Form 990	
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Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

ns	ne	ct	io	n	

A For th	ne 2021	calendar year, or tax year beg	j inning 0	4/01/2023	1 and endir	ng		03,	/31/2022
		C Name of organization				1	D Employer ide	entifica	tion number
B Check if a	applicable:	BERGER ACTION FUN	D INC.						
Addr chan		Doing business as					20-894	8868	}
	ne change	Number and street (or P.O. box	if mail is not delivered to street add	dress)	Room/suite	e l	E Telephone n	umber	
Initia	al return	P.O. BOX 53241					()	_	
	I return/		country, and ZIP or foreign postal of	code			, ,		
Ame	ninated ended	WASHINGTON, DC 20	009-9241				Gross receip	ts \$	357,811,639.
	lication	F Name and address of principal of		TC			H(a) Is this a gro	oup retur	
pend	aing	P.O. BOX 53241, WA					subordinate H(b) Are all subor		
Tax-e	xempt st		01(c) (4) ◀ (insert no.)	4947(a)(1)	or	527	.,		list. See instructions
		N/A		1011(0)(1)	0.		H(c) Group exer		
		nization: X Corporation Tru	Ist Association Other	r 🕨					of legal domicile: DE
Part I	_	Jmmary			Lica			otate	
		•	ingion or most significant activ	ition: TITE	ODCANTZ			MTCO	
		y describe the organization's mi	-			AILON	PRIMARI	MISS	SION 15 10
	PRO	MOTE PRO-CONSERVATI	JN AND SOCIAL WELL	FARE POLL	CIES.				
erne				P		0.50/			
Governance 5 2			zation discontinued its operation					1 1	
ŭ 3 ∞ 4		per of voting members of the go						3	
Activities &		per of independent voting memb						4	
č ti		number of individuals employed						5	2
6 cti		number of volunteers (estimate						6	
10		unrelated business revenue from						7a	NON
b	Net u	nrelated business taxable incom	e from Form 990-T, Part I, line	e11		<u></u>		7b	
							Prior Year		Current Year
<u>e</u> 8		ibutions and grants (Part VIII, lin					26,884,7		278,951,042.
lej 9		am service revenue (Part VIII, lin						IONE	NON
9 9 10		tment income (Part VIII, column				-	46,345,6	57.	30,720,118.
⁻ 11	Other	r revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 1	1e)				IONE	NON
12	Total	revenue - add lines 8 through 1	1 (must equal Part VIII, colum	ın (A), line 12)		. 17	73,230,3	57.	309,671,160.
13		ts and similar amounts paid (Par					55,935,5	00.	72,712,763.
14	Benef	fits paid to or for members (Part	IX, column (A), line 4)				N	IONE	NON
ഴ്ല 15	Salari	ies, other compensation, employ	/ee benefits (Part IX, column (A), lines 5-10)			11,0	06.	12,064
x 15 16a dx b	Profe	ssional fundraising fees (Part IX,	column (A), line 11e)				Ň	IONE	NON
č b) Total	fundraising expenses (Part IX, c	olumn (D), line 25) 🕨	NON	E	_			
^ш 17	Other	r expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)				93,0	13.	214,306.
18	Total	expenses. Add lines 13-17 (mu	st equal Part IX, column (A), li	ne 25)			56,039,5	19.	72,939,133.
19	Rever	nue less expenses. Subtract line	18 from line 12			. 11	L7,190,8	38.	236,732,027.
s or ces						Beginni	ing of Current	Year	End of Year
Net Assets or Fund Balances 57 57 57 57 57 57 57 57 57 57 57 57 57	Total	assets (Part X, line 16)				. 14	41,067,0	42.	351,661,665.
≝ [∰] 21	Total	liabilities (Part X, line 26)					19,0	38.	30,866
22 ^L 22	Net a	ssets or fund balances. Subtrac	t line 21 from line 20			. 14	41,048,0	04.	351,630,799.
Part II	Si	gnature Block							
Under pe	enalties of	of perjury, I declare that I have example	nined this return, including accc	mpanying sched	lules and sta	tements, an	d to the best o	of my k	nowledge and belief, it is
true, corre	ect, and	I complete. Declaration of preparer (c	ther than officer) is based on all li	nformation of wh	lich preparer	nas any kno	owieage.		
							02/	03/2	2023
Sign		Signature of officer					Date		
Here		JOSEPH FISHER		TR	EASURER				
	 i	Type or print name and title							
	Print/	/Type preparer's name	Preparer's signature		Date		Check	if F	PTIN
							self-emplo	yed	
					1				
Preparer	Eirm'	s name			·	1	Firm's FIN		
Paid Preparer Use Only	/ Firm's	s name			·		Firm's EIN		
Preparer Use Only	/ Firm's	s name s address ► discuss this return with the pi	eparer shown above? Se	e instructions			Firm's EIN >		. Yes X No

For	m 990 (2021)				Page 2
Pa		atement of Program Service			
1		heck if Schedule O contains a cribe the organization's missic		rt III	<u></u>
1	SEE SCHE	•	nı.		
2			nificant program services during the ye		
	prior Form	990 or 990-EZ?			Yes X No
3		scribe these new services on a	g, or make significant changes in	how it conducts any program	
3		-	g, of make significant changes in		Yes X No
		scribe these changes on Sche			
4				its three largest program services, as	
				port the amount of grants and allocat	ions to others,
	the total ex	penses, and revenue, if any, for	or each program service reported.		
40	(Codo:		and the including grants of the second		``
4a	(Code:		,939,133. including grants of \$ 72 D SOCIAL WELFARE ADVOCACY H)
	PURSUE	PRO-CONSERVATION AND	D SOCIAL WELFARE ADVOCACY I	POLICIES.	
4h	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(0000) (Expenses ¢) (ite vertice ψ	/
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d		ram services (Describe on Scl			
	(Expenses			e\$)	
4e	I otal progr	am service expenses 🕨	72,939,133.		000
	020 1.000			F	orm 990 (2021)

Form 9	90 (2021)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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	2		v
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			<u> </u>
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
-	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110		v
h	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a		X
D D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more		21	<u> </u>
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			<u> </u>
	reported in 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		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		37
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		X
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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			
Ь	to defease any tax-exempt bonds?. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		x
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		X
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			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c	37	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	X	
50	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		37
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
04	or IV, and Part V, line 1.	34		x
35 a	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		
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	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a NONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	1

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6 -		37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	40		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ŭ	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
11 11				
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.			

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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 Scheo				tions.
	Check if Schedule O contains a response or note to any line in this Part VI				Х
Sect	ion A. Governing Body and Management				
		-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	supervision of officers, directors, trustees, or key employees to a management company or other person?.		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or an		7a		v
	one or more members of the governing body?		1a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) men		7b		x
0	stockholders, or persons other than the governing body?				21
8	Did the organization contemporaneously document the meetings held or written actions undertaken of the veer by the following:	uuring			
•	the year by the following:		8a	Х	
a b	The governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re		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 cha	apters,			
	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 fo	orm?	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				
	rise to conflicts?	–	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approv				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec		150		v
a	The organization's CEO, Executive Director, or top management official	· · · F	15a 15b		X
b	Other officers or key employees of the organization	••••	130		X
40-	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 arrange with a taxable entity during the year?		16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		Tea		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safegual				
	organization's exempt status with respect to such arrangements?		16b		
Secti	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		•		. /
	Own website Another's website X Upon request Other (explain on Schedule O))			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	inter	est p	olicy,
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and	d records			
	MOLLY MCUSIC P.O. BOX 53241 WASHINGTON, DC 20009-9997				

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Part VII	Compensation of	Officers,	Directors,	Trustees,	ĸey	Employees,	Hignest	Compensated	Employees,	and
	Independent Contra	actors								
	Check if Schedule O	contains a re	esponse or no	ote to any line	e in this	s Part VII				

A officer Division of the first set of the s

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	erson	e than c is both employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MOLLY MCUSIC	1.00									
DIRECTOR & PRESIDENT	39.00	x		Х				NONE	NONE	NONE
(2) ROBERT BLAND	1.00	- 22		- 22					INOINE	INOINE
DIRECTOR	NONE	x						NONE	NONE	NONE
(3) JOHN LESHY	1.00								110111	
DIRECTOR	NONE	x						NONE	NONE	NONE
(4) COURTNEY CUFF	1.00									
DIRECTOR	NONE	x						NONE	NONE	NONE
(5) JOSEPH FISHER	1.00			-						
TREASURER & SECRETARY	NONE	1		х				NONE	NONE	NONE
(6) ANDREW STEVENSON	1.00									
VICE PRESIDENT	NONE			Х				NONE	NONE	NONE
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2021)	90 (2021)
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Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	week (list any hours for		unle er an	Pos heck ss pe d a d	rson lirect	e than o is both or/trusto 	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio relate organizat	on from d tions	(F Estin amou oth compe from	nated unt of ner nsatior	1
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	organi and re organi	ization elated	
			-											
			-											
			-											
			-											
			-											
		+	-											
			-											
			-											
		+												
	• • • • •								NONE		NONTE			
	 Sub-total Total from continuation sheets to Part VII, S 		• • •	•••	•••	••	• • •		NONE NONE		NONE NONE			<u>ONE</u> ONE
	d Total (add lines 1b and 1c)	-		•••	: :	•••		•	NONE		NONE			ONE
	Total number of individuals (including but not reportable compensation from the organization	limited to t			d al		-	o re	ceived more than	\$100,000 (of			
												Y	'es	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched						-			•		3		X
4	 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 								X					
5								X						
Se	ection B. Independent Contractors	•												
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompensat	ion	

Pa	rt VII	Statement of Revenue Check if Schedule O contains a response	or noto to or	line in this Dort	/111		
		Check il Schedule O contains a response	or note to any	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
	c	Fundraising events 1c					
	d	Related organizations					
	е	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
		and similar amounts not included above . 1f	278,951,042.				
	g	Noncash contributions included in					
gg		lines 1a-1f	278,920,776.				
<u>ה</u> כ	h	Total. Add lines 1a-1f	<u> ►</u>	278,951,042.			
			Business Code				
ice	2a						
er v	b						
J S	c						
Program Service Revenue	d						
- <u>6</u> 6	е						
Ъ	f	All other program service revenue					
	g	Total. Add lines 2a-2f	►	NONE			
	3	Investment income (including dividends, int	erest, and				
		other similar amounts).	▶	664,165.	664,165.		
	4	Income from investment of tax-exempt bond pro	oceeds . 🕨 📘	NONE			
	5	Royalties	►	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)	►	NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 78,196,432.					
P	b	Less: cost or other basis					
evenue		and sales expenses 7b 48,140,479.					
	c	Gain or (loss) 7c 30,055,953.					
Other R	d	Net gain or (loss)	►	30,055,953.			
the	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	c	Net income or (loss) from fundraising events	<u> ►</u>	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses9b	NONE				
	c	Net income or (loss) from gaming activities	►	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory	►	NONE			
s			Business Code				
e eu	11a						
ane	b						
Miscellaneous Revenue	c						
ß	d	All other revenue					
Σ	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		309,671,160.	664,165.	NONE	

Form 990 (2021)

			e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	72,712,763.	72,712,763.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	12,064.	12,064.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
0	Payroll taxes	NONE			
1	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	38,580.	38,580.		
С	Accounting	NONE			
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	NONE			
2	Advertising and promotion	NONE			
3	Office expenses	NONE			
4	Information technology	NONE			
5	Royalties	NONE			
6	Occupancy	NONE			
7	Travel	NONE			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
9	Conferences, conventions, and meetings	NONE			
0	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
3		28,942.	28,942.		
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 O.)				
а	OTHER EXPENSES	111,784.	111,784.		
b		35,000.	35,000.		
c					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	72,939,133.	72,939,133.	NONE	NOI
	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 b if	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , ,		

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

	Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	132,734.	1	92,080.
2	Savings and temporary cash investments.	NONE	2	NONI
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	NONE	4	NON
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
2 7	Notes and loans receivable, net	NONE	7	NON
	Inventories for sale or use	NONE	8	NON
¢ 9	Prepaid expenses and deferred charges	NONE	9	NON
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
k	Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities SEE SCHEDULE .O	NONE	11	286,660,299.
12	Investments - other securities. See Part IV, line 11	140,934,308.	12	64,409,286.
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	500,000
16	Total assets. Add lines 1 through 15 (must equal line 33)	141,067,042.	16	351,661,665.
17	Accounts payable and accrued expenses	19,038.	17	30,866
18	Grants payable	NONE	18	NON
19	Deferred revenue	NONE	19	NON
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
g 22	Loans and other 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	NONE		NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26	Total liabilities. Add lines 17 through 25	19,038.	26	30,866
202	Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions.		28	
27 28	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	141,048,004.	29	351,630,799.
	Paid-in or capital surplus, or land, building, or equipment fund	NONE		NON
2 31	Retained earnings, endowment, accumulated income, or other funds	NONE		NON
32	Total net assets or fund balances	141,048,004.	32	351,630,799.
33	Total liabilities and net assets/fund balances	141,067,042.	33	351,661,665.

Form 990 (2021)

	90 (2021)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	30	9,6	71,	<u>160</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	2,9	39,	<u>133</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	23	6,7	32,	027.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	1,0	48,	004.
5	Net unrealized gains (losses) on investments	5	-2	6,1	49,	<u>232</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	35	1,6	30,	<u>799</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.	•••	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .	••	3b		
				Form	990	(2021)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

BERGER ACTION FUND INC	20-8948868						
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 four	ndation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion					
	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

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).

Schedule B (Form 990) (2021)

Name of organization

20-8948868 BERGER ACTION FUND INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 1 NA Person Payroll Х NA \$ 278,920,776. Noncash (Complete Part II for NA, DC 00000 noncash contributions.) (b) (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 2 ΝΑ Х Person Payroll \$ 30,266. NA Noncash (Complete Part II for NA, DC 00000 noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

JSA

Employer identification number

me of orga			lentification number
ortil	BERGER ACTION FUND INC.		-8948868
art II	Noncash Property (see instructions). Use duplicate copies		
(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
		\$	

-	(Form 990) (2021)			Page 4		
Name of or	•			Employer identification number		
	BERGER ACTION FUND IN			20-8948868		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Pari e year. (Enter this in	one contributor. One contributor. One contributor. One contributor of the total of formation once. So	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee		
_						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a		Relationship of transferor to transferee			

SCHEE	DULE D
(Form	990)

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.

2 **Open to Public**

\$

Schedule D (Form 990) 2021

►

OMB No. 1545-0047

Depar	tment of the Treasury		Attach to Form 99	0.		Open to Public
··· ·· ·· ·· ·· ·· ·· ·· ·· ··		/Form990 for instructions	and the latest inforr		Inspection	
Name	of the organization				Employer identificat	ion number
BER	GER ACTION FU				20-89488	68
Par		tions Maintaining Donor Advi			r Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 6.		
			(a) Donor advis	sed funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor	advisors in writing th	at the assets held	in donor advised	
-	-	nization's property, subject to the	-			Yes No
6	•	ion inform all grantees, donors, a		•		
	-	e purposes and not for the benef				
		nissible private benefit?				Yes No
Pai		tion Easements.				
i ai		e if the organization answered	"Yes" on Form 990.	Part IV. line 7.		
1		servation easements held by the				
•		n of land for public use (for example	•		of a historically imp	ortant land area
		of natural habitat			of a certified histor	
		n of open space				
2		through 2d if the organization he	eld a qualified conserva	ation contribution ir	the form of a cons	ervation
2		last day of the tax year.				End of the Tax Year
•		onservation easements			2a	
a h					2b	
b	-	tricted by conservation easements			20 2c	
C L		vation easements on a certified			20	
d		rvation easements included in (c	, ,		24	
•		isted in the National Register			2d	
		rvation easements modified, trai	nsierred, released, ext	nguisned, or term	inated by the orga	nization during the
	tax year ►					
		where property subject to conse			······	
5		ation have a written policy reg				
_		orcement of the conservation eas				└── Yes └── No
6	Staff and volunteer	hours devoted to monitoring, inspe	ecting, handling of viola	tions, and enforcing	conservation easeme	ents during the year
	•					
7	Amount of expens	ses incurred in monitoring, inspect	ting, handling of violatio	ns, and enforcing c	conservation easeme	ents during the year
	▶\$					
8		vation easement reported on line 2				
	and section 170(h)(4)(B)(ii)?				└── Yes └── No
9		be how the organization reports			•	
		d include, if applicable, the text of		ganization's financ	cial statements that c	lescribes the
		counting for conservation easeme			0	
Pai		tions Maintaining Collections			er Similar Assets.	
		e if the organization answered				
	of art, historical	n elected, as permitted under FA treasures, or other similar asset Part XIII the text of the footnote	ts held for public exh	ibition, education,	or research in fur	alance sheet works therance of public
b	art, historical trea	n elected, as permitted under FA sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition			
		ded on Form 990, Part VIII, line 1			▶ \$	
		ed in Form 990, Part X				
		n received or held works of a				
	-	s required to be reported under F				gain, provide the
		on Form 990, Part VIII, line 1.			► \$	

b

Assets included in Form 990, Part X....

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

Sche	lule D (Form 990) 2021					Page 2
Ра	rt III Organizations Maintaining Co	lections of Art, Histo	rical Treasures, or	Other Similar As	sets (continued)	
3	Using the organization's acquisition, acc	ession, and other recor	ds, check any of the	e following that ma	ake significant use	of its
	collection items (check all that apply):	_	7			
а	Public exhibition	d	Loan or exchange			
b	Scholarly research	e	Other			
С	Preservation for future generations					_
4	Provide a description of the organization	's collections and expla	ain how they further	the organization's	exempt purpose in	Part
-						
5	During the year, did the organization solic					
Po	assets to be sold to raise funds rather than rt IV Escrow and Custodial Arrange	-	nt of the organization	s collection?	Yes	No
Гa	Complete if the organization ar		m 990 Part IV line	9 or reported an	amount on Form	
	990, Part X, line 21.			o, or reported an		
1a	Is the organization an agent, trustee, cu	stodian or other interm	ediary for contributi	ions or other asset	ts not	
	included on Form 990, Part X?		-		Yes	No
b	If "Yes," explain the arrangement in Part 2	KIII and complete the fo	lowing table:		··· 🖵 🗠	
				ŀ	Amount	
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year		1e			
f	Ending balance		1f			_
	Did the organization include an amount or					_ No
	If "Yes," explain the arrangement in Part 2	(III. Check here if the ex	planation has been p	rovided on Part XIII	<u></u>	
Ра	t V Endowment Funds.					
	Complete if the organization ar					
		Current year (b) Prio	r year (c) Two year	rs back (d) Three yea	ars back (e) Four years	s back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
t	Administrative expenses					
g	End of year balance			hold oo;		
2 a	Provide the estimated percentage of the of Board designated or quasi-endowment	%	e (line rg, column (a))	neid as:		
b	Permanent endowment > %					
С	Term endowment %					
	The percentages on lines 2a, 2b, and 2c	should equal 100%.				
3a	Are there endowment funds not in the pos	-	tion that are held an	d administered for th	he	
	organization by:				Yes	No
	(i) Unrelated organizations				3a(i)	
	(ii) Related organizations				3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga	nizations listed as require	ed on Schedule R?		3b	
4	Describe in Part XIII the intended uses of		wment funds.			
Ра	rt VI Land, Buildings, and Equipmer Complete if the organization a	it. nswered "Yes" on For	m 990 Part IV line	11a See Form 9	990 Part X line 10	ו
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value	
4 -		(investment)	(other)	depreciation		
1a ⊾	Land					
b	Buildings					
с С	Leasehold improvements					
d	Equipment					
	Other		X. column (B), line 10)c.)		

Schedule D (Form 990) 2021

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) MORGAN STANLEY - GOVT SECURITI 64,409,286 FMV (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 64,409,286 Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on 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 the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedu	ıle D (Form 990) 2021		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
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.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
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:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b	1	
c	Other losses		
d	Other (Describe in Part XIII.) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Department of the Treasury		-	ttach to Form 990		,		Open to Public	
Internal Revenue Service	► Go	to www.irs.gov	//Form990 for the	latest informatio	۱.		Inspection	
Name of the organization						Employer identificat	ion number	
BERGER ACTION FUND INC.						20-8948868		
Part I General Information on Grants a								
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proceed. 	ants or assistance edures for more	ce? nitoring the use	of grant funds in th	e United States.			X Yes No	
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-			•		es" on Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) SEE ATTACHED SCHEDULE								
PO BOX 53241 WASHINGTON, DC 20009			72,712,763.				PRO-CONSERVATION AND	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations	•	•					·	

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
i					
art IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any otl	her additional

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

2021 Open to Public Inspection

Name of the organization

Employer identification number

20	- 8	9	48	28	б	R

Par	I I I I I I I I I I I I I I I I I I I							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
3 10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
40	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►() Other ►() Other ►() Other ►() Other ►()							
29	Number of Forms 8283 received	by the orga	anization during the tax y	ear for contributions for				
	which the organization completed F				29			
	C .		, j				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least th	nree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	-			-	30a		Х
b	If "Yes," describe the arrangement i		0.1					
31	Does the organization have a		ance policy that require	es the review of anv	nonstandard			
	contributions?			-		31		Х
32a	Does the organization hire or use							[
4	contributions?		•			32a		х
h	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked			
	describe in Part II.				, 15 011001000,			

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

JSA

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

CONFLICT OF INTEREST

BERGER ACTION FUND INC.

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

POLICY" ANNUALY.

REIMBURSEMENT AGREEMENT

THE BERGER ACTION FUND HAS ENTERED INTO A REIMBURSEMENT AGREEMENT WITH

ANOTHER ORGANIZATION, WHICH CHARGES THE BERGER ACTION FUND FOR ITS

PROPORTIONATE SHARE OF OFFICE SPACE, EMPLOYEE SERVICES AND ADMINISTRATIVE

EXPENSES AND FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS.

Schedule O (Form 990 or 990-EZ) 2021	Page 2
Name of the organization	Employer identification number
BERGER ACTION FUND INC.	20-8948868

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

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

JSA

Schedule O (Form 990 or 990-EZ) 2021				Page 2
Name of the organization		Employer identifi	ication number	
BERGER ACTION FUND INC.		20-89488	368	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES				
DESCRIPTION	ENDING BOOK VA)ST R FMV	
MORGAN STANLEY - STOCKS OWNED	286,660	,299.		
TOTALS	286,660	,299.		
	==========	=====		

SCHED	DULE D
(Form	1041)

Capital Gains and Losses ► Attach to Form 1041, Form 5227, or Form 990-T. m 8949 to list your transactions for lines 1b. 2, 3, 8b. 9 and 10.

OMB No. 1545-0092

Department of the Treasury	Use Form 8949 to list y		lines 1b, 2, 3, 8b, 9 a			2021		
Internal Revenue Service	Go to www.irs.gov/F1	041 for instructions	and the latest informa		a ati a n			
BERGER ACTION	FIND INC			Employer identification number 20-8948868 Yes X I				
	investment(s) in a qualified opportun	ity fund during the ta	ax vear?					
	949 and see its instructions for additi			in or loss.				
	need to complete only Parts I and II.							
	Capital Gains and Losses - Gen	erally Assets Hel	d One Year or Les	ss (see instruc	tions	5)		
the lines below.	v to figure the amounts to enter on r to complete if you round off cents	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with		
to whole dollars.	·····	· · /	· · · ·	line 2, column	(g)	column (g)		
1099-B for which b which you have no However, if you ch	term transactions reported on Form asis was reported to the IRS and for adjustments (see instructions). oose to report all these transactions ve this line blank and go to line 1b.							
	actions reported on Form(s) 8949	78,196,432.	48,140,479.			30,055,953		
with Box B checke	actions reported on Form(s) 8949							
	actions reported on Form(s) 8949							
5 Net short-term ga	l gain or (loss) from Forms 4684, 62 ain or (loss) from partnerships, S corp al loss carryover. Enter the amour	porations, and other	estates or trusts		4 5			
Carryover Worksh 7 Net short-term of	neet. capital gain or (loss). Combine line	s 1a through 6 in	column (h). Enter	here and on	6	(
Part II Long-Term	3) on the back Capital Gains and Losses - Gen	erally Assets Hel	d More Than One	Vear (see inst	7	<u>30,055,953</u>		
	v to figure the amounts to enter on	(d)	(e)	(g) Adjustments	5	(h) Gain or (loss) Subtract column (e) from column (d) and		
This form may be easier to whole dollars.	r to complete if you round off cents	Proceeds (sales price)	Cost (or other basis)			column (g)		
1099-B for which b which you have no However, if you ch	erm transactions reported on Form asis was reported to the IRS and for adjustments (see instructions). oose to report all these transactions ve this line blank and go to line 8b.							
	actions reported on Form(s) 8949 d							
	actions reported on Form(s) 8949 d							
with Box F checke	actions reported on Form(s) 8949							
U 1	l gain or (loss) from Forms 2439, 46				11			
	n or (loss) from partnerships, S corp				12			
	butions				13 14			
15 Long-term capita	I loss carryover. Enter the amount	t, if any, from line	14 of the 2020	Capital Loss	14	(
16 Net long-term ca	neet a pital gain or (loss). Combine lines (3) on the back	8a through 15 in	column (h). Enter	here and on	15			

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Sche	dule D (Form 1041) 2021					Page 2
Pa	rt III Summary of Parts I and II		(1) Beneficiaries'	(2) Est	tate's	(2) Tatal
	Caution: Read the instructions before completing this part	t.	(see instr.)	or tru	ist's	(3) Total
17	Net short-term gain or (loss)	17				30,055,953.
18	Net long-term gain or (loss):					
	· · · · · · · · · · · · · · · · · · ·	18a				
b	Unrecaptured section 1250 gain (see line 18 of the worksheet.)	8b				
С		18c				
19 Not		19	!!- A (F 000 T)	Davit I livea	4-) 15	30,055,953.
(2),	: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or are net gains, go to Part V, and don't complete Part IV. If line 19, column	(3),	is a net loss, comple	ete Part I, III e	4a). II and tl	he Capital Loss Carryover
Worl	rsheet, as necessary.					
	t IV Capital Loss Limitation					
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, lin The loss on line 19, column (3) or b \$3,000				20	(
Note	b: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, patent Loss Carryover Worksheet in the instructions to figure your capital loss carryover	age	1, line 23 (or Form 99	0-T, Part I,		1), is a loss, complete the
			· · · ·			
	t V Tax Computation Using Maximum Capital Gains Rates					
	n 1041 filers. Complete this part only if both lines 18a and 19 in colune is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more			mount is e	entere	d in Part I or Part II and
	tion: Skip this part and complete the Schedule D Tax Worksheet in the ins					
	ither line 18b, col. (2), or line 18c, col. (2), is more than zero, or	51140				
	oth Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, o	or				
• TI	here are amounts on lines 4e and 4g of Form 4952.					
	n 990-T trusts. Complete this part only if both lines 18a and 19 are gain					
	T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and	l con	plete the Schedule	D Tax Wo	orksh	eet in the instructions if
eitne	er line 18b, col. (2) or line 18c, col. (2) is more than zero.					
21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, I	line1	1) 21			
22	Enter the smaller of line 18a or 19 in column (2)					
	but not less than zero		_			
23	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified					
24	dividends included in income in Part I of Form 990-T) . 23 Add lines 22 and 23					
24 25	If the estate or trust is filing Form 4952, enter the					
ZJ	amount from line 4g; otherwise, enter -0 > 25					
26	Subtract line 25 from line 24. If zero or less, enter -0-		26			
27	Subtract line 26 from line 21. If zero or less, enter -0-		27			
28	Enter the smaller of the amount on line 21 or \$2,700		28			
29	Enter the smaller of the amount on line 27 or line 28		29			
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is ta	axed	at 0%	►	30	
31	Enter the smaller of line 21 or line 26		31			
32	Subtract line 30 from line 26	• •	32			
33	Enter the smaller of line 21 or \$13,250					
34	Add lines 27 and 30					
35	Subtract line 34 from line 33. If zero or less, enter -0-					
36	Enter the smaller of line 32 or line 35				07	
37	Multiply line 36 by 15% (0.15)			►	37	
38	Enter the amount from line 31					
39 40	Add lines 30 and 36					
40 41	Subtract line 39 from line 38. If zero or less, enter -0				41	
41 42	Figure the tax on the amount on line 27. Use the 2021 Tax Rate Schedule for Es					
-12	and Trusts (see the Schedule G instructions in the instructions for Form 1041).					
43	Add lines 37, 41, and 42.					
44	Figure the tax on the amount on line 21. Use the 2021 Tax Rate Schedule for Es					
-	and Trusts (see the Schedule G instructions in the instructions for Form 1041).					
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 he			Schedule		
	G, Part I, line 1a (or Form 990-T, Part II, line 2)				45	

Schedule D (Form 1041) 2021

orm 0343

F

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name(s) shown on return

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021 Attachment Sequence No. 12A

OMB No. 1545-0074

Social security number or taxpayer identification number

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

x (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an a enter a coo	any, to gain or loss. mount in column (g), de in column (f). rate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (sales price) and see Colum (Mo. day, yr.) (see instructions) in the separa	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
MORGAN STANLEY - SEE							
ATTACHED			47,568,999.00	44,862,539.00			2,706,460.00
MORGAN STANLEY - SEE							
ATTACHED			30,627,433.00	3,277,940.00			27,349,493.00
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C al	I here and inc is checked), lin	lude on your e 2 (if Box B	78,196,432.	48,140,479.			30,055,953.

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

Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2021JuriName:BERGER ACTION FUNDNoReturn No:E08597Q1

Jurisdiction: Federal No of Attachments: 3

PDF Attachment Description	PDF File Name	File Size
8453 Signature Document	E08597Q1_FE_2021 Form 8453 Signed.pdf	172,755
2021 Capital Gains	E08597Q1_FE_2021 Capital Gains.pdf	59,780
2021 Grants Paid Attachment	E08597Q1_FE_2021 Grants Paid Attachment.pdf	82,472

Form 8453-TE

1

Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No 1545-0047

For calendar year 2021, or tax year beginning 04/01/2021 and ending 03/31

-8948868

2022

Department of the Treasury	For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038	8-CP
Internal Revenue Service	Go to www.irs.gov/Form8453TE for the latest information.	
Name of filer	EI	N or SSN

Part I	Type of R	eturn an	d Return	Information
BERGER	ACTION	FUND	INC.	

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8039-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	Х	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	309671160.		
2a	Form 990-EZ check here ►		b Total revenue, if any (Form 990-EZ, line 9)	2b			
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b			
4a	Form 990-PF check here ►		b Taxed based on investment income (Form 990-PF, Part VI, line 5)	4b			
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	5b			
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	6b			
7a	Form 4720 check here >		b Total tax (Form 4720, Part III, line 1)	7b			
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	8b			
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b			
10a	Form 8039-CP check here >		b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b			
Par	Part II Declaration of Officer or Person Subject to Tax						

1a		I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
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b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that	X I am an officer of the above named entity or	I am the person subject to tax with resp	bect to
(name of entity)		, (EIN)	,

and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of

any refund.		
Sign	breck Jicken	02/03/2023
Here 🔽	Signature of officer or person subject to tax	Date

TREASURER Title, if applicable

Part III	Decl	aration o	f Electronic	Return	Originator	(FRO) =	and Paid	Prenarer	(see instri	(ctions)
Fallin		αιαιιστι σ		NELUIII	Unumator		מווע רמוע	FIEDALEL	366 11300	มษแบบเอเ

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use	ERO's signature	Date	Check if also paid preparer	Check if self employed	ERO's SSN or PTIN
	Firm's name (or yours if				EIN
Only	address, and ZIP code				Phone no.
Only	self-employed), address, and ZIP code				

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

0					, 0
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self employed	PTIN
Preparer Use Only	Firm's name 🕨	Firm's EIN 🕨			
	Firm's address 🕨	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Capital Gains 4/1/2021 through 3/31/2022

		4/1/20	2 i inrough 3/3	01/2022				
Account	Security	Symbol	Shares	Bought	Sold	Gross Proceeds	Cost Basis	Realized Gain/L
SHORT TERM								
Morgan Stanley	NESTLE SA CHAM ET VEVEY	NSRGF	46,947.000	1/28/2022	2/7/2022	6,045,746	5,958,784	86,963
Morgan Stanley	PACKAGING CORP AMER	PKG	36,738.000	1/28/2022	2/7/2022	2 5,417,539	5,347,216	70,323
Morgan Stanley	WABTEC CORP	WAB	15,038.000	1/28/2022	2/7/2022	2 1,314,057	1,321,539	-7,482
Morgan Stanley	GENERAL ELECTRIC CO	GE	193,027.0	1/28/2022	2/8/2022	2 19,139,431	17,777,787	7 1,361,644
Morgan Stanley	GENERAL ELECTRIC CO	GE	156,973.0	1/28/2022	2/9/2022	2 15,652,226	14,457,213	1,195,012
TOTAL SHORT TERM	1					47,568,999	44,862,539	2,706,460
LONG TERM								
Morgan Stanley	NOVOCURE LTD	NVCR	65,000.000	7/14/2013	7/15/202	1 11,818,234	944,710	10,873,524
Morgan Stanley	NOVOCURE LTD	NVCR	43,500.000	7/14/2013	9/30/2022	1 5,041,953	632,229	4,409,724
Morgan Stanley	NOVOCURE LTD	NVCR	12,000.000	7/14/2013	10/22/202	1 1,449,237	174,408	1,274,829
Morgan Stanley	NOVOCURE LTD	NVCR	5,036.000	7/14/2013	10/22/2022	1 608,196	73,193	535,003
Morgan Stanley	NOVOCURE LTD	NVCR	29,799.000	7/14/2013	10/25/2022	1 3,556,990	433,099	3,123,891
Morgan Stanley	NOVOCURE LTD	NVCR	70,201.000	7/14/2013	10/26/2022	1 8,152,823	1,020,301	7,132,521
TOTAL LONG TERM						30,627,433	3,277,940	27,349,493
OVERALL TOTAL						78,196,432	48,140,479	30,055,953

Grants Paid Schedule

Organization Name	Address	EIN	IRC Section	Amount	Purpose of Grant
Center For Popular Democracy	449 Troutman Street, Brooklyn, NY 11237	45-3860271	501(C)(4)	1,000,000	Pro-Conservation and Social Welfare Advocacy
Community Catalyst Action Fund, Inc.	One Federal Street, Boston, MA 02110	30-0687494	501(C)(4)	200,000	Pro-Conservation and Social Welfare Advocacy
Fund For A Better Future	555 Capital Mall, Sacramento, CA 95814	47-5419512	501(C)(4)	20,280,000	Pro-Conservation and Social Welfare Advocacy
Indivisible Project	P.O. Box 43884, Washington, DC 20010	81-4944067	501(C)(4)	665,000	Pro-Conservation and Social Welfare Advocacy
League Of Conservation Voters, Inc.	1920 L Street, NW, Washington, DC 20036	52-1733698	501(C)(4)	3,450,000	Pro-Conservation and Social Welfare Advocacy
Moms Rising Together	12011 Bel-Red Road, Bellevue, WA 98005	20-4448446	501(C)(4)	875,000	Pro-Conservation and Social Welfare Advocacy
National Redistricting Action Fund	1440 G Street, Washington, DC 20005	82-0738281	501(C)(4)	1,000,000	Pro-Conservation and Social Welfare Advocacy
Pine & Spruce	1015 15th Street, NW, Washington DC 20005	85-3035982		67,763	Pro-Conservation and Social Welfare Advocacy
Sixteen Thirty Fund	1201 Connecticut Avenue, NW, Washington, DC	26-4486735	501(C)(4)	42,450,000	Pro-Conservation and Social Welfare Advocacy
Western Conservation Action	1675 Larimer Street, Denver, CO 80202	20-8091495	501(C)(4)	325,000	Pro-Conservation and Social Welfare Advocacy
Working Families Organization, Inc.	77 Sands Street #6, Brooklyn, NY 11201	20-4994004	501(C)(4)	400,000	Pro-Conservation and Social Welfare Advocacy
WorkMoney Inc.	790 N. Milwaukee Street, Ste 300, Milwaukee WI 53202	85-0604101	501(C)(4)	2,000,000	Pro-Conservation and Social Welfare Advocacy

72,712,763