

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue ServiceUnder 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

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:		C Name of organization ACTION NOW, INC		D Employer identification number 45-4083809	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		E Telephone number 713-554-1349			
		F Name and address of principal officer: KELLI RHEE SAME AS C ABOVE		G Gross receipts \$ 11,013,735.	
				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
				H(c) Group exemption number	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				J Website: N/A	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				L Year of formation: 2011 M State of legal domicile: TX	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ACTION NOW INC. 'S PHILANTHROPIC WORK TACKLES SOME OF THE MOST PRESSING PROBLEMS IN THE UNITED			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	5	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,500,000. Current Year 10,950,000.		
	9 Program service revenue (Part VIII, line 2g)	0. 0.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,720. 63,735.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,577,720. 11,013,735.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,519,330. 10,877,253.		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.		
	b Total fundraising expenses (Part IX, column (D), line 25)	0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	219,445. 69,860.		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,738,775. 10,947,113.		
19 Revenue less expenses. Subtract line 18 from line 12	-161,055. 66,622.			
Net Assets or Fund Balances	Beginning of Current Year	End of Year		
	20 Total assets (Part X, line 16)	3,237,181. 3,303,803.		
	21 Total liabilities (Part X, line 26)	0. 0.		
	22 Net assets or fund balances. Subtract line 21 from line 20	3,237,181. 3,303,803.		

Part II Signature Block

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

Sign Here	Signature of officer ELIZABETH BANKS, TREASURER		Date	
	Type or print name and title			
Paid	Preparer's name JENNIFER BECKER HARRIS	Preparer's signature JENNIFER BECKER HARRIS	Date 05/09/25	Check <input type="checkbox"/> if self-employed PTIN P00183358
	Firm's name CLARK NUBER, PS	Firm's EIN 91-1194016		
Preparer	Firm's address 10900 NE 4TH STREET, SUITE 1400 BELLEVUE, WA 98004		Phone no. 425-454-4919	
May the IRS discuss this return with the preparer shown above? See instructions				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form 990 (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ACTION NOW INC.'S PHILANTHROPIC WORK TACKLES SOME OF THE MOST PRESSING PROBLEMS IN THE UNITED STATES. WE FOCUS ON CORRECTING SYSTEMIC FAILURES THROUGH EVIDENCE-BASED SOLUTIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the

prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,932,253, including grants of \$ 10,877,253,) (Revenue \$)

(Sec. _____) (Expenses \$ _____, _____, _____ including grants of \$ _____, _____, _____) (Revenue \$ _____, _____)
ACTION NOW, INC. INVESTS IN EVIDENCE-BASED SOLUTIONS THAT MAXIMIZE
OPPORTUNITY AND MINIMIZE INJUSTICE. ACTION NOW, INC. INVESTS IN
SUSTAINABLE CHANGE, BUILDING IT FROM THE GROUND UP BASED ON RESEARCH,
DEEP THINKING, AND A STRONG FOUNDATION OF EVIDENCE TO DRIVE PUBLIC
CONVERSATION, CRAFT POLICY, AND INSPIRE ACTION THROUGH EDUCATION AND
ADVOCACY.

4b (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,932,253.

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)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f 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)? <i>If "Yes," complete Schedule D, Part X</i> 	11a	X
11b	11b	X
11c	11c	X
11d	11d	X
11e	11e	X
11f	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14a	X
14b	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 for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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	X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
20b	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
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	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	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	
24d	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	X
25b	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):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash 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 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	X
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 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b	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	X
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 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 V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a	3	
1b	0	
1c		

Part 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	0
2b			
3a		X	
3b			
4a		X	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).	7c	
a	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?	7d	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7g	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9a	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9b	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	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.		
a	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.			
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	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	X
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	X
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.			

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 X

Section 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.			
1b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 direct 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 appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	9	X	
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			

Section 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	X
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	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?	15a	X
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?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	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?		
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?		

Section C. Disclosure

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) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records	ELIZABETH BANKS - 713-554-1349
	1717 WEST LOOP SOUTH, SUITE 1800, HOUSTON, TX 77027	

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)

Each organization lists each highly compensated employee (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related orga

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

Part VII

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

1b Subtotal

0. 0. 0.

c Total from continuation sheets to Part VII, Section A

0 . 0 . 0 .

d Total (add lines 1b and 1c)

0. | 0. | 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

0

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 10,950,000.				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f	10,950,000.				
Program Service Revenue	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		63,735.		63,735.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	(ii) Personal			
	b Less: rental expenses	6a				
	c Rental income or (loss)	6b				
	d Net rental income or (loss)	6c				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses	7a				
	c Gain or (loss)	7b				
d Net gain or (loss)	7c					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		11,013,735.	0.	0.	63,735.	

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

Do not include amounts reported on lines 6b, 7b, 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	10,877,253.	10,877,253.		
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):				
a Management				
b Legal	1,435.		1,435.	
c Accounting	13,425.		13,425.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	55,000.	55,000.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
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 O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,947,113.	10,932,253.	14,860.	0.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,109,924.	2	948,408.
	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 35% controlled entity or family member of any of these persons		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,127,257.	12	2,355,395.
	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)	3,237,181.	16	3,303,803.
Liabilities	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	
	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		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 Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	3,237,181.	31	3,303,803.
	32 Total net assets or fund balances	3,237,181.	32	3,303,803.
	33 Total liabilities and net assets/fund balances	3,237,181.	33	3,303,803.

Part XI Reconciliation of Net AssetsCheck 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	11,013,735.
2 Total expenses (must equal Part IX, column (A), line 25)	2	10,947,113.
3 Revenue less expenses. Subtract line 2 from line 1	3	66,622.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,237,181.
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	3,303,803.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MODIFIED CASH</u> If the organization changed its method of accounting from a prior year or checked "Other," explain 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 compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b 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 audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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?	3a	x
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2024)

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

ACTION NOW, INC

Employer identification number

45-4083809

Organization type (check one):

Filers of:

Form 990 or 990-EZ

 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 foundationCheck 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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

ACTION NOW, INC

Employer identification number

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		\$ 10,950,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)

Name of organization

ACTION NOW, INC

Employer identification number

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

ACTION NOW, INC

Employer identification number

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D

(Form 990)

(Rev. December 2024)

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

Open to Public
Inspection**Name of the organization**

ACTION NOW, INC

Employer identification number

45-4083809

Part I**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the

organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

\$ _____

(ii) Assets included in Form 990, Part X

\$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

\$ _____

b Assets included in Form 990, Part X

\$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
1b Contributions					
1c Net investment earnings, gains, and losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %
 b Permanent endowment _____ %
 c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements				
1d Equipment				
1e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CREDIT FACILITY	2,355,395.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,355,395.	

Part VIII Investments - Program Related.

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

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, line 25, col. (B))	

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

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.

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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
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 VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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 Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	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.

SCHEDULE I
(Form 990)

(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Name of the organization

ACTION NOW, INC

Employer identification number
45-4083809**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section (if applicable)	1 (d) Amount of cash grant	1 (e) Amount of noncash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of noncash assistance	1 (h) Purpose of grant or assistance
603 FORWARD PO BOX 676 CONCORD, NH 03302	83-2984780	501(C)(4)	10,000.	0.			TO SUPPORT GRANTEE'S PRO-HOUSING ADVOCACY EFFORTS.
AMERICAN POLICY VENTURES ACTION, INC. - 20 F STREET NORTHWEST - WASHINGTON, DC 20001	92-3136332	501(C)(4)	100,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
BE A HERO ACTION FUND 1328 FLORIDA AVENUE NORTHWEST WASHINGTON, DC 20009	84-3091866	501(C)(4)	220,000.	0.			TO SUPPORT GRANTEE'S EDUCATION AND ADVOCACY ON MEDICARE ADVANTAGE OVERPAYMENTS.
BEHAVIORAL INSIGHTS (US) INC. 1 DOCK 72 WAY, 7TH FLOOR BROOKLYN, NY 11205	37-1780718		99,850.	0.			TO SUPPORT THE DESIGN BY THE GRANTEE OF A COMMUNICATIONS-BASED INTERVENTION FOCUSED ON
BETTER LEADERS STRONGER FUTURE INC. - 3571 FAR WEST #3868 - AUSTIN, TX 78731	93-4192982	501(C)(4)	17,500.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
BIPARTISAN CLIMATE ACTION 712 H STREET NE PMB 36 WASHINGTON, DC 20002	87-3085231	501(C)(4)	250,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 41.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (Rev. 12-2024)

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
BIPARTISAN POLICY CENTER ACTION INC - 1225 I ST NW STE 900 - WASHINGTON, DC 20005	26-1299114	501(C)(4)	150,000.	0.			TO SUPPORT GRANTEE'S EFFORTS TO IMPROVE FEDERAL PERMITTING IN THE U.S.
BIPARTISAN POLICY CENTER ACTION INC - 1225 I ST NW STE 900 - WASHINGTON, DC 20005	26-1299114	501(C)(4)	63,961.	0.			TO CONDUCT ISSUE EDUCATION, INCLUDING ON THE HISTORY OF THE TAX CUTS AND JOBS ACT; POLICY
BOLDLY FORWARD COLORADO 3700 QUEBEC ST UNITY 100 PMB 133 DENVER, CO 80207	83-2448257		80,000.	0.			TO SUPPORT GRANTEE'S EDUCATION AND ADVOCACY ON HOUSING POLICY ISSUES IN COLORADO.
CITIZEN ACTION OF NEW JERSEY 744 BROAD ST STE 2080 NEWARK, NJ 07102	22-2395222	501(C)(4)	150,000.	0.			TO SUPPORT GRANTEE'S ADVOCACY AND IMPLEMENTATION OF THE PRESCRIPTION DRUG
CLEAN ENERGY BUYERS ASSOCIATION 1425 K STREET NORTHWEST SUITE 110 WASHINGTON, DC 20005	83-2935439	501(C)(6)	250,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
CLEANER ECONOMY COALITION, INC. 1500 K ST NW STE 850 WASHINGTON, DC 20005	99-2948277	501(C)(4)	150,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
COMMITTEE TO PROTECT HEALTH CARE 440 BURROUGHS STREET DETROIT, MI 48202	82-0596008	501(C)(4)	656,250.	0.			TO SUPPORT GRANTEE'S EDUCATION AND ADVOCACY ON SITE-NEUTRAL POLICY REFORM.
CONSERVATIVES FOR CRIMINAL JUSTICE INITIATIVE INC - 401 N BOYLAN AVE - RALEIGH, NC 27603	85-2868745	501(C)(4)	125,000.	0.			TO SUPPORT GRANTEE'S EDUCATION AND ADVOCACY SURROUNDING CRIMINAL JUSTICE REFORM IN NORTH
CONTINUUM HEALTH GROUP LLC 1341 G STREET NW WASHINGTON, DC 20005	87-1900205		101,919.	0.			TO SUPPORT EDUCATION AND ISSUE ADVOCACY TO IMPROVE THE USE OF REAL-WORLD EVIDENCE, TRANSPARENCY IN

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
DUE PROCESS INSTITUTE 700 PENNSYLVANIA AVENUE SE #560 WASHINGTON, DC 20003	82-4145852	501(C)(4)	500,000.	0.			TO SUPPORT GRANTEE'S EDUCATION AND ADVOCACY SURROUNDING SENTENCING AND PRISON REFORM.
FAIRVOTE ACTION FUND 6930 CARROLL AVE TAKOMA PARK, MD 20912	38-3650370	501(C)(4)	400,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.
FAMILIES USA ACTION 1225 NEW YORK AVE NW STE 800 WASHINGTON, DC 20005	52-1632583	501(C)(4)	700,000.	0.			TO SUPPORT GRANTEE'S EDUCATIONAL CAMPAIGN AROUND ENACTING HOSPITAL SITE NEUTRAL PAYMENT
FAMILIES USA ACTION 1225 NEW YORK AVE NW STE 800 WASHINGTON, DC 20005	52-1632583	501(C)(4)	400,000.	0.			TO CONTINUE TO DRIVE AND PROTECT EFFECTIVE IMPLEMENTATION OF THE FEDERAL SURPRISE BILLING
FARELLA BRAUN + MARTEL LLP 235 MONTGOMERY STREET, 18TH FLOOR SAN FRANCISCO, CA 94104	94-1527242		500,608.	0.			TO SUPPORT RESEARCH ON ANTICOMPETITIVE CONDUCT IN THE HEALTHCARE INDUSTRY.
IDAHO CONTRACEPTIVE EDUCATION NETWORK - 168 NORTH 9TH STREET SUITE 200 - BOISE, ID 83702	99-0535006	501(C)(4)	103,000.	0.			TO SUPPORT ISSUE AND EDUCATIONAL ADVOCACY RELATED TO SUPPORTING REPRODUCTIVE HEALTH AND
ILLINOIS PRISON PROJECT ACTION FUND - 52 W JACKSON BLVD SUITE 452 - CHICAGO, IL 60604	92-2106980	501(C)(4)	125,000.	0.			TO SUPPORT ISSUE AND EDUCATIONAL ADVOCACY TO SAFELY REDUCE EXCESSIVE AND UNNECESSARY
INSTITUTE OF EVIDENCE-BASED POLICYMAKING - 191 UNIVERSITY BOULEVARD, SUITE 968 - DENVER, CO 80206	93-4339482	501(C)(3)	100,000.	0.			TO SUPPORT EDUCATIONAL AND ISSUE ADVOCACY ACTIVITIES RELATED TO DEMOCRACY REFORM AND
JUSTICE FORWARD VIRGINIA 2611 FRANKLIN ROAD ARLINGTON, VA 22201	85-1651223	501(C)(4)	75,000.	0.			TO SUPPORT ADVOCACY TO PROMOTE CRIMINAL JUSTICE REFORM IN VIRGINIA.

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
MARYLAND CITIZENS HEALTH INITIATIVE INC - 2600 SAINT PAUL ST - BALTIMORE, MD 21218	52-2208746	501(C)(4)	337,500.	0.			TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES RELATED TO THE PRESCRIPTION DRUG
MICHIGAN HEALTH PURCHASERS COALITION - 41650 GARDENBROOK RD STE 175 - NOVI, MI 48375	93-3744148	501(C)(4)	225,000.	0.			TO SUPPORT EDUCATION AND ISSUE ADVOCACY ACTIVITIES RELATED TO POLICY REFORM IN MICHIGAN TO ADDRESS
NATIONAL TAXPAYERS UNION 122 C STREET NW SUITE 700 WASHINGTON, DC 20001	52-1009116	501(C)(4)	75,000.	0.			TO SUPPORT GRANTEE'S EDUCATION AND ADVOCACY SURROUNDING THE TAX RELIEF FOR AMERICAN
NATIONAL TAXPAYERS UNION 122 C STREET NW SUITE 700 WASHINGTON, DC 20001	52-1009116	501(C)(4)	277,965.	0.			TO SUPPORT EDUCATION AND DISCUSSIONS ON CAPITOL HILL ABOUT EXPIRING TAX PROVISIONS IN THE NEXT
NEW YORK BIRTH CONTROL ACTION FUND PO BOX 110897 BROOKLYN, NY 11211	84-3505548	501(C)(4)	100,000.	0.			TO SUPPORT ADVOCACY CAMPAIGN TO CATALYZE IMPLEMENTATION OF PHARMACIST PRESCRIBED
OTHRAM, INC. 2829 TECHNOLOGY FOREST BLVD, STE. 1 THE WOODLANDS, TX 77381	83-1835867		290,000.	0.			TO CONDUCT A PILOT STUDY TO DETERMINE IF FOCUSED COMMUNITY OUTREACH AND SUBSIDIZED DNA TESTING
PATIENTS FOR AFFORDABLE DRUGS NOW 1120 20TH STREET NORTHWEST, SUITE 5 WASHINGTON, DC 20036	82-3044855	501(C)(4)	100,000.	0.			TO SUPPORT CAMPAIGN FOR PASSAGE OF BIPARTISAN PATENT COMPETITION BILLS.
PELICAN ACTION, INC. 400 POYDRAS STREET SUITE 900 NEW ORLEANS, LA 70130	46-3690842	501(C)(4)	25,000.	0.			TO SUPPORT GRANTEE'S GRASSROOTS ADVOCACY EFFORTS TO ADVANCE DATA-DRIVEN PUBLIC SAFETY
PRODUCCIONES EL RASTRO LLC 1825 PONCE DE LEON CORAL GABLES, FL 33134	82-0791262		75,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT.

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
REBUILD THE DREAM 436 14TH ST STE 920 OAKLAND, CA 94612	90-0741275	501(C)(4)	60,000.	0.			TO SUPPORT LEGISLATIVE ADVOCACY IN KENTUCKY AND ARIZONA TO MINIMIZE INJUSTICE.
SECURING AMERICA'S FUTURE ENERGY ALLIANCE - 1111 19TH ST NW STE 406 - WASHINGTON, DC 20036	20-1728102	501(C)(4)	200,000.	0.			TO SUPPORT GRANTEE'S PERMITTING REFORM EFFORTS AND THE ENERGY SECURITY LEADERSHIP COUNCIL.
TAKE ACTION MINNESOTA 705 RAYMOND AVE STE 100 SAINT PAUL, MN 55114	20-3338691	501(C)(4)	100,000.	0.			TO IMPLEMENT MINNESOTA'S PRESCRIPTION DRUG AFFORDABILITY BOARD AND ONGOING ADVOCACY AROUND
THE MARKET INSTITUTE LLC 10150 MARSHALL POND RD BURKE, VA 22015	27-1335352	501(C)(4)	600,000.	0.			TO SUPPORT GRANTEE'S EDUCATION AND ADVOCACY SURROUNDING SITE-NEUTRAL PRICING POLICIES.
UNITED STATES OF CARE ACTION 2776 S ARLINGTON MILL DRIVE SUITE 5 ARLINGTON, VA 22206	86-1861283	501(C)(4)	252,000.	0.			TO COORDINATE AND ADVOCATE FOR POLICY OR ADMINISTRATIVE SOLUTIONS ADDRESSING HOSPITAL COSTS
UNITED STATES PUBLIC INTEREST RESEARCH GROUP, INC. - 1543 WAZEE ST. SUITE 460 - DENVER, CO 80202	04-2790740	501(C)(4)	225,000.	0.			TO SUPPORT POLICIES THAT LIMIT PATENT ABUSES AND ANTICOMPETITIVE BEHAVIORS AND OPPOSING POLICIES
UNITED STATES PUBLIC INTEREST RESEARCH GROUP, INC. - 1543 WAZEE ST. SUITE 460 - DENVER, CO 80202	04-2790740	501(C)(4)	15,000.	0.			TO SUPPORT A PROGRAM THAT WILL CONNECT GRANTEE'S MEMBERS DIRECTLY TO CONGRESSIONAL OFFICES TO
VSV LEADERSHIP LLC 1312 17TH STREET, UNIT 2183 DENVER, CO 80202	88-1150533		72,700.	0.			TO SUPPORT A TWO-DAY CONVENING WITH THOUGHT LEADERS TO DISCUSS CRIMINAL JUSTICE.
WELCOMING NEIGHBORS NETWORK 275 SEVENTH AVE. NEW YORK, NY 10001	99-4813080	501(C)(4)	2519000.	0.			TO SUPPORT GRANTEE'S ADVOCACY EFFORTS TO REMOVE REGULATORY BARRIERS TO EXPAND THE

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 noncash assistance

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

THE GRANT MONITORING PROCESS INCLUDES EXECUTING A GRANT AGREEMENT AS WELL AS FOLLOW-UP COMMUNICATION/CONFIRMATION, TYPICALLY THROUGH THE SUBMISSION OF GRANT REPORTS, THAT ALL FUNDS GRANTED HAVE BEEN OR WILL BE USED FOR THE ORIGINAL PURPOSE OR PROGRAM FOR WHICH THEY WERE GRANTED. IF ACTION NOW, INC. WERE TO RECEIVE INFORMATION INDICATING THAT A DIVERSION OF GRANT FUNDS HAD TAKEN PLACE, ACTION NOW, INC. WOULD REVIEW THE INFORMATION AND INVESTIGATE IF APPROPRIATE. IF ACTION NOW, INC. WERE TO DETERMINE THAT A DIVERSION OCCURRED, IT WOULD TAKE ANY APPROPRIATE STEPS TO OBTAIN REPAYMENT AND WOULD REQUIRE THE GRANTEE TO MAKE ANY NEEDED CHANGES BEFORE MAKING FUTURE GRANTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BEHAVIORAL INSIGHTS (US) INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DESIGN BY THE GRANTEE OF A COMMUNICATIONS-BASED INTERVENTION FOCUSED ON ASSISTING VICTIMS OF INTIMATE PARTNER VIOLENCE THROUGHOUT COURT PROCEEDINGS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BIPARTISAN POLICY CENTER ACTION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT ISSUE EDUCATION,

INCLUDING ON THE HISTORY OF THE TAX CUTS AND JOBS ACT, POLICY DEVELOPMENT

DISCUSSIONS, AND CONGRESSIONAL AND STAKEHOLDER ENGAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: CITIZEN ACTION OF NEW JERSEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GRANTEE'S ADVOCACY AND

IMPLEMENTATION OF THE PRESCRIPTION DRUG AFFORDABILITY COUNCIL.

NAME OF ORGANIZATION OR GOVERNMENT:

CONSERVATIVES FOR CRIMINAL JUSTICE INITIATIVE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GRANTEE'S EDUCATION AND

ADVOCACY SURROUNDING CRIMINAL JUSTICE REFORM IN NORTH CAROLINA.

NAME OF ORGANIZATION OR GOVERNMENT: CONTINUUM HEALTH GROUP LLC

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

ADVOCACY TO IMPROVE THE USE OF REAL-WORLD EVIDENCE, TRANSPARENCY IN

CLINICAL TRIAL DATA, AND THE U.S. FOOD AND DRUG ADMINISTRATION'S EVIDENCE

STANDARDS.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES USA ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GRANTEE'S EDUCATIONAL

CAMPAIGN AROUND ENACTING HOSPITAL SITE NEUTRAL PAYMENT POLICIES,

INCLUDING CRACKING DOWN ON ABUSIVE FACILITY FEES.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES USA ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE TO DRIVE AND PROTECT

EFFECTIVE IMPLEMENTATION OF THE FEDERAL SURPRISE BILLING LAW.

NAME OF ORGANIZATION OR GOVERNMENT: IDAHO CONTRACEPTIVE EDUCATION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ISSUE AND EDUCATIONAL

ADVOCACY RELATED TO SUPPORTING REPRODUCTIVE HEALTH AND ENSURING ACCESS TO

BIRTH CONTROL IN IDAHO.

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS PRISON PROJECT ACTION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ISSUE AND EDUCATIONAL

ADVOCACY TO SAFELY REDUCE EXCESSIVE AND UNNECESSARY INCARCERATION.

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE OF EVIDENCE-BASED POLICYMAKING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATIONAL AND ISSUE

ADVOCACY ACTIVITIES RELATED TO DEMOCRACY REFORM AND POLICYMAKING IN

COLORADO.

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.

NAME OF ORGANIZATION OR GOVERNMENT: MICHIGAN HEALTH PURCHASERS COALITION

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

ADVOCACY ACTIVITIES RELATED TO POLICY REFORM IN MICHIGAN TO ADDRESS HIGH

AND RISING HEALTH CARE COSTS.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL TAXPAYERS UNION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GRANTEE'S EDUCATION AND ADVOCACY SURROUNDING THE TAX RELIEF FOR AMERICAN FAMILIES AND WORKERS ACT OF 2024.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL TAXPAYERS UNION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATION AND DISCUSSIONS ON CAPITOL HILL ABOUT EXPIRING TAX PROVISIONS IN THE NEXT CONGRESS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK BIRTH CONTROL ACTION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ADVOCACY CAMPAIGN TO CATALYZE IMPLEMENTATION OF PHARMACIST PRESCRIBED BIRTH CONTROL IN NEW YORK.

NAME OF ORGANIZATION OR GOVERNMENT: OTHRAM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT A PILOT STUDY TO DETERMINE IF FOCUSED COMMUNITY OUTREACH AND SUBSIDIZED DNA TESTING FOR UNDERREPRESENTED POPULATIONS IN THE GREATER HOUSTON AREA CAN INCREASE THE DIVERSITY OF GENETIC GENEALOGY DATABASES, THEREBY IMPROVING THE EFFECTIVENESS OF FORENSIC GENETIC INVESTIGATIONS AND PUBLIC SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: PELICAN ACTION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GRANTEE'S GRASSROOTS ADVOCACY EFFORTS TO ADVANCE DATA-DRIVEN PUBLIC SAFETY POLICY.

NAME OF ORGANIZATION OR GOVERNMENT: TAKE ACTION MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT MINNESOTA'S PRESCRIPTION DRUG AFFORDABILITY BOARD AND ONGOING ADVOCACY AROUND AFFORDABLE DRUG PRICES.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED STATES OF CARE ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COORDINATE AND ADVOCATE FOR POLICY OR ADMINISTRATIVE SOLUTIONS ADDRESSING HOSPITAL COSTS AND OVERALL HEALTH SYSTEM SPENDING.

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED STATES PUBLIC INTEREST RESEARCH GROUP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT POLICIES THAT LIMIT PATENT ABUSES AND ANTICOMPETITIVE BEHAVIORS AND OPPOSING POLICIES THAT COULD EXACERBATE THESE ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED STATES PUBLIC INTEREST RESEARCH GROUP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A PROGRAM THAT WILL CONNECT GRANTEE'S MEMBERS DIRECTLY TO CONGRESSIONAL OFFICES TO DISCUSS PATENT BILLS.

NAME OF ORGANIZATION OR GOVERNMENT: WELCOMING NEIGHBORS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GRANTEE'S ADVOCACY EFFORTS TO REMOVE REGULATORY BARRIERS TO EXPAND THE SUPPLY OF HOUSING ACROSS A DIVERSE ARRAY OF STATES AND MUNICIPALITIES.

**SCHEDULE O
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ACTION NOW, INC

Employer identification number

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 I, LINE 6

THE NUMBER OF VOLUNTEERS IS EQUAL TO THE TOTAL NUMBER OF UNPAID BOARD
DIRECTORS AND OFFICERS OF ACTION NOW INC.

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,
AND ANY NEW TRANSACTIONS THAT MAY PRESENT A CONFLICT ARE CONSIDERED. 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 MANNER.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO MEMBERS OF THE PUBLIC UPON
REQUEST.

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.

Name of the organization

ACTION NOW, INC

Employer identification number
45-4083809

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

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

Schedule R (Form 990) (Rev. 1-2025)

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
HOFFER CO-INVEST LP - 46-3412190, 2100 MCKINNEY	RELATED PARTY INVESTMENT	TX	N/A	N/A	N/A	N/A	X	N/A	X	N/A	N/A
AVENUE, SUITE 1500, DALLAS, TX 75201											
WEST STREET REIP TAX EXEMPT L.P. - 85-4341932, 30 HUDSON	RELATED PARTY INVESTMENT	NJ	N/A	N/A	N/A	N/A	X	N/A	X	N/A	N/A
STREET, UNIT 7535 TAX DEPT, JERSEY CITY, NJ 07302-4600											
WEST STREET CAPITAL PARTNERS	RELATED PARTY INVESTMENT	NJ	N/A	N/A	N/A	N/A	X	N/A	X	N/A	N/A
VIII PARALLEL, L.P. - 85-3597658, 30 HUDSON STREET, 38TH FLOOR, JERSEY CITY, NJ											
BLUE OWL REAL ESTATE MARITIME	RELATED PARTY INVESTMENT	IL	N/A	N/A	N/A	N/A	X	N/A	X	N/A	N/A
OPPORTUNITY FUND LP - 87-4000377, 30 N LASALLE											
STREET, SUITE 4140, CHICAGO,											

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ARNOLD VENTURES INC. - 37-1906348	PHILANTHROPIC MANAGEMENT	TX	N/A	C CORP	N/A	N/A	N/A	X	
1717 WEST LOOP SOUTH, SUITE 1800									
HOUSTON, TX 77027-3048	RELATED PARTY INVESTMENT	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
GS HORIZON ENVIRONMENTAL & CLIMATE SOLUTIONS LP - 00-0000000, P.O. BOX 309, UGLAND HOUSE, GRAND CAYMAN, GRAND CAYMAN, CAYMAN ISLANDS									

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
EOC PARTNERS FUND - C LP - 88-1166885, 1717 WEST LOOP SOUTH, SUITE 1800, HOUSTON, TX 77027	RELATED PARTY INVESTMENT	TX	N/A	N/A	N/A	N/A	X	N/A	X	N/A	N/A
BTOF (JUNO FEEDER)(CYM) L.P. - 98-1617767, C/O BLACKSTONE GROUP, 345 PARK AVE, NEW YORK, NY 10154											

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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, or capital contribution to related organization(s)
- 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)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this 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 involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

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 PARTNERS VIII PARALLEL, L.P.

EIN: 85-3597658

30 HUDSON STREET, 38TH FLOOR

JERSEY CITY, NJ 07302-4600

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

BLUE OWL REAL ESTATE MARITIME OPPORTUNITY FUND LP

EIN: 87-4000377

30 N LASALLE STREET, SUITE 4140

CHICAGO, IL 60602

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

GS HORIZON ENVIRONMENTAL & CLIMATE SOLUTIONS LP

EIN: 00-0000000

P.O. BOX 309, UGLAND HOUSE

GRAND CAYMAN, GRAND CAYMAN, CAYMAN ISLANDS KY1-1104