLE HEALTHCARE - 527 LOST COVE DR - SPICEWOOD, TX 78669	88-3281544	501(C)(4)	531,000.	0.			TO SUPPORT THE HOSPITAL VALUE CAMPAIGN IN TEXAS.
THE FAIRNESS PROJECT PO BOX 21337 WASHINGTON, DC 20009	37-1779557	501(C)(4)	200,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
THE MEYER LAW OFFICE, P.C. PO BOX 40394 DENVER, CO 80204	27-2357348		120,000.	0.			TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES RELATED TO CRIMINAL JUSTICE REFORM IN
THE REDISTRICTING LAB LLC 33 ROYAL AVE, APT 1 CAMBRIDGE, MA 02138	84-3600827		50,000.	0.			TO SUPPORT REDISTRICTING REFORM.
UNITE AMERICA 1580 LINCOLN ST DENVER, CO 80203	82-5379408	IRC 527	3,000,000.	0.			TO SUPPORT NEVADA'S FINA: FIVE BALLOT MEASURE.

Page 1

Schedule I (Form 990)

ACTION NOW, INC 45-4083809

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES OF CARE ACTION 2776 S ARLINGTON MILL DR, STE 5 ARLINGTON, VA 22206	86-1861283	501(C)(4)	309,523.	0.			TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES RELATING TO A PUBLIC OPTION CAMPAIGN IN
UTAH JUVENILE DEFENDER ATTORNEYS, LLC - 8 EAST 300 SOUTH, SUITE 500 - SALT LAKE CITY, UT 84111	27-2764498		20,000.	0.			TO SUPPORT THE DEBT FREE JUSTICE CAMPAIGN IN UTAH
UTAHNS FOR RESPONSIVE GOVERNMENT 2630 E STRINGHAM AVE, APT 310A SALT LAKE CITY, UT 84109	82-1030846	501(C)(4)	190,000.	0.			TO SUPPORT SECURING FAIR MAPS AND AN INDEPENDENT REDISTRICTING PROCESS IN UTAH.
VOICES OF HEALTH CARE ACTION 8465 W SAHARA AVE, STE 111 LAS VEGAS, NV 89117	87-4361466	501(C)(4)	250,000.	0.			TO SUPPORT THE ADVANCEMENT OF STATE-BASED PUBLIC OPTION LEGISLATION.
WORLD RELIEF CORP 7 E BALTIMORE ST BALTIMORE, MD 21202	23-6393344	501(C)(3)	400,000.	0.			TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES RELATED TO IMMIGRATION REFORM.
·							

Page 1

Schedule I (Form 990)

Schedule I (Form 990) 2022 ACTION NOW, INC 45-4083809 Page **2**

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE GRANT MONITORING PROCESS INCLUDES EXECUTING A C	GRANT AGREEME	NT AS WELL			
AS FOLLOW UP COMMUNICATION/CONFIRMATION, TYPICALLY	THROUGH THE	SUBMISSION			
OF GRANT REPORTS, THAT ALL FUNDS GRANTED HAVE BEEN	OR WILL BE U	SED FOR THE			
ORIGINAL PURPOSE OR PROGRAM FOR WHICH THEY WERE GRA	ANTED.				
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT: ALASKANS FOR BE	ETTER ELECTIO	NS, INC.			

232102 10-31-22 Schedule I (Form 990) 2022

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EDUCATION AND

ACTION NOW, INC 45-4083809 Schedule I (Form 990) Page 2 Part IV | Supplemental Information ADVOCACY ACTIVITIES RELATED TO ADVANCING BALLOT MEASURE 2 IMPLEMENTATION AND RANKED CHOICE VOTING IN ALASKA. NAME OF ORGANIZATION OR GOVERNMENT: AVITIUM PARTNERS (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES RELATED TO LEGISLATIVE REFORM ENDING JUVENILE FINES AND FEES IN MONTANA. NAME OF ORGANIZATION OR GOVERNMENT: HEALTH CARE FOR ALL, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES RELATING TO THE MASSACHUSETTS CAMPAIGN FOR AFFORDABLE PRESCRIPTION DRUGS. NAME OF ORGANIZATION OR GOVERNMENT: MARYLAND CITIZENS HEALTH INITIATIVE INC (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES RELATED TO THE PRESCRIPTION DRUG AFFORDABILITY INITIATIVE IN MARYLAND. NAME OF ORGANIZATION OR GOVERNMENT: THE MEYER LAW OFFICE, P.C. (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES RELATED TO CRIMINAL JUSTICE REFORM IN COLORADO. NAME OF ORGANIZATION OR GOVERNMENT: UNITED STATES OF CARE ACTION (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES RELATING TO A PUBLIC OPTION CAMPAIGN IN OREGON. SCHEDULE I, PART II

Schedule I	(Form 990) ACTION NOW, INC Supplemental Information	45-4083809	Page 2
Part IV	Supplemental Information		
ALL GRAN	TS/EXPENDITURES MADE TO 527 POLITICAL ORGANIZATIONS WERE FOR		
NON-EXEM	PT FUNCTION ACTIVITIES, AS THE GRANTS WERE RESTRICTED FOR		
SOCIAL W	ELFARE PURPOSES.		

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number**

ACTION NOW, INC	45-4083809
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
STATES. WE FOCUS ON CORRECTING SYSTEMIC FAILURES THROUGH EVIDENCE-BASED	
SOLUTIONS.	
FORM 990, PART VI, SECTION A, LINE 2:	
JOHN AND LAURA ARNOLD HAVE A FAMILY RELATIONSHIP. LAURA AND JOHN ARNOLD	
HAVE A BUSINESS RELATIONSHIP WITH KELLI RHEE, ELIZABETH BANKS, AND ROXANNE	
ALMARAZ.	
FORM 990, PART VI, SECTION A, LINE 8B:	
DUE TO THE SIZE OF THE ORGANIZATION AND THE BOARD, COMMITTEES ARE NOT	
DEEMED NECESSARY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TREASURER WILL SEND A COPY OF THE DRAFT FORM 990 TO ALL BOARD MEMBERS	
PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ACTION NOW, INC. ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY	
AT THE ANNUAL BOARD OF DIRECTORS MEETING AND AS NEW TRANSACTIONS THAT MAY	
PRESENT A CONFLICT ARE CONSIDERED. THE BOARD OF DIRECTORS WILL DETERMINE	
WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IF A TRANSACTION OR	
ARRANGEMENT WOULD CREATE A CONFLICT OF INTEREST, THE BOARD MEMBER(S) WITH	
THE CONFLICT WOULD RECUSE THEMSELVES FROM DISCUSSION AND VOTING IN REGARD	
TO THE MATTER.	

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** ACTION NOW, INC 45-4083809 FORM 990, PART VI, SECTION C, LINE 19: THE TREASURER WILL SEND A COPY OF THE DRAFT FORM 990 TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, LINE 13: ACTION NOW, INC. WILL FOLLOW THE RELEVANT POLICIES OF ARNOLD VENTURES LLC, A DISREGARDED ENTITY FOR TAX PURPOSES OF ARNOLD VENTURES, INC.

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ACTION NOW, INC						45-4083809		
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) ne End-of-year assets		ts Direct controlling entity		9
	-							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
LAURA AND JOHN ARNOLD FOUNDATION - 26-3241764, 1717 WEST LOOP SOUTH SUITE 1800,	_							
HOUSTON, TX 77027-3048	GRANT MAKING	TEXAS	501(C)(3)	PF	N/A		Х	
	-							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	re of total Share of Dispr		Disproportionate allocations? Code V- amount ir		Gener mana partr	ral or F ging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
HOFFER CO-INVEST LP -												
46-3412190, 301 COMMERCE												
STREET, SUITE 3300, FORT	RELATED PARTY											
WORTH, TX 76102	INVESTMENT	ТX	N/A	N/A	N/A	N/A		x	N/A		x	N/A
WEST STREET REIP TAX EXEMPT												
L.P 85-4341932, 30 HUDSON]											
STREET, 38TH FLOOR, JERSEY	RELATED PARTY											
CITY, NJ 07302-4600	INVESTMENT	NJ	N/A	N/A	N/A	N/A		x	N/A		x	N/A
WEST STREET CAPITAL PARTNRES												
VIII PARALLEL, L.P]											
85-3597658, 30 HUDSON STREET,]											
38TH FLOOR, JERSEY CITY, NJ]	NJ	N/A	N/A	N/A	N/A		x	N/A		x	N/A
]											
	1											
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(i contr ent	b)(13) rolled ity?
ADNOLD MUNICIPES THE 27 100C240		oodiia y)						Yes	No
ARNOLD VENTURES INC 37-1906348	4								Ĭ
1717 WEST LOOP SOUTH, SUITE 1800	PHILANTHROPIC								Ĭ
HOUSTON, TX 77027-3048	MANAGEMENT	TX	N/A	C CORP	N/A	N/A	N/A	х	
GS HORIZON ENVIRONMENTAL & CLIMATE SOLUTIONS									
LP - 00-000000, P.O. BOX 309, UGLAND HOUSE,	RELATED PARTY	CAYMAN							
GRAND CAYMAN, GRAND CAYMAN, CAYMAN ISLANDS	INVESTMENT	ISLANDS	N/A	C CORP	N/A	N/A	N/A	х	
]								
]								
]								
	1								1

Page 2

Page 3

Х

Yes No

Schedule R (Form 990) 2022 ACTION NOW, INC

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, o	r capital contribution to related organization(s)				1b		Х	
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)							Х	
	om related organization(s)				1f		X	
	ts to related organization(s)				1g			
h Purchase of	assets from related organization(s)				1h		X	
i Exchange o	assets with related organization(s)				1i		X	
j Lease of fac	ilities, equipment, or other assets to related organization(s)				1j		X	
k Lease of fac	ilities, equipment, or other assets from related organization(s)				1k		х	
	e of services or membership or fundraising solicitations for related orga				11		Х	
	e of services or membership or fundraising solicitations by related organ				1m		Х	
	cilities, equipment, mailing lists, or other assets with related organizati				1n	Х		
					10		Х	
	•							
p Reimbursen	ent paid to related organization(s) for expenses				1p		х	
	ent paid by related organization(s) for expenses				1q		Х	
r Other transf	er of cash or property to related organization(s)				1r		Х	
	er of cash or property from related organization(s)				1s		Х	
2 If the answe	r to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered	relationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved			
1)								
2)								
<u>-, </u>								
3)								
•								
4)								
5)								
6)								
32163 09-14-22				Schedule	R (Forr	n 990) 2022	

Schedule R (Form 990) 2022 ACTION NOW, INC 45-4083809 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2022 ACTION NOW, INC	45-4083809	Page 5
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
WEST STREET CAPITAL PARTNRES VIII PARALLEL, L.P.		
EIN: 85-3597658		
30 HUDSON STREET, 38TH FLOOR		
JERSEY CITY, NJ 07302-4600		
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:		
NAME ADDDESS AND EIN OF DELAMED ODSANIZAMION.		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
GS HORIZON ENVIRONMENTAL & CLIMATE SOLUTIONS LP		
EIN: 00-000000		
P.O. BOX 309, UGLAND HOUSE		
GRAND CAYMAN, GRAND CAYMAN, CAYMAN ISLANDS KY1-1104		