### **Return of Organization Exempt From Income Tax**

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

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

<u> </u>	≠For 1	the 2017 calen	dar year, or tax year beginning and ending			
8	Chec	k if applicable	C Name of organization Action Now Initiative		D Emplo	yer identification number
	Addre	ess change	Doing business as		45-40	83809
$\equiv$	Name	change	Number and street (or P O box if mail is not delivered to street address)	oom/suite		one number
		•	1717 West Loop South 1	800	(713)	554-1936
	Final re	etum/terminated	City or town, state or province, country, and ZIP or foreign postal code			•
	Amer	nded return	Houston, TX 77027		G Gross	receipts \$ 5 , 652 , 142 .
三	Applica	iton pending	F Name and address of principal officer Ashley Hanna	H(a) is	this a group re	eturn for subordinates? Yes X No
			1717 West Loop South Ste. 1800 Houston, TX 77	7027 , H(b) A	re all subord	dinates included? Yes No
1 1	ax-exe	empt status	501(c)(3)	<del></del> .	"No," attach	a e list (see instructions)
_			://www.actionnowinitiative.org/		Group exemp	ation number
		f organization		of formation 2011	м	State of legal domicile TX
	art l	Summa	irv V		-	
	_		be the organization's mission or most significant activities			
a	-	Organi	ze and support advocacy efforts aime	d at infor	ming	and educating
Governance			blic at large, particularly in the ar			
-Ĕ-	2		in the organization discontinued its operations or disposed of more			
Š	3		oting members of the governing body (Part VI, line 1a)	than 20% of its fiel at	3	3
G G	4		ndependent voting members of the governing body (Part VI, line 1b)		4	3
Sa	5		er of individuals employed in calendar year 2017 (Part V, line 2a)		. 5	0
Ě	ء ا		er of volunteers (estimate if necessary)		6	0
Activities &	7.		red business revenue from Part VIII, column (C), line 12		. 7a	0.
•	1		d business taxable income from Form 990 T, line 34		7b	0.
	<del>                                     </del>	11ct di li ciate	_RECEIVED	Prior Year	175	Current Year
	8	Contribution	s and grants (Part VIII, line 1h)	13,700,	000	5,650,000.
a	9		(0-4)/(0-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	13,700,	000.	3,030,000.
Ę		Investment	ncome (Part VIII, line 2g)		599.	2,142.
Revenue	10				399.	2,142.
œ	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and tre)	13,700,	500	5,652,142.
	12			12,333,		4,843,367.
	13		similar amounts paid (Part IX, column (A), lines 1-3)	12,333,	363.	4,043,301.
	14	•	d to or for members (Part IX, column (A), line 4)		+	
es	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)			
ŠŲ	1		I fundraising fees (Part IX, column (A), line 11e)			
Expenses	l		ising expenses (Part IX, column (D), line 25)	1,304,	400	745 692
ш	17	•	ses (Part IX, column (A), lines 11a-11d, 11f-24e)			745,682.
	18	•	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,638,		5,589,049.
_	19	Revenue les	s expenses Subtract line 18 from line 12		535.	63,093.
S OF		<b>-</b>		Beginning of Curre		End of Year
Net Assets Fund Baland	20		(Part X, line 16)	467,	POT .	530,694.
e de la	21		es (Part X, line 26)	4.67	601	E20 C04
			or fund balances Subtract line 21 from line 20	467,	1.100	530,694.
	art I		Ire Block	atatamanta and to the	hoot of my	knowledge and holief it is
	•		ry, I declare that I have examined this return, including accompanying schedules and pte. Declaration of preparer (other than officer) is based on all information of which p			knowledge and belief, it is
	e, 66/1		NULL HOUSE Content of the trial officer) is based on all minormation of which p	reparer has any knowle	age	
S	ign	• ——	e of officer	l Date		4
	ere		tshiry Hanna, President		5.1	14.18
•••			orint name and title			<u> </u>
_			t/Type preparer's name Preparer's signature	Date / J	Check	Y if PTIN
	aid	Howa	ard Scholnik Howard Scholnik	$\frac{1}{5}$ Date $\frac{13}{18}$	Self-em	P01064967
	repa					47-5028428
U	se C	,	address > 8203 E. Sierra Pinta Drive	i i	one no	., 5020420
		I	stsdale, AZ 85255	•		24-0974
Ma	the !		nis return with the preparer shown above? (see instructions)	1(0	<u> </u>	Yes No
ivid	, uic i	no macuas n	no rotati vital trio proparer energii above. (acc illast dettella)	<del></del>		

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Form 990 (2017)

## BIRD

Form 990 (2017) Action Now Initiative 45-4083809 Page 3 Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 Revenue Procedure 98-19? If "Yes." complete Schedule C X 5 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 X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X. 7 ~ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," R complete Schedule D. Part III . X Я 9 Did the organization report arn 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 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a 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? If "Yes," complete Schedule D, Part VII . . . . . . . . . 11b X c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more X 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . X 11e 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. X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 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 X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 

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

18

19

X

X

X

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Form 990 (2017) Action Now Initiative

Part IV Checklist of Required Schedules (continued)

20a Dit the organization operate one ir more hospital facilities? "Five," complete Schedule II 20b II "Nes," to live 20a, of the organization states accopy of its audied financial statements to this return? 21b Did the organization report more than \$5,000 of grants or other assistance to any demestic organization or domestic government on Part IX, column (A), line 1° II "Yes," complete Schedule I, Parts I and II 21	•			Yes	No
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), in 17 III "Ness" complete Schedule I. Parts I and III 1 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 III "Ness" complete Schedule I. Parts I and III .  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 27 III "Ness" complete Schedule I. Parts I and III .  23 Did the organization raws at assessment bond sause with an outstanding principal amount of more than \$100,000 as of the last stop of the year. It that was issued after December 31, 2002 III "Ness" answer lines 240 through 24d and complete Schedule III "No." go to line 25a 24a Did the organization maintain an escrive account of the through 24d and complete Schedule III "No." go to line 25a 24a Did the organization maintain an escrive account of the through 24d and complete Schedule III "No." go to line 25a 24a Did the organization maintain an escrive account of the through 24d and complete Schedule III "No." go to line 25a 24a Did the organization maintain an escrive account of the through 24d and complete Schedule III "No." go to line 25a 24a 24a 24a 24a 24a 24a 24a 24a 24a 24	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
domestic government on Part IX, column (A), line 17 if 17'es, "complete Schedule I. Parts I and II.   X   X   Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 17'es 10 Part IVI, Section A, line 3, 4, or 5 about compensation of the organizations answer "17'es 10 Part IVI, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, fundees, key employees, and highest compensated engiplyees? If "Yes," complete Schedule J   X   24 a Did the organization have a text-exempt bond suse with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24 and complete Schedule J   To to line 25a   X   b Did the organization mixest any proceeds of lax-exempt bonds beyond a temporary period exception"   24b     c Did the organization mixest any answer of the than a reflict and exemption of the complete and a section according section 4 any time during the year   24c     d Did the organization makes and an according according section 4 any time during the year   24c     d Did the organization and are and an according according section 4 any time during the year   24d     d Did the organization and are an an one brief of insister for bonds adstanding at any time during the year   24d     d Did the organization and an according and the properties Schedule I. Part         d Sister transaction his not been reported on any of the organization engage 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 prior 6 990-EZ?     d Yes, "Complete Schedule I. Part I	b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, couring (A) in E2 of Yes, "complete Schedule I, Part I and III".  23 Dd the organization answer "Yes" to Part VII, Section A, Iline 3, 4, or 5 about compensation of the organization with the part I in the	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A.), line 2? II "Yes," complete Schedule I. Parts I and III.  Did the organization naiver." "ives" to Part IVI, Section A, Inc. 9.4, or 3 bout compensation of the organization's current and former officers, directors, fusites, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 X.  24a Did the organization nave at sue-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/ines 24b through 724 and complete Schedule K II "No." jo to line 25a.  Did the organization mixest any proceeds of fase-exempt bonds beyond a temporary period exception."  24d Did the organization mixest any an an action waccurrent their than a refunding escrow at any time during the year.  Lo didease any tax-exempt bonds?  Lo didease any tax-exempt b		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Dut the organization aniswer "Yes" to Part VII, Section A. Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, fusiteses, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Dut 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 seud after December 31, 2002? If "Yes," answer lines 246 through 24d and complete Schedule K. If "No." go to line 25a.  24a	22	· · · · · · · · · · · · · · · · · · ·			
organization's current and former officers, directors, fursities, key employees, and highest compensated employees? If Yes's, complete Schedule J.  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's, "answer lines 246 through 24d and complete Schedule IA If Yos', 7go to line 28 a			22		X
employees? If "Yes," complete Schedule J 24 a Dd 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 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year  25d Dd the organization maintain an escrow account other than a refunding escrow at any time during the year  26d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year  27d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year  28d Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  28d 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 person in a prior year, and that the transaction has not been reported on any of the organization person in a prior year, and that the transaction has not been reported on any of the organization proper any and in the transaction of prior the prior of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent of former offices, directors, fusices, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II I I I I I I I I I I I I I I I I I	23				
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through 24d and complete Schedule K if "No." go to him 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization minimation an escrow account other than a refunding escrow at any time during the year  Lo defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24d  Did the organization bonds?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes." complete Schedule L, Part I .  25a  X  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? if "Yes." complete Schedule L, Part I i.  25b  X  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustes, key employees, highest compensated employees, or disqualified persons? if "Yes." complete Schedule L. Part II i.  26	24 a	- · · · · · · · · · · · · · · · · · · ·			
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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.  25b 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 pror Forms 990 or 990-E2?  If "Yes," complete Schedule L, Part I.  25b If the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, ingliest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M,  31 Did the organization receive contributions of art, histonal treasures, or other smilar assets, or qualified conservation contributions? If "Yes," complete Schedule M,  31 Did the organization or sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.	·	, , , , , , , , , , , , , , , , , , , ,	24.		
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.  25a 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-E2? If "Yes," complete Schedule L. Part I. 25b X.  25a Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II. 26 X.  25b Zib Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III. 27 X.  25c Zib		·			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			240		<u> </u>
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 980 or 990-E2?  If "Yes," complete Schedule L, Part I .  25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified person's" If "Yes," complete Schedule L, Part II .  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV .  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28 A current or former officer, director, furstee, or key employee? If "Yes," complete Schedule L, Part IV .  28 A rentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV .  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV .  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV .  20 Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II. Part II .  20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II. Part II .  31 Did the organization on N 100% of an en	200		250		<b>.</b>
year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I.  25b X  26 Old the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 26  27 Did the organization proude a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28  28 C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 20  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 20  20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 20  21 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29  22 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29  23 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. 29  24 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, 20  25 Did the organ	h		ZJa		
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Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>J</b>		24	v	
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-chantable related organization? If "Yes,", complete Schedule R, Part V, line 2  36 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 in Schedule O for Part VI, lines 11b and	35 a				Y
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			33a		
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  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			35h		
related organization? If "Yes,", complete Schedule R, Part V, line 2	36		200		
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		·	36		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37	-			
Part VI		· · · · · · · · · · · · · · · · · · ·			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		x
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
		19? Note. All Form 990 filers are required to complete Schedule O	38		X

Form 99	Q(2017) Action Now Initiative 45-40	838	09 F	age 5
Part \				
	Check if Schedule O contains a response or note to any line in this Part V			
•			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	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)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6 a	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 chantable contributions?	_6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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			
	sponsonng organization have excess business holdings at any time during the year?.	_8_		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	Į l		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	ļ		
12 a	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	]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	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	ļ		
С	Enter the amount of reserves on hand	<u> </u>		
14 a	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 in Schedule O

45-4083809 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . . . . . 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . . . . . 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? X . . . . . 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 6 7 a 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? . X b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? . . . . . . **b** Each committee with authority to act on behalf of the governing body? . X 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Nο 10 a Did the organization have local chapters, branches, or affiliates? . . 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 11 a 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 in Schedule O the process, if any, used by the organization to review this Form 990 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a X **b** Other officers or key employees of the organization . 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X 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 List the states with which a copy of this Form 990 is required to be filed 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Another's website X Upon request Own website Other (explain in Schedule O) 19 Describe in 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 (713) 554-1959

Rizwan Lakhani 1717 West Loop South Houston, TX 77027

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

	macpenaent contractors			
•	Check if Schedule O contains a response or note to any line in this Part VII	 	 [	Ī

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 instructions for definintion 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons

Check this box if neither the organization n	or any rela	ted or	rgar	ııza	tion	com	oen	sated any curre	ent officer, direc	tor, or trustee.
		(C)					1			
(A)	(B)			Posi	tion			(D)	(E)	(F)
Name and Title	Average	(do n	ot ch	eck ı	nore	than o	ne	Reportable	Reportable	Estimated
	hours per	box, ı	ınles	s pe	rson	ıs both	an	compensation from	compensation from related	amount of
	week (list any hours for				recto	or/truste	-	the	organizations	other compensation
	related	or d	Inst	Officer	Ke)	em,	For	organization	(W-2/1099-MISC)	from the
	organizations	Individual or director	tutio	ଜ୍	em	hest	Former	(W-2/1099-MISC)		organization
	below dotted line)	tor tr	onal	ŀ	Key employee	e co				and related
	iirie)	Individual trustee or director	Institutional trustee		ee	npe				organizations
		ă	tee	}		Highest compensated employee				
			_			<u>e</u>	L			
(1) Bobles Horne	30									
(1) Ashley Hanna President	30	x		x						
(2) John Arnold	1			A						
(-) com Amora	<u>-</u>	x					i			
(3) Laura Arnold	1								<u> </u>	<del></del>
		X								
(4) Allen Gibson	1									
Secretary/Treasurer				X						
(5)										
							i			
(6)	ļ									
<u> </u>									<del></del>	
(8)	<del>-</del>			_		<u> </u>	$\vdash$		<del></del>	<del></del>
(0)										
(9)	<b></b>									<del></del>
			•	ł						
(10)										
(11)										-
(12)										
(40)	<u> </u>		<b> </b>	$\vdash$	<u> </u>		<u> </u>			
(13)									į	
77.			$\vdash$	$\vdash$	-		<u> </u>	<del></del> -		<del></del>
(14)	<b>-</b>									
		L		L						

Part VII Section A. Officers, Directors, Tru	ustees, Key	y Em	ploy			nd H	ghe	est Compensa	ited Employees	(continued	<u>"                                    </u>	
` (A)	(8)	İ		_ (0	•			(5)	<b>(E)</b>		/E\	
(A) Name and title	(B) Average	(do n		Posi eck i		than o	ne	(D) Reportable	(E) Reportable		(F) mated	
, <u>, , , , , , , , , , , , , , , , , , </u>	hours per	l '				ıs both		compensation	compensation from		ount of	
	week (list any hours for	Ottice			irecto	or/trust	ee)	from	related		ther	
	related	악	Ins	ਵੂ	ē,	en F	Fo	the organization	organizations (W-2/1099-MISC)	· ·	ensation	n
	organizations	idividual r director	trtute	Officer	em	ploy	Former	(W-2/1099-MISC)	,	_	nızatıor	
	below dotted line)	or tor	onal		Key employee	ိ ရ					related uzation	
	"""	ıstee	Institutional trustee		8	Highest compensated employee				0.94.		
		"	æ			sate						
(15)	-	-										
		1						<u> </u>				
(16)												
7												
(17)				ŀ								
(18)			_	┝	⊨		=					
(10)												
(19)												
						<u> </u>						
(20)												
(04)			Ш	_	ļ	ļ						
(21)												
(22)	ļ					-						
(,												
(23)				<u> </u>								
(24)									İ			
(25)												
(25)												
1b Sub-total							┢					
c Total from continuation sheets to Pa							$\blacktriangleright$					
	<u> </u>						▶					
2 Total number of individuals (including l	_		tho	se l	ıste	d abo	ve)	who received	more than \$100,	000 of		
reportable compensation from the orga	inization >	'						_				
3 Did the organization list any former office	er director	or tr	uete	امد	<b>,</b>	ampl	OVA	e or highest of	omnensated		Yes	No
employee on line 1a? If "Yes," complete										3		X
4 For any individual listed on line 1a, is the											<b>†</b>	<u> </u>
organization and related organizations gi											1	
individual										4		Х
5 Did any person listed on line 1a receive of												
for services rendered to the organization	? If "Yes,"	comp	lete	Sci	hed	ule J	for :	such person .	<u> </u>	. 5		X
Section B. Independent Contractors  1 Complete this table for your five highest	compensat	ed inc	tene	and	ent :	contr:	acto	ors that receive	d more than \$10	0.000.00	<del></del>	
compensation from the organization. Retax year												
(A)								(B)		(0		
Name and business address NWP Consulting 105 S Main St Ste. 332 Sec	attle, WA	98104					Pro	Description of ogram consu		Comper 1 2		32.
	_,										<u>, , , , , , , , , , , , , , , , , , , </u>	<u>. J                                   </u>
									,			
	,	1 -					بَــا					
2 Total number of independent contractors received more than \$100,000 of compen							se li: <b>1</b>	sted above) wh	10			

		Check if Schedule O contain	s a response or n	ote 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
ম ম	1a	Federated campaigns	1		<u> </u>	<del> </del>		
ran un	ı		<del></del>	<del></del>	1			
, G	ı	Fundraising events			1			:
ifts ar A	ď	Related organizations		<del></del>	1	<b>.</b>		
mig.	e	Government grants (contribut		1	-			
ion Si	f	All other contributions, gifts, g						
but	`	and similar amounts not include	1	5 650 000				
it o	g	Noncash contributions include						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		· · · · · · · · · · · · · · · · · · ·	5,650,000.			
				Business Code				<del></del>
Revenue	2a							-
Re√	b							<del>                                     </del>
8	c				*			İ
Ser	d							
E E	e							
Program Service	f	All other program service reve	enue					
ď	g	Total. Add lines 2a-2f					·	
	3	Investment income (including						
		and other similar amounts)			2,142.	2,142.		
	4	Income from investment of tax	c-exempt bond pro	ceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross rents			]			
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7a	Gross amount from sales of	(ı) Secunties	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses			1			1
		Gain or (loss) · · ·		1	ļ	· · · · · · · · · · · · · · · · · · ·		
	d	Net gain or (loss)		<u> </u>				
ne								
en	8a	Gross income from fundraisin	g					
Rev		events (not including \$		1				
Other Reven		of contributions reported on lir			,	1		
otto		See Part IV, line 18			-			
		Less direct expenses		DI		-		· · · · · · · · · · · · · · · · · · ·
		Net income or (loss) from fund			<del> </del>			
	9а	Gross income from gaming ac						
		See Part IV, line 19			1			}
		Less direct expenses		•				<u> </u>
		. , ,	-					· · ·
	iva	Gross sales of inventory, less returns and allowances		.				
	<b>.</b>	Less cost of goods sold			1			
		Net income or (loss) from sale		D		·		
		Miscellaneous Revenue		Business Code				<del></del>
	11a				<u> </u>	<u> </u>		<u> </u>
	b				1			
	C					-		1
	d	All other revenue				<u> </u>		<del> </del>
		Total. Add lines 11a-11d						
	12	Total revenue. See instruction			5,652,142.	2,142.		1

# Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to ar	<del></del>			<b>X</b>
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and 1	0b of Part VIII.	, our expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations			-	
	and domestic governments See Part IV, line 21	4,843,367.	4,843,367.		
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			ļ	
	401(k) and 403(b) employer contributions)				. · · · · ·
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management		,,		
b	Legal	113,391.		113,391.	
С	Accounting	2,500.		2,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	602,480.	602,480.		
12	Advertising and promotion				
13	Office expenses	10,728.		10,728.	- <del> </del>
14	Information technology				
15	Royalties				
16	Occupanc <b>y</b>				
17	Travel	10,384.	10,384.		
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 in line 24e. If line 24e amount				
	exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O)				
а					
b					
С					
d					
е	All other expenses	6,199.			
25	Total functional expenses. Add lines 1 through 24e	5,589,049.		126,619.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation Check				
	here ▶ ☐ If following SOP 98-2 (ASC 958-720)				
_					

## Part X Balance Sheet

1		(A)		(B)
1		Beginning of year		End of year
	Cash — non-interest-bearing	467,601.	1	530,694
ı	Savings and temporary cash investments		2	
	Pledges and grants receivable, net		3	
	Accounts receivable, net	<del></del>	4	
	Loans and other receivables from current and former officers, directors, trustees, key employees,		<del>                                     </del>	
	and highest compensated employees Complete Part II of Schedule L	<del></del>	5	
6	Loans and other receivables from other disqualified persons (as defined under	<del></del>	<del>                                     </del>	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		l i	
1	employers and sponsoring organizations of section 501(c)(9) voluntary employees'		<b>!</b> !	
1	beneficiary organizations (see instructions)		!	
1			6	
7	•		7	
	Notes and loans receivable, net	<del>-</del> -	8	
	Inventories for sale or use	· ·	<del></del>	
	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment cost or		<b>,</b>	
١.	other basis Complete Part VI of Schedule D	<del></del>		
	Less accumulated depreciation	<del></del>	10c	<del></del> .
	Investments — publicly traded securities		11	
	Investments — other securities See Part IV, line 11		12	
	Investments — program-related See Part IV, line 11		13	
	Intangible assets		14	
1	Other assets See Part IV, line 11.		15	
	Total assets. Add lines 1 through 15 (must equal line 34)	467,601.	16	530,69
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue	<u> </u>	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 current and former officers, directors, trustees, key employees,	<u> </u>		
ĺ	highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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			
1	not included on lines 17-24) Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
	Organizations that follow SFAS 117 (ASC 958), check here   X and complete lines 27			
1	through 29, and lines 33 and 34.			
l .	Unrestricted net assets	467,601.	27	530,69
1	Temporarily restricted net assets		28	
1	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here	<del> </del>		<del></del>
	lines 30 through 34.			
I	Capital stock or trust principal, or current funds		30	
l	Paid-in or capital surplus, or land, building, or equipment fund		31	
ı	Retained earnings, endowment, accumulated income, or other funds		32	
ı	Total net assets or fund balances	467,601.	33	530,69
34	Total liabilities and net assets/fund balances	467,601.	34	530,69

3a

3b

Form 990 (2017)

If the organization changed either its oversight process or selection process during the tax year, explain in

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O

UYA

# SCHEDULE (Form 990)

Department of the Treasury internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, General Support General Support General Support General Support General Support General Support General Support General Support Employer identification number **%** □ (h) Purpose of grant or assistance 45-4083809 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 122. Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash (e) Amount of noncash assistance ▶ Attach to Form 990. 270,000 50,000 840,000 42,000 250,000 26,500 113,000 120,000 grant (c) IRC section (if applicable) 7272 Greenville Avenue Dallas, TX 7523113-5613797 501C3 501C4 501C4 501C4 91-6186093 501C3 954 W. Washington St. Chicago, IL 6060726-2757523 501C3 2433 North Kenmore Ave. Arlangton, VA 22207 46-1491204 501C3 527 General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 46-0558330 82-0992622 PO Box 19440 Minneapolis, MN 55419 01-0911420 38-3650370 (b) EIN (8) Innovation Reform Action P (1) American Heart Association Citizens for Responsible E (3) Coalition for Healthy Kids 5930 CARROLL AVE Ste 240 Takoma Park, MD 20912 (7) Illinois Public Health Ins (6) Foundation for Healthy Gen (4) FairVote Action Fund, Inc. Post Office Box 42307 Portland, OR 97242 419 Third Ave. W. Seattle, WA 98119 (a) Name and address of organization Massachusetts Ave NW Washington, DC 20001 Action Now Initiative (5) FairVote Minnesota or government Vame of the organization Part II Part 8

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

11505 Morning Ride Drive Potomac, MD 20854 81-4011501 501C3

(12) Patients for Affordable Dr

350 7TH AVE Ste. 2003 New York, NY 10001

(11) Open Primaries

255,000

236,000

47-1494685 501C4

611 Pennsylvania Ave SE Ste 330 Washington, DC 2000 47-4364748 501C4

(10) National Alliance for a Be

1310 Papin St Ste 203 Saint Louis, MO 63103

(9) Kipp St. Louis

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

Schedule I (Form 990) (2017)

General Support

50,000

01-0916759 501C3

60,000

General Support

General Support

General Support

Page 2 45-4083809

Schedule I (Form 990) (2017) records regarding the amounts of grants made to organizations, the status (f) Description of noncash assistance Action Now Initiative maintains records in its corporate and accounting Action Now Initiative requires all grantees to submit a year end report which summarizes how the grant funding was used and the accomplishments Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. of those organizations, and the approval of grants by the BOD (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant of the organization Part III can be duplicated if additional space is needed. (b) Number of recipients Schedule (Form 990) (2017) Action Now Initiative (a) Type of grant or assistance #2 Н Part S ~ က 4 9

**SCHEDULE 1** (Form 990)

Department of the Treasury nternal Revenue Service

Name of the organization

OMB No 1545-0047

Open to Public

Employer identification number

45-4083809

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Schedule I Part II Overflow Page 1
Grants and Other Assistance to Organizations,

**%** □ . ☐ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Action Now Initiative

Part I

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. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Part II

13   14   15   15   15   15   15   15   15	1 (a) Name and address of organization (b) EIN (c)	(b) EIN	(c) IRC section	IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description	(e) Amount of non-	(f) Method of valuation	(a) Description of	(h) Purpose of orant
501C4 1,233,700. 501C4 258,000. 527 51,757.  mizations listed in the line 1 table	or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
501C4 1,233,700.  501C4 258,000.  527 51,757.  mizations listed in the line 1 table						_		
527 51,757. 51,757. 61	88 South 3rd St. San Jose, CA 95113	47-4093255	501C4	1,233,700.		-		General Support
527 51,757. 51,757. 61	The Chamberlain							
527 51,757.	PO Box 2122 South Portland, ME 04116	47-2012900	501C4	258,000.				
527 51,757.								
Inizations listed in the line 1 table			527	51,757.		-		General Support
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unizations listed in the line 1 table						_		
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_		s listed in the line 1	table .			: - <del>- :</del> :		
	For Paperwork Reduction Act Notice, see the Instru	uctions for Form 99	0			-		Schodule I (Form 990) (2047)

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2017

Open to Public Inspection

Department of the T reasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number Action Now Initiative 45-4083809 Form 990 Part I Mission continued -education pension and criminal justice reform.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Action Now Initiative	45-4083809
Part VI Line 2	
Directors John and Laura Arnold are married.	
Part VI Line 11b	
Prior to filing a copy of the organization's ret	curn is provided to board
members for their review. Part VI Line 12c	
	the appeal BOD meeting
ANI enforces compliance with its COI policy at t	the annual BOD meeting
and as new transactions that may present a confl	ist are considered
Part VI Line 18	Let ale considered.
Upon written request a copy of Form 990 will be	provided.
Part IX Line 11g	
Strategy consulting Total expenses - \$602480 00 Program service expenses - \$602480 00 Mgmt and	general expenses - \$0 00 Fundralsing expenses - \$0 00
Part IX Line 24e	
Meals and dues Total expenses - \$6199 00 Program-service expenses - \$6199.00 Mgmt-and general-e	xpenses\$0 00 Fundraising expenses\$0-00
•	
	<del></del>
	•

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

2017

OMB No 1545-0047

45-4083809

(e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) (b) Primary activity Name, address, and EIN (if applicable) of disregarded entity Action Now Initiative Name of the organization Part I

		•		-				
	(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	96
(1)								
(2)								
(3)								1
(4)								
(5)								
(9)								
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.	lons. Complete if the fax year	the organization a	answered "Yes" c	] on Form 990, Рал	I IV, line 34, bec	cause it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	<u>6</u>
							Yes No	
(1) Laura	(1) Laura and John Arnold Foundation 1717 W LOOP South Ste 1800 Houston, TX 77027 26-3241764 Char.	TX Tritable Foundation	TX	50103	PF		×	
(2)								
(3)								
(4)								
(5)								
(9)								1
(7)								1
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedul	Schedule R (Form 990) 2017	2012
				-				

45-4083809 Page 2

Schedule R (Form 990) 2017 Action Now Initiative

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. Part III

(k) Percentage .0000 0000.0 0.000.0 0000.0 0000.0 0.000.0 0000.0 ownership (I) General or managing partner? Yes No amount in box 20 of Schedule K-1 (i) Code V - UBI (Form 1065) (h) Disproportionate allocations? ٥ Yes (g) Share of end-ofyear assets (f) Share of total псоте Predominant income (related, unrelated, excluded from tax under sections 512-514) (d) Direct controlling entity (c) Legal domicile (state or foreign country) (b)
Primary activity (a) Name, address, and EIN of related organization (3)  $\Xi$ 2 4 3 9 10

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. Part IV

(a) (b) (c) (d) (e) (f)	(a)	(3)	(p)	(e)	€	(a)	(£)	€	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (Coop, Soop, or frust)	Share of total income	Share of Percentage end-of-year assets ownership	Percentage ownership	Section 512(b)(13) controlled entity?	(b)(13) Ped ?
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(7)							0 000 0		
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Schedule R (Form 990) 2017

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2017 Action Now Initiative

45-4083809 Page 3

:	Yes	Ta X	1b X	1c   X	1d X	1e ×			L		į-	1k		1m X	-t	10 X			TS X	allegation allegatories.	(d) Method of determining amount involved						Schedule R (Form 990) 2017
on rorm seu, Par IV, line 34, 35b, of 36.	ed organizations listed in Parts II-IV?																		 and including covered relationships and tra		(c) Amount involved						
anization answered Tes	rnis schedule. following transactions with one or more related organizations listed in Parts II-IV?	m a controlled entity									ation(s)	nization(s)	ons for related organization(s).	ons by related organization(s).	th related organization(s)				or information on who mist complete this li		(b) Transaction type (a-s)						
ration in the organization answered organization answered the organization answered	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 trans	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>b</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)	Purchase of assets from related organizat	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).	1 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)	b Reimbursement paid to related organization(s) for expenses		s Other transfer of cash of 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	1	(a) Name of related organization	(1)	(2)	(3)	(4)	(5)	( <b>6</b> ) UYA

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

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

(a)	3	(3)	9 3	(9)	€	(ω)	3	(1)	•	[3
	· ·	· •		} <u>.</u>			<u> </u>		>	_
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all parmers section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Usproportonate allocations?	ate Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
			sections 512-514)	Yes No			Yes No	Τ.	Yes	
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(3)						-	_			0000
	1									0.000.0
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