

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: ACT FOR ALEXANDRIA
D Employer identification number: 26-4322369
E Telephone number: 703-739-7778
G Gross receipts \$: 10,704,271.
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: [X] 501(c)(3)
J Website: WWW.ACTFORALEXANDRIA.ORG
K Form of organization: [X] Corporation
L Year of formation: 2009
M State of legal domicile: VA

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... IMPROVES THE LIVES OF ALEXANDRIANS BY TURNING IDEAS INTO ACTION & RESOURCES INTO RESULTS. 2-7 Governance metrics. 8-12 Revenue (Total: 6,211,354). 13-19 Expenses (Total: 6,782,102). 20-22 Net Assets or Fund Balances (Total: 21,816,138).

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.

Signature of officer: HEATHER PEELER, PRESIDENT AND CEO
Date:
Print/Type preparer's name: JILL M. BOYLE, CPA
Preparer's signature: JILL M. BOYLE, CPA
Date: 11/07/24
Check if self-employed:
PTIN: P01246734
Firm's name: SIKICH LLC
Firm's EIN: 36-3168081
Firm's address: 333 JOHN CARLYLE STREET, SUITE 500, ALEXANDRIA, VA 22314
Phone no.: (703) 836-1350

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:
AMPLIFY THE WORK OF OUR COMMUNITY BY BRINGING PEOPLE AND RESOURCES TOGETHER.

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

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

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

4a (Code: ) (Expenses \$ 2,616,815. including grants of \$ 2,424,865. ) (Revenue \$ )
COMMUNITY INVESTMENT GRANTS:
GRANTS ARE AWARDED PRIMARILY THROUGH DONOR ADVISED FUNDS. THESE UNRESTRICTED GRANTS ARE MADE TO NONPROFITS BASED ON RECOMMENDATIONS FROM FUND HOLDERS. APPROXIMATELY HALF OF THOSE GRANTS WENT TO SUPPORT CHARITABLE ORGANIZATIONS IN ALEXANDRIA, VA. IN ADDITION, ACT PROVIDES CAPACITY BUILDING GRANTS THAT STRENGTHEN AND SUPPORT NONPROFITS THAT SERVE PEOPLE WHO LIVE IN ALEXANDRIA.

4b (Code: ) (Expenses \$ 2,022,914. including grants of \$ 2,004,236. ) (Revenue \$ )
MANAGED FUNDS:
WITH THE SUPPORT FROM INDIVIDUALS, DONORS, LOCAL BUSINESSES, FOUNDATIONS, AND THE CITY OF ALEXANDRIA, ACT CONTINUES ITS INVESTMENT IN THE COMMUNITY THROUGH THE ALEXANDRIA RESILIENCE FUND, THE CHILDCARE WORKFORCE STABILIZATION AND COMMUNITY ACCESS & EMERGENCY SUPPORT PROGRAMS.

4c (Code: ) (Expenses \$ 1,034,741. including grants of \$ 57,946. ) (Revenue \$ )
CORE PROGRAMS:
ACT'S CORE PROGRAM ACTIVITIES SUPPORT NONPROFITS TO ENSURE THAT ALEXANDRIA'S NONPROFITS ARE STRONG AND EFFECTIVE; AMPLIFY COMMUNITY VOICE AND OPTIMIZE SYSTEMS FOR THOSE WHO HAVE BEEN HISTORICALLY EXCLUDED, AND SUPPORT ECONOMIC MOBILITY FOR LOW-INCOME ALEXANDRIANS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,674,470.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 28; 1b Enter the number of voting members included... 28; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... 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... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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? X; 16b 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, 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
THE ORGANIZATION - 703-739-7778
201 N UNION ST, STE 110, ALEXANDRIA, VA 22314

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                           | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
| (1) HEATHER PEELER<br>PRESIDENT & CEO           | 40.00   |   |                       | X       |              |                              | 230,751. | 0.  | 28,729.  |   |
| (2) BRANDI YEE<br>CHIEF PROGRAM OFFICER         | 40.00   |   |                       |         | X            |                              | 135,720. | 0.  | 16,811.  |   |
| (3) TRICIA RITCHIE<br>CHIEF DEVELOPMENT OFFICER | 40.00   |   |                       |         | X            |                              | 140,220. | 0.  | 7,577.   |   |
| (4) MAUREEN DEVINE-AHL<br>BOARD CHAIR           | 5.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (5) JOHN ARMSTRONG<br>BOARD SECRETARY           | 5.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (6) KAREN AVERY<br>BOARD VICE CHAIR             | 5.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (7) MARK JINKS<br>BOARD TREASURER               | 5.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (8) VIRGINIA BENNETT<br>BOARD MEMBER            | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (9) DAVID BAKER<br>BOARD MEMBER                 | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (10) JULIA BURGOS<br>BOARD MEMBER               | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (11) SCOTT DARLING<br>BOARD MEMBER              | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (12) JENNIFER FERRARA<br>BOARD MEMBER           | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (13) LAURIE FLYNN<br>BOARD MEMBER               | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (14) CHRISTIAN FOSTER<br>BOARD MEMBER           | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (15) LISA GUERNSEY<br>BOARD MEMBER              | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (16) CHARLES (CHUCK) HOLT<br>BOARD MEMBER       | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (17) BRYAN JACKSON<br>BOARD MEMBER              | 5.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) BASIM KHAN<br>BOARD MEMBER                                | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) JOE LAMOUNTAIN<br>BOARD MEMBER                            | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) STEPHANIE LANDRUM<br>BOARD MEMBER                         | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) BRIAN LUNDEEN<br>BOARD MEMBER                             | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) PETER MADIGAN<br>BOARD MEMBER                             | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) LISA MARTIN<br>BOARD MEMBER                               | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) PETER MCELWAIN<br>BOARD MEMBER                            | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) ERIK MUENDEL<br>BOARD MEMBER                              | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) PHYLLIS PATTERSON<br>BOARD MEMBER                         | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 506,691.  | 0.   | 53,117.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 506,691.  | 0.   | 53,117.   |

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 3

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**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.

| (A)<br>Name and business address                             | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| CAITLIN BROWN, 201 N UNION ST, STE 110, ALEXANDRIA, VA 22314 | YOUTH SUPPORT NETWORK MANAGER  | 125,581.            |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS



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

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) SUKUMAR RAO<br>BOARD MEMBER            | 5.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (28) BETSEY ROSENBAUM<br>BOARD MEMBER       | 5.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (29) AMY RUTHERFORD<br>BOARD MEMBER         | 5.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (30) ROBERT WHITTLE<br>BOARD MEMBER         | 5.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (31) ROSE DAWSON<br>BOARD MEMBER            | 5.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c ..... |   |  |                       |         |              |                              |        |  |   |   |

**Part VIII Statement of Revenue**

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

|  |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|--|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|  |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>            |                |                                    |                            |  |  |
|  | <b>b</b> Membership dues .....  | <b>1b</b>            |                |                                    |                            |  |  |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>            | 109,027.       |                                    |                            |  |  |
|  | <b>d</b> Related organizations .....  | <b>1d</b>            |                |                                    |                            |  |  |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>            | 2,160,430.     |                                    |                            |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 2,923,056.     |                                    |                            |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f .....                                | <b>1g</b>            | \$ 818,295.    |                                    |                            |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....   |                      | 5,192,513.     |                                    |                            |  |  |
| Program Service Revenue  | <b>2 a</b> _____  | <b>Business Code</b> |                |                                    |                            |  |  |
|  | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>d</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>e</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>f</b> All other program service revenue .....  |                      |                |                                    |                            |  |  |
|  | <b>g Total.</b> Add lines 2a-2f .....   |                      |                |                                    |                            |  |  |
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      | 779,801.       |                                    |                            | 779,801.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |                      |                |                                    |                            |  |  |
|  | <b>5</b> Royalties .....  |                      |                |                                    |                            |  |  |
|  | <b>6 a</b> Gross rents .....  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|  |   |                      | (ii) Personal  |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
|  | <b>b</b> Less: rental expenses ...  | <b>6b</b>            |                |                                    |                            |  |  |
|  | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|  | <b>d</b> Net rental income or (loss) .....  |                      |                |                                    |                            |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory .....                     | <b>7a</b>            | (i) Securities | 4,643,230.                         |                            |  |  |
|  |   |                      | (ii) Other     |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
|  | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 4,472,386.     |                                    |                            |  |  |
|  | <b>c</b> Gain or (loss) .....   | <b>7c</b>            | 170,844.       |                                    |                            |  |  |
|  | <b>d</b> Net gain or (loss) .....   |                      | 170,844.       |                                    |                            | 170,844.   |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 109,027. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                      | 57,372.        |                                    |                            |  |  |
|  |   |                      | 20,531.        |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....   | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....  |   | 36,841.              |                |                                    | 36,841.                    |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....   | <b>9a</b>   |                      |                |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....   | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....   |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....  | <b>10a</b>  |                      |                |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
|  |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....  | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....  |   |                      |                |                                    |                            |  |  |
| Miscellaneous Revenue  | <b>11 a</b> OTHER INCOME  | <b>Business Code</b> | 900099         | 31,355.                            |                            | 31,355.  |  |
|  | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|  | <b>d</b> All other revenue .....  |                      |                |                                    |                            |  |  |
|  | <b>e Total.</b> Add lines 11a-11d .....   |                      | 31,355.        |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....  |   | 6,211,354.           | 0.             | 0.                                 | 1018841.                   |  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 4,282,599.            | 4,282,599.                      |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....  | 204,448.              | 204,448.                        |  |                             |
| 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 .....   | 259,480.              | 90,374.                         | 65,990.                                | 103,116.                    |
| 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 .....   | 577,332.              | 201,078.                        | 146,825.                               | 229,429.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 24,522.               | 8,541.                          | 6,236.                                 | 9,745.                      |
| 9 Other employee benefits .....  | 40,117.               | 13,972.                         | 10,203.                                | 15,942.                     |
| 10 Payroll taxes .....   | 56,855.               | 19,802.                         | 14,459.                                | 22,594.                     |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  |                       |                                 |  |                             |
| c Accounting .....   | 88,620.               |                                 | 88,620.                                |                             |
| d Lobbying .....   | 1,800.                |                                 | 1,800.                                 |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees .....   | 53,985.               |                                 | 53,985.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 619,488.              | 502,531.                        | 40,413.                                | 76,544.                     |
| 12 Advertising and promotion .....   | 57,026.               | 27,297.                         | 13,648.                                | 16,081.                     |
| 13 Office expenses .....   | 11,164.               | 5,068.                          | 3,702.                                 | 2,394.                      |
| 14 Information technology .....  | 19,827.               | 13,994.                         | 3,644.                                 | 2,189.                      |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 27,134.               | 9,450.                          | 6,901.                                 | 10,783.                     |
| 17 Travel .....  | 21,887.               | 7,623.                          | 5,566.                                 | 8,698.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 318,331.              | 227,584.                        | 29,763.                                | 60,984.                     |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 2,155.                | 750.                            | 548.                                   | 857.                        |
| 23 Insurance .....   | 5,901.                |                                 | 5,901.                                 |                             |
| 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>SUBSCRIPTIONS</b>   | 51,758.               | 18,027.                         | 13,163.                                | 20,568.                     |
| b <b>EQUIPMENT MAINTENANCE</b>   | 34,998.               | 33,435.                         | 610.                                   | 953.                        |
| c <b>MISCELLANEOUS</b>   | 22,675.               | 7,897.                          | 5,767.                                 | 9,011.                      |
| d _____  |                       |                                 |  |                             |
| e All other expenses _____   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 6,782,102.            | 5,674,470.                      | 517,744.                               | 589,888.                    |
| <b>26 Joint costs.</b> 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)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 5,236,976.               | <b>1</b>    | 1,054,136.         |
|   | <b>2</b> Savings and temporary cash investments .....  | 38.                      | <b>2</b>    | 1,357,197.         |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>    | 269,830.           |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    |                    |
|   | <b>5</b> 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 ..... |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 100,631.                 | <b>9</b>    | 53,121.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 6,779.        |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 2,155.        | 6,779.      | <b>10c</b> 4,624.  |
|   | <b>11</b> Investments - publicly traded securities .....   | 16,290,948.              | <b>11</b>   | 18,652,186.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 579,484.                 | <b>12</b>   | 579,484.           |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 109,109.                 | <b>15</b>   | 53,775.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 22,323,965.  | <b>16</b>                | 22,024,353. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 69,735.                  | <b>17</b>   | 94,179.            |
|   | <b>18</b> Grants payable .....   | 47,434.                  | <b>18</b>   | 882.               |
|   | <b>19</b> Deferred revenue .....   | 1,341,688.               | <b>19</b>   | 53,838.            |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> 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 .....     |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|   | <b>25</b> 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 .....  | 114,017.                 | <b>25</b>   | 59,316.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1,572,874.               | <b>26</b>   | 208,215.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 20,200,820.              | <b>27</b>   | 21,205,309.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 550,271.                 | <b>28</b>   | 610,829.           |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 20,751,091.              | <b>32</b>   | 21,816,138.        |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 22,323,965.              | <b>33</b>   | 22,024,353.        |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 6,211,354.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 6,782,102.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -570,748.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 20,751,091. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 1,635,795.  |
| 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 | 21,816,138. |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| 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? _____   | 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 _____  | X   |    |

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

|  |  |
|--|--|
| <b>Name of the organization</b><br><p style="text-align: center;">ACT FOR ALEXANDRIA</p> | <b>Employer identification number</b><br><p style="text-align: center;">26-4322369</p> |
|--|--|

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020  | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|-----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 3144796. | 10280943. | 5545761. | 5916838. | 5192513. | 30080851. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |           |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |           |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  | 3144796. | 10280943. | 5545761. | 5916838. | 5192513. | 30080851. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |           |          |          |          | 1732722.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |           |          |          |          | 28348129. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020  | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total                |
|---|----------|-----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4  | 3144796. | 10280943. | 5545761. | 5916838. | 5192513. | 30080851.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 308,986. | 196,029.  | 343,056. | 333,489. | 779,801. | 1961361.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |          |           |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   | 3,679.   | 265,305.  | 333,221. | 184,212. | 68,196.  | 854,613.                 |
| <b>11 Total support.</b> Add lines 7 through 10   |          |           |          |          |          | 32896825.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   |          |           |          |          | 12       |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> |          |           |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))   | <b>14</b>                           | 86.17 % |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14  | <b>15</b>                           | 86.45 % |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | <input type="checkbox"/>            |         |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---|---|--|---|
| 1   | Distributable amount for 2023 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2023   |  |   |
| a   | From 2018   |  |   |
| b   | From 2019   |  |   |
| c   | From 2020   |  |   |
| d   | From 2021   |  |   |
| e   | From 2022   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2023 distributable amount  |  |   |
| i   | Carryover from 2018 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2023 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2023 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2019  |  |   |
| b   | Excess from 2020  |  |   |
| c   | Excess from 2021  |  |   |
| d   | Excess from 2022  |  |   |
| e   | Excess from 2023  |  |   |

Schedule A (Form 990) 2023

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER

2019 AMOUNT: \$ 3,679.

2020 AMOUNT: \$ 265,305.

2021 AMOUNT: \$ 333,221.

2022 AMOUNT: \$ 184,212.

2023 AMOUNT: \$ 68,196.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |   |
|---|---|
| Name of organization<br><b>ACT FOR ALEXANDRIA</b> | Employer identification number<br><b>26-4322369</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)   | (a) Filing organization's totals                   | (b) Affiliated group totals        |                     |                               |  |  |  |  |   |   |                    |              |  |  |
|--|--|------------------------------------|---------------------|-------------------------------|--|--|--|--|---|---|--------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | not over \$500,000, | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000, | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| not over \$500,000,  | 20% of the amount on line 1e.                      |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$500,000 but not over \$1,000,000,   | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$1,000,000 but not over \$1,500,000,   | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$1,500,000 but not over \$17,000,000,  | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$17,000,000,   | \$1,000,000.                                       |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No        |                     |                               |  |  |  |  |   |   |                    |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990) 2023

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....  |     | X  |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  |     | X  |        |
| <b>c</b> Media advertisements? .....  |     | X  |        |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     | X  |        |
| <b>e</b> Publications, or published or broadcast statements? .....  |     | X  |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   |     | X  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  |     | X  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  | X   |    | 1,800. |
| <b>i</b> Other activities? .....  |     | X  |        |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    | 1,800. |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....   |     | X  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|  |    |  |
|--|----|--|
| <b>1</b> Dues, assessments and similar amounts from members .....  | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |    |  |
| <b>a</b> Current year .....  | 2a |  |
| <b>b</b> Carryover from last year .....  | 2b |  |
| <b>c</b> Total .....   | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....   | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? ..... | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....   | 5  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

ACT PAID VAN SCOYOC ASSOCIATES FOR FEDERAL ADVOCACY AND LOBBYING EFFORTS AS PART OF A COLLABORATION WITH OTHER COMMUNITY FOUNDATIONS.



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **ACT FOR ALEXANDRIA** Employer identification number **26-4322369**

**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   | 112                     | 17                           |
| 2 Aggregate value of contributions to (during year)   | 1,673,420.              | 3,167,134.                   |
| 3 Aggregate value of grants from (during year)  | 2,424,865.              | 2,062,182.                   |
| 4 Aggregate value at end of year  | 18,935,150.             | 2,880,989.                   |
| 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 checked="" 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 checked="" 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 |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a   | 2c                              |
| 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 | 2d                              |

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?  Yes  No

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)?  Yes  No

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 \$ \_\_\_\_\_

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

Schedule D (Form 990) 2023

**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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| b Buildings   |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment   |                                      | 6,779.                          | 2,155.                       | 4,624.         |
| e Other   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 4,624.         |

**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)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |   |

**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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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) OPERATING LEASE LIABILITY   | 59,316.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 59,316.        |

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          | 7,908,471. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 1,635,795. |            |
| b | Donated services and use of facilities  | 2b | 94,776.    |            |
| c | Recoveries of prior year grants   | 2c |            |            |
| d | Other (Describe in Part XIII.)  | 2d | 20,531.    |            |
| e | Add lines 2a through 2d   | 2e |            | 1,751,102. |
| 3 | Subtract line 2e from line 1  | 3  |            | 6,157,369. |
| 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 | 53,985.    |            |
| b | Other (Describe in Part XIII.)  | 4b |            |            |
| c | Add lines 4a and 4b   | 4c |            | 53,985.    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |            | 6,211,354. |

**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       | 6,843,424. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |         |            |
| a | Donated services and use of facilities   | 2a | 94,776. |            |
| b | Prior year adjustments   | 2b |         |            |
| c | Other losses   | 2c |         |            |
| d | Other (Describe in Part XIII.)   | 2d | 20,531. |            |
| e | Add lines 2a through 2d  | 2e |         | 115,307.   |
| 3 | Subtract line 2e from line 1   | 3  |         | 6,728,117. |
| 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 | 53,985. |            |
| b | Other (Describe in Part XIII.)   | 4b |         |            |
| c | Add lines 4a and 4b  | 4c |         | 53,985.    |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |         | 6,782,102. |

**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.

**PART X, LINE 2:**

ACT IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON INCOME DERIVED FROM ACTIVITIES RELATED TO THEIR EXEMPT PURPOSE. ACT IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

ACT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THEIR TAX-EXEMPT STATUS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. GENERALLY, TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR UP TO THREE YEARS FROM THE DATE A COMPLETED RETURN IS FILED. IF MATERIAL OMISSIONS OF INCOME EXIST, TAX RETURNS MAY BE SUBJECT TO EXAMINATION FOR UP TO SIX YEARS. IT IS ACT'S POLICY TO DISCLOSE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN

**Part XIII** Supplemental Information *(continued)*

THE ACCOMPANYING FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2023, ACT HAD NO  
UNCERTAIN TAX POSITIONS WHICH SHOULD BE DISCLOSED. ACT IS NO LONGER  
SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR TAX  
YEARS PRIOR TO 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII 20,531.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII 20,531.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|--------------|------------------------|--|
|                 |  | SPRING2ACTIO<br>N<br>(event type)                           | (event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts  | 166,399.     |                        | 166,399.   |
|                 | 2  | Less: Contributions   | 109,027.     |                        | 109,027.   |
|                 | 3  | Gross income (line 1 minus line 2)                          | 57,372.      |                        | 57,372.  |
| Direct Expenses | 4  | Cash prizes   |              |                        |  |
|                 | 5  | Noncash prizes  |              |                        |  |
|                 | 6  | Rent/facility costs   |              |                        |  |
|                 | 7  | Food and beverages  |              |                        |  |
|                 | 8  | Entertainment   |              |                        |  |
|                 | 9  | Other direct expenses                                       | 20,531.      |                        | 20,531.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |              |                        | 20,531.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |              | 36,841.                |  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo             | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|--|-----------------------|---|---|---|
|                 |  | 1                     | Gross revenue   |   |   |
| Direct Expenses | 2  | Cash prizes           |   |   |   |
|                 | 3  | Noncash prizes        |   |   |   |
|                 | 4  | Rent/facility costs   |   |   |   |
|                 | 5  | Other direct expenses |   |   |   |
|                 | 6  | Volunteer labor       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |                       |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |                       |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**16 Gaming manager information:**

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17 Mandatory distributions:**

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**ACT FOR ALEXANDRIA**

**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  | (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 noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| ABRACADABRA CHILD DEVELOPMENT CENTER - 700 COMMONWEALTH AVE - ALEXANDRIA, VA 22301              | 54-0676342 | 501C3                           | 20,837.                  | 0.                               |   |                                       | PROGRAM SUPPORT                    |
| ACHS ATHLETICS<br>ATTN: JAMES PARKER, 3330 KING STREET<br>ALEXANDRIA, VA 22302                  | 54-6001106 | 501C3                           | 12,118.                  | 0.                               |   |                                       | PROGRAM SUPPORT                    |
| AFRICAN COMMUNITIES TOGETHER<br>1225 SOUTH CLARK STREET', SUITE 504<br>ARLINGTON, VA 22202      | 46-1689772 | 501C3                           | 51,000.                  | 0.                               |   |                                       | PROGRAM SUPPORT                    |
| AGUDAS ACHIM CONGREGATION OF<br>NORTHERN VIRGINIA - 2908 VALLEY<br>DRIVE - ALEXANDRIA, VA 22302 | 54-0581100 | 501C3                           | 24,186.                  | 0.                               |   |                                       | PROGRAM SUPPORT                    |
| ALDEN STREET FOUNDATION INC.<br>319 STANDISH DRIVE<br>SYRACUSE, NY 13224                        | 26-0161734 | 501C3                           | 15,000.                  | 0.                               |   |                                       | PROGRAM SUPPORT                    |
| ALEXANDRIA SEAFORT FOUNDATION<br>PO BOX 25036<br>ALEXANDRIA, VA 22313                           | 54-1208614 | 501C3                           | 68,000.                  | 0.                               |   |                                       | PROGRAM SUPPORT                    |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **133.**
- 3** Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2023

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |                                    |
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| ALEXANDRIA SOCCER ASSOCIATION, INC. - PO BOX 25996 - ALEXANDRIA, VA 22313  | 54-0902413 | 501C3                         | 13,500.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| ALEXANDRIA SYMPHONY ORCHESTRA 700 N FAIRFAX STREET, STE 501 ALEXANDRIA, VA 22314   | 54-0805937 | 501C3                         | 6,350.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| ALEXANDRIA TUTORING CONSORTIUM INC. - 323 S. FAIRFAX STREET - ALEXANDRIA, VA 22314   | 56-2542869 | 501C3                         | 22,250.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| ALIVE! 2723 KING STREET ALEXANDRIA, VA 22302   | 54-0914017 | 501C3                         | 206,185.                 | 0.                                |   |  | PROGRAM SUPPORT                    |
| AMERICAN DAY SCHOOL 1 917 PRINCESS ST ALEXANDRIA, VA 22314   | 45-0554072 | 501C3                         | 45,335.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| AMERICAN RED CROSS, NATIONAL CAPITAL & GREATER CHESAPEAKE REGION - 8550 ARLINGTON BLVD - FAIRFAX, VA 22031                               | 53-0196605 | 501C3                         | 10,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| AMERICAN UNIVERSITY RADIO, WAMU 88.5 - WAMU 88.5', PO BOX 98101 - WASHINGTON, DC 20090   | 53-0196549 | 501C3                         | 6,365.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVE. - ALEXANDRIA, VA 22304  | 54-0796610 | 501C3                         | 5,350.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| APPALACHIAN PEACE EDUCATION CENTER INC - P.O.BOX 1831 - ABINGDON, VA 24212   | 52-1393896 | 501C3                         | 5,500.                   | 0.                                |   |  | PROGRAM SUPPORT                    |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |                                    |
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| ARLINGTON FREE CLINIC, INC.<br>2921 11TH STREET SOUTH<br>ARLINGTON, VA 22204   | 54-1671883 | 501C3                         | 7,500.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| ART LEAGUE, INC.<br>105 N UNION STREET<br>ALEXANDRIA, VA 22314   | 54-0833818 | 501C3                         | 11,250.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| AT HOME IN ALEXANDRIA<br>3139 MT VERNON AVENUE<br>ALEXANDRIA, VA 22305   | 26-4557978 | 501C3                         | 7,250.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| BETH EL HEBREW CONGREGATION<br>3830 SEMINARY ROAD<br>ALEXANDRIA, VA 22304  | 54-0681891 | 501C3                         | 9,500.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| BEVERLEY HILLS COMMUNITY UNITED<br>METHODIST CHURCH - 3512 OLD<br>DOMINION BLVD. - ALEXANDRIA, VA<br>22305                               | 54-0595001 | 501C3                         | 7,500.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| BIPARTISAN LEADERSHIP PROJECT<br>4232 KING STREET, ATTN: ANTOINE GAM<br>ALEXANDRIA, VA 22303   | 82-4479583 | 501C3                         | 15,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| BRIGHT MIND DAYCARE, INC.<br>322 N ALFRED STREET<br>ALEXANDRIA, VA 22314   | 36-4855518 | 501C3                         | 12,947.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| BRIGHT START LEARNING CENTER<br>4920 BRENNAN PARK DRIVE<br>ALEXANDRIA, VA 22304  | 20-1678985 | 501C3                         | 53,321.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| CARPENTER'S SHELTER<br>930 N. HENRY ST<br>ALEXANDRIA, VA 22314   | 54-1571849 | 501C3                         | 36,250.                  | 0.                                |   |  | PROGRAM SUPPORT                    |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |                                    |
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| CASA CHIRILAGUA<br>4109 MT VERNON AVENUE<br>ALEXANDRIA, VA 22305   | 27-4575777 | 501C3                         | 55,050.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| CATHOLIC CHARITIES OF THE DIOCESE<br>OF ARLINGTON - 200 N GLEBE ROAD,<br>STE 250 - ARLINGTON, VA 22203                                   | 54-0515706 | 501C3                         | 18,250.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| CATHOLIC INVESTMENT SERVICES, INC.<br>C/O CRANE ROSENBERG PACIO LLP', 25<br>DEFOREST AVE, SUITE 101 - SUMMIT,<br>NJ 0790                 | 46-4354011 | 501C3                         | 20,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| CENTER FOR ALEXANDRIA'S CHILDREN<br>4850 MARK CENTER DRIVE, 5TH FLOOR<br>ALEXANDRIA, VA 22311  | 20-5295944 | 501C3                         | 47,600.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| CHILDREN'S INTERNATIONAL SCHOOL CO<br>25 SOUTH QUAKER LANE<br>ALEXANDRIA, VA 22314   | 20-4453976 | 501C3                         | 15,365.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| CHILDSpace LEARNING CENTER<br>2721 MOUNT VERNON AVENUE<br>ALEXANDRIA, VA 22301   | 46-2940645 | 501C3                         | 8,669.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| CHRIST CHURCH<br>118 N. WASHINGTON STREET<br>ALEXANDRIA, VA 22314  | 54-0506451 | 501C3                         | 146,000.                 | 0.                                |   |  | PROGRAM SUPPORT                    |
| CITY OF ALEXANDRIA<br>CITY HALL, 301 KING STREET<br>ALEXANDRIA, VA 22314   | 54-6001103 | 501C3                         | 10,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| CITY OF ALEXANDRIA (OFFICE OF<br>HISTORIC ALEXANDRIA) - 220 N<br>WASHINGTON STREET - ALEXANDRIA, VA<br>22314                             | 54-6001103 | 501C3                         | 13,500.                  | 0.                                |   |  | PROGRAM SUPPORT                    |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |                                    |
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| COLLEGE OF WILLIAM AND MARY<br>OFFICE OF UNIVERSITY ADVANCEMENT,<br>GIFT ADMINISTRATION', PO BOX 1693<br>- WILLIA                        | 54-0734117 | 501C3                         | 81,435.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| COMMONWEALTH ACADEMY<br>ATTN: DEVELOPMENT OFFICE, 1321 LESL<br>ALEXANDRIA, VA 22301  | 54-1745920 | 501C3                         | 10,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| COMMUNITY LODGINGS, INC.<br>3912 ELBERT AVENUE, SUITE 108<br>ALEXANDRIA, VA 22305  | 54-1428495 | 501C3                         | 34,146.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| COMPUTER CORE<br>201 N. UNION ST., STE. 110<br>ALEXANDRIA, VA 22314  | 54-1968428 | 501C3                         | 5,550.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| CPS II, INC.<br>100 EAST WINDSOR AVE<br>ALEXANDRIA, VA 22301   | 54-1360524 | 501C3                         | 42,882.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| CWLC LANDMARK, INC<br>241 SOUTH REYNOLDS STREET<br>ALEXANDRIA, VA 22304  | 20-1745177 | 501C3                         | 16,667.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| DEBRIS FREE OCEANS<br>C/O CAITI WAKS, 2980 MCFARLANE RD<br>MIAMI, FL 33133   | 46-4581532 | 501C3                         | 10,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| DISCOVERY TIME LEARNING ACADEMY,<br>LLC - 420 HUME AVENUE', DISCOVERY<br>TIME LEARNING - ALEXANDRIA, VA<br>22301                         | 82-3657213 | 501C3                         | 20,790.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| DISCOVERY TIME LEARNING CENTER,<br>LLC - 1509 LESLIE AVENUE -<br>ALEXANDRIA, VA 22301  | 45-4821835 | 501C3                         | 20,790.                  | 0.                                |   |  | PROGRAM SUPPORT                    |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |                                    |
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| DREAM PROJECT, INC.<br>PO BOX 7419<br>ARLINGTON, VA 22207  | 45-1869894 | 501C3                         | 23,600.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| EMMANUEL EPISCOPAL CHURCH<br>1608 RUSSELL ROAD<br>ALEXANDRIA, VA 22301   | 54-0506454 | 501C3                         | 19,186.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| ENDEPENDECE CENTER OF NORTHERN VIRGINIA - 1550 CRYSTAL DRIVE<br>SUITE 810 - ARLINGTON, VA 22202  | 54-1302368 | 501C3                         | 57,800.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| EXCEL PREPARATORY PRESCHOOL<br>ACADEMY - 2418 GRIST MILL PLACE -<br>ALEXANDRIA, VA 22314   | 82-1078775 | 501C3                         | 20,898.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| FERDINAND T DAY ELEMENTARY SCHOOL<br>PTA - 1701 N BEAUREGARD STREET -<br>ALEXANDRIA, VA 22311  | 54-0542801 | 501C3                         | 9,100.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| FONTANELLE ACADEMY OF EARLY<br>LEARNING, LLC - 20 SOUTH DOVE<br>STREET - ALEXANDRIA, VA 22314  | 83-2498168 | 501C3                         | 21,983.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| FRANCIS PARKER SCHOOL<br>LINDA VISTA CAMPUS', 6501 LINDA VIS<br>SAN DIEGO, CA 92111  | 95-1696720 | 501C3                         | 40,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| FRANKLIN HEIGHTS CHURCH<br>FINANCE OFFICE, 110 HILLTOP DRIVE<br>ROCKY MOUNT, VA 24151  | 54-1191702 | 501C3                         | 10,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| FRIENDS OF GUEST HOUSE<br>1 E LURAY AVENUE<br>ALEXANDRIA, VA 22301   | 51-0201327 | 501C3                         | 47,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |                                    |
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| FRIENDS OF THE ALEXANDRIA COMMUNITY MENTAL HEALTH CENTER, INC - 4850 MARK CENTER DRIVE - ALEXANDRIA, VA 22311                            | 54-1221085 | 501C3                         | 7,400.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| GEORGE MASON UNIVERSITY FOUNDATION<br>4400 UNIVERSITY DRIVE, MS1A3<br>FAIRFAX, VA 22030  | 54-1603842 | 501C3                         | 10,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| GRACE EPISCOPAL CHURCH<br>3601 RUSSELL ROAD<br>ALEXANDRIA, VA 22305  | 54-0544704 | 501C3                         | 55,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| GREAT BEGINNINGS EARLY LEARNING CENTER - 618 N WASHINGTON ST', UPPER FLOOR - ALEXANDRIA, VA 22314  | 26-4151777 | 501C3                         | 19,596.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| GUIDEPOST A LLC - GUIDEPOST MONTESORI AT WEST ALEXANDRIA - 3475 N BEAUREGARD ST STE 301 - ALEXANDRIA, VA 22302                           | 81-3368540 | 501C3                         | 28,486.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| HAPPY HOME CHRISTIAN LEADERSHIP ACADEMY - 5001 SEMINARY ROAD, #109 - ALEXANDRIA, VA 22311  | 54-1794413 | 501C3                         | 13,505.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| HEARD<br>200 N. WASHINGTON STREET, BOX 32069<br>ALEXANDRIA, VA 22320   | 32-0592893 | 501C3                         | 14,250.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| HOLY TRINITY CATHOLIC CHURCH<br>C/O DEVELOPMENT OFFICE, 3513 N STRE<br>WASHINGTON, DC 20007  | 53-0196617 | 501C3                         | 7,500.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| HOPKINS HOUSE<br>5670 TOWER HILL CIRCLE<br>ALEXANDRIA, VA 22315  | 54-0525701 | 501C3                         | 24,347.                  | 0.                                |   |  | PROGRAM SUPPORT                    |



| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |                                    |
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| INOVA HEALTH SYSTEM FOUNDATION<br>8110 GATEHOUSE ROAD, SUITE 200 EAST<br>FALLS CHURCH, VA 22042  | 54-1071867 | 501C3                         | 11,500.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| INTERNATIONAL SPY MUSEUM<br>DEVELOPMENT OFFICE PO BOX 23137<br>WASHINGTON, DC 20026  | 46-1479450 | 501C3                         | 10,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| JOHN ADAMS ELEMENTARY SCHOOL PTA<br>5651 RAYBURN AVENUE<br>ALEXANDRIA, VA 22311  | 54-1339405 | 501C3                         | 9,500.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| JUST CAPITAL FOUNDATION, INC.<br>ATTN: RYAN OGRADY, 44 EAST 30TH<br>STREET, FLOOR 11 - NEW YORK, NY<br>10016                             | 36-4764467 | 501C3                         | 10,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| JUST NEIGHBORS MINISTRY, INC.<br>7630 LITTLE RIVER TURNPIKE SUITE 90<br>ANNANDALE, VA 22003  | 31-1813333 | 501C3                         | 32,900.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| KIDDIE ACADEMY OF ALEXANDRIA<br>PO BOX 100849<br>ARLINGTON, VA 22210   | 81-4082749 | 501C3                         | 30,811.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| KOINONIA FOUNDATION INC.<br>PO BOX 30878<br>ALEXANDRIA, VA 22310   | 54-0806221 | 501C3                         | 13,007.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| LABECA WOMEN'S SCHOLARSHIP<br>FOUNDATION - PO BOX 7064 -<br>ALEXANDRIA, VA 22307   | 54-2164948 | 501C3                         | 15,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| LEARNERVE INTERNATIONAL<br>P.O. BOX 42182<br>WASHINGTON, DC 20015  | 80-0208444 | 501C3                         | 8,000.                   | 0.                                |   |  | PROGRAM SUPPORT                    |

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| MEDSTREET, INC.<br>ATTENTION: WILLIAM J. MAZZELLA,<br>M.D., 500 WESTOVER DRIVE, #10417<br>- SANFORD,                                     | 83-4054043 | 501C3                         | 6,328.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| METROSTAGE<br>PO BOX 1152<br>ALEXANDRIA, VA 22313  | 54-1277395 | 501C3                         | 5,500.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| MONTESORI SCHOOL OF MT VERNON INC<br>112 SOUTH COLUMBUS STREET<br>ALEXANDRIA, VA 22314   | 54-0923940 | 501C3                         | 11,087.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| MOTHER OF LIGHT CENTER<br>421 E. CLIFFORD AVENUE<br>ALEXANDRIA, VA 22305   | 81-1635879 | 501C3                         | 50,154.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| MOUNT VERNON LADIES ASSOCIATION OF<br>THE UNION - ATTN MT. VERNON<br>DEVELOPMENT DEPARTMENT', PO BOX<br>110 - MOUNT VERNON, VA 22121     | 54-0564701 | 501C3                         | 32,391.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| MOVE2LEARN<br>107 S. WEST STREET, #545<br>ALEXANDRIA, VA 22152   | 47-3346734 | 501C3                         | 33,250.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| NATIONAL BREAST CENTER FOUNDATION<br>PO BOX 7257<br>ALEXANDRIA, VA 22307   | 47-3171009 | 501C3                         | 25,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| NATIONAL CENTER OF WOMEN'S<br>INNOVATIONS - 1100 WYTHE STREET,<br>#151 - ALEXANDRIA, VA 22313  | 93-1467678 | 501C3                         | 44,773.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| NEIGHBORHOOD HEALTH<br>6677 RICHMOND HIGHWAY<br>ALEXANDRIA, VA 22306   | 54-1849891 | 501C3                         | 17,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |                                    |
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| NORTHERN VIRGINIA COMMUNITY COLLEGE - FINANCIAL AID OFFICE', 8333 LITTLE RIVER TURNPIKE - ANNANDALE, VA 22003                            | 51-0249730 | 501C3                         | 69,777.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| NORTHERN VIRGINIA FAMILY SERVICE HEALTHY FAMILIES ALEXANDRIA', 10455 WHITE GRANITE DRIVE, SUITE 100 - OAKTON,                            | 54-0791977 | 501C3                         | 6,500.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| NUEVA VIDA, INC 801 N PITT STREET, SUITE 113 ALEXANDRIA, VA 22314  | 54-1943145 | 501C3                         | 83,112.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| OAR - OFFENDER AID AND RESTORATION OF ARLINGTON - 1400 N UHLE STREET, SUITE 704 - ARLINGTON, VA 22201                                    | 54-1024562 | 501C3                         | 21,500.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| OGLETHORPE UNIVERSITY 4484 PEACHTREE ROAD NE ATLANTA, GA 30319   | 58-0568698 | 501C3                         | 12,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| OLD PRESBYTERIAN MEETING HOUSE 323 S FAIRFAX STREET ALEXANDRIA, VA 22314   | 54-0506422 | 501C3                         | 74,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| OLD TOWN COMMUNITY CHURCH 212 S. WASHINGTON STREET ALEXANDRIA, VA 22314  | 54-0633856 | 501C3                         | 6,000.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| PAGE TURNERS MAKE GREAT LEARNERS PO BOX 570095 ATLANTA, GA 30357   | 20-0364107 | 501C3                         | 22,500.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| PARISH OF ST. ANDREW & ST. MARGARET OF SCOTLAND - ATTN: TREASURER, 1607 DEWITT AVENUE - ALEXANDRIA, VA 22301                             | 54-1112430 | 501C3                         | 20,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |                                    |
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| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PLANNED PARENTHOOD ASSOCIATION OF METROPOLITAN WASHINGTON DC, INC. - DEVELOPMENT, 1225 4TH STREET NE - WASHINGTON, DC 20002              | 53-0204621 | 501C3                         | 26,100.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| POTOMAC CONSERVANCY INC<br>962 WAYNE AVENUE, SUITE 540<br>SILVER SPRING, MD 20910  | 52-1842501 | 501C3                         | 6,000.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| REBUILDING TOGETHER DC ALEXANDRIA<br>101 XENIA STREET, #102<br>WASHINGTON, DC 20032  | 54-1389286 | 501C3                         | 16,100.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| SCAN OF NORTHERN VIRGINIA<br>205 S WHITING ST #205<br>ALEXANDRIA, VA 22304   | 54-1473693 | 501C3                         | 20,500.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| SCHOLARSHIP FUND OF ALEXANDRIA<br>(THE) - 3330 KING STREET -<br>ALEXANDRIA, VA 22302   | 20-0031464 | 501C3                         | 44,800.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| SENIOR SERVICES OF ALEXANDRIA<br>206 N. WASHINGTON STREET, SUITE 301<br>ALEXANDRIA, VA 22314   | 54-0842806 | 501C3                         | 10,025.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| SOCIETY OF ST. VINCENT DE PAUL,<br>ST. MARY CONFERENCE - 313 DUKE<br>STREET - ALEXANDRIA, VA 22314                                       | 74-3131073 | 501C3                         | 57,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| SOUTHWEST STARS, LLC<br>697 N. WASHINGTON STREET<br>ALEXANDRIA, VA 22314   | 20-1365655 | 501C3                         | 9,413.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| SPACE OF HER OWN, INC. (SOHO)<br>520 KING STREET, SUITE 100<br>ALEXANDRIA, VA 22314  | 30-0572179 | 501C3                         | 29,100.                  | 0.                                |   |  | PROGRAM 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ST. ANTHONY'S DAY SCHOOL<br>321 FIRST ST.<br>ALEXANDRIA, VA 22314   | 54-1878005 | 501C3                         | 22,743.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| ST. CLEMENT EPISCOPAL SCHOOL<br>1701 NORTH QUAKER LANE<br>ALEXANDRIA, VA 22302  | 54-6004620 | 501C3                         | 17,643.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| ST. PAUL'S EPISCOPAL CHURCH<br>228 S PITT STREET<br>ALEXANDRIA, VA 22314  | 54-0506483 | 501C3                         | 72,540.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| THE CAMPAGNA CENTER<br>PO BOX 25228<br>ALEXANDRIA, VA 22313   | 54-0534609 | 501C3                         | 436,281.                 | 0.                                |   |  | PROGRAM SUPPORT                    |
| THE CATHOLIC DISTANCE UNIVERSITY<br>300 S GEORGE STREET<br>CHARLES TOWN, WV 25414   | 54-1251090 | 501C3                         | 25,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| THE CHILD & FAMILY NETWORK CENTERS<br>3700 WHEELER AVENUE<br>ALEXANDRIA, VA 22304   | 54-1589809 | 501C3                         | 101,184.                 | 0.                                |   |  | PROGRAM SUPPORT                    |
| THE SALVATION ARMY NATIONAL<br>CAPITAL AREA COMMAND - NATIONAL<br>CAPITAL AREA COMMAND, 2300 MARTIN<br>LUTHER KING, JR AVE SE, SUITE 50 - | 58-0660607 | 501C3                         | 57,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| THE SPITFIRE CLUB<br>210 LAVERNE AVENUE<br>ALEXANDRIA, VA 22305   | 82-2084235 | 501C3                         | 52,175.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| THE WASHINGTON BALLETT<br>3515 WISCONSIN AVENUE NW<br>WASHINGTON, DC 20016  | 52-0846173 | 501C3                         | 20,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |

Schedule I (Form 990)

| 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THIRTEEN CHAMBER CHOIR<br>PO BOX 32065<br>WASHINGTON, DC 20007   | 46-3738034 | 501C3                         | 6,000.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| TOGETHER WE BAKE<br>3821 GRIFFITH PLACE<br>ALEXANDRIA, VA 22304  | 47-2543526 | 501C3                         | 90,350.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| UNIVERSITY OF VIRGINIA<br>STUDENT PAYMENT PROCESSING', P.O.<br>BOX 400204 - CHARLOTTESVILLE, VA<br>22904                                 | 54-1682176 | 501C3                         | 18,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| URBAN ALLIANCE FOUNDATION, INC<br>2030 Q STREET NW<br>WASHINGTON, DC 20009   | 52-1938443 | 501C3                         | 7,500.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| VALLEY DRIVE PRE-SCHOOL, INC<br>3606 SEMINARY RD<br>ALEXANDRIA, VA 22304   | 54-0792446 | 501C3                         | 11,459.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| VIRGINIA HEALTH CARE FOUNDATION<br>707 EAST MAIN STREET, SUITE 1350<br>RICHMOND, VA 23219  | 54-1639924 | 501C3                         | 250,000.                 | 0.                                |   |  | PROGRAM SUPPORT                    |
| VIRGINIA PUBLIC ACCESS PROJECT<br>PO BOX 1472<br>RICHMOND, VA 23218  | 54-1825691 | 501C3                         | 15,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| VOICES FOR VIRGINIA'S CHILDREN<br>1606 SANTA ROSA ROAD, SUITE 109<br>HENRICO, VA 23229   | 54-1726265 | 501C3                         | 10,250.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| VOLUNTEER ALEXANDRIA<br>2202 MT. VERNON AVE., SUITE 200<br>ALEXANDRIA, VA 22301  | 51-0255333 | 501C3                         | 8,750.                   | 0.                                |   |  | PROGRAM 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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WASHINGTON STREET UMC<br>109 S WASHINGTON STREET<br>ALEXANDRIA, VA 22314   | 54-0524508 | 501C3                         | 22,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| WASHINGTON STREET UMC PRESCHOOL<br>109 SOUTH WASHINGTON STREET<br>ALEXANDRIA, VA 22314   | 54-0524508 | 501C3                         | 14,947.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| WESLEY HOUSING<br>2311 HUNTINGTON AVENUE<br>ALEXANDRIA, VA 22302   | 51-0155779 | 501C3                         | 8,000.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| WESTMINSTER WEEKDAY PRESCHOOL<br>2701 CAMERON MILLS RD<br>ALEXANDRIA, VA 22302   | 54-0993051 | 501C3                         | 18,016.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| WETA<br>3939 CAMPBELL AVENUE', ATTN:<br>ALYSON BROKESHIRE - ARLINGTON, VA<br>22206   | 53-0242992 | 501C3                         | 33,200.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| WHAMOW INC<br>19 EAST ELM STREET, FL 3<br>GREENWICH, CT 06830  | 86-1256055 | 501C3                         | 10,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| WILLIAM RAMSAY PTA<br>5700 SANGER AVENUE<br>ALEXANDRIA, VA 22311   | 54-0542801 | 501C3                         | 9,400.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| YOUNG LIFE<br>P.O. BOX 5184<br>HARLAN, IA 51593  | 84-0385934 | 501C3                         | 8,287.                   | 0.                                |   |  | PROGRAM SUPPORT                    |

**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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| CHILDCARE STABILIZATION         | 41                       | 204,448.                 | 0.                                |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**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:**

THROUGHOUT THE GRANT PERIOD, ACT'S CHIEF PROGRAM OFFICER AND PROGRAM STAFF ARE IN REGULAR COMMUNICATION WITH THE GRANTEE REGARDING UPDATES AN PROGRESS. AT THE END OF THE GRANT PERIOD, THE GRANTEE AND THE CHIEF PROGRAM OFFICER HAVE A MEETING TO DISCUSS THE GRANT, LESSONS LEARNED AND TO ASSESS THE GRANT'S IMPACT ON THE GRANTEE ORGANIZATION AND ITS CONSTITUENTS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**ACT FOR ALEXANDRIA**

Employer identification number

**26-4322369**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> | X   |    |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) HEATHER PEELER<br>PRESIDENT & CEO   | (i) 210,031.   | (ii) 20,000.                        | (iii) 720.                          | 10,519.  | 18,210.                 | 259,480.                        | 0.  |
| (ii)                                    | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) BRANDI YEE<br>CHIEF PROGRAM OFFICER | (i) 132,000.   | (ii) 3,000.                         | (iii) 720.                          | 6,618.   | 10,193.                 | 152,531.                        | 0.  |
| (ii)                                    | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |
| (i)                                     |  |                                     |                                     |  |                         |                                 |   |
| (ii)                                    |  |                                     |                                     |  |                         |                                 |   |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THIS IS THE LEADERSHIP DEVELOPMENT COMMITTEE, AND THEN VOTED ON BY EXECUTIVE COMMITTEE. ACT HAD A COMPENSATION STUDY PERFORMED IN 2022 AND IT WAS USED AS A GUIDELINE.

PART I, LINE 5:

ALL EMPLOYEES RECEIVED A BONUS IN 2023 BASED ON THE PERFORMANCE OF THE ORGANIZATION, NOT THE INDIVIDUAL'S PERFORMANCE. EACH BONUS WAS THE SAME FOR EMPLOYEES WHO HAD BEEN WITH ACT THE ENTIRE YEAR. BONUSES WERE PRORATED RATABLY FOR NEW HIRES WHO JOINED THE ACT STAFF DURING 2023. EIGHT STAFF RECEIVED BONUSES AND THE AMOUNT WAS \$3,000 FOR FULL-YEAR EMPLOYEES AND A LESSER PRORATED AMOUNT FOR EMPLOYEES WITH ACT FOR LESS THAN A YEAR. THE PRESIDENT & CEO ALSO RECEIVED AN ADDITIONAL BONUS AT THE DISCRETION OF THE BOARD AS DIRECTED BY ACT'S LEADERSHIP DEVELOPMENT COMMITTEE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **ACT FOR ALEXANDRIA** Employer identification number: **26-4322369**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 17  | 785,696.   |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( <u>COMPUTER EQUIPM</u> )                          | X                          | 1   | 32,599.  |   |
| 26 Other ( _____ )   |                            |   |  |   |
| 27 Other ( _____ )   |                            |   |  |   |
| 28 Other ( _____ )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O  
(Form 990)

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS SHARED WITH THE BOARD OF DIRECTORS PRIOR TO FILING FOR  
THEIR REVIEW AND COMMENT. THOSE COMMENTS ARE ADDRESSED, AND THE FORM 990 IS  
APPROVED FOR SUBMISSION BY THE CEO & FINANCE COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

RESPONSIBILITY FOR MONITORING THE CONFLICT OF INTEREST POLICY LIES WITH THE  
BOARD CHAIR AS IT ELATES TO BOARD MEMBERS, VOLUNTEER COMMITTEE MEMBERS, AND  
CEO . THE CEO IS RESPONSIBLE FOR MONITORING AS IT RELATES TO MEMBERS OF  
ACT'S STAFF. BOARD MEMBERS HAVE THE AFFIRMATIVE RESPONSIBILITY TO REPORT TO  
THE BOARD CHAIR (IN THE CASE OF CONCERNS RELATING TO BOARD MEMBERS,  
COMMITTEE MEMBERS, OR THE CEO) OR TO THE CEO (IN THE CASE OF CONCERNS  
RELATED TO MEMBERS OF THE STAFF) ANY AND ALL KNOWLEDGE OF ACTION OR CONDUCT  
THAT APPEARS CONTRARY TO THE CONFLICT OF INTEREST POLICY. BEFORE A MEMBER  
OR STAFF BEGINS SERVICE WITH ACT, THEY SHALL FILE WITH THE CEO A LIST OF  
THE MEMBER'S/STAFF'S PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS INVOLVEMENT  
WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS, AND OTHER  
ASSOCIATIONS THAT MIGHT PRODUCE A CONFLICT OF INTEREST. SUBSEQUENTLY, EACH  
MEMBER AND STAFF SHALL SIGN A STATEMENT THAT AFFIRMS THEIR UNDERSTANDING  
AND AGREEMENT WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE REVIEWED THE COMPENSATION OF ACT'S CEO, ACT'S  
PROGRAM DIRECTOR, AND OUTSIDE CONTRACTORS HIRED FOR SPECIFIC TASKS;  
REVIEWED AND ANALYZED THE COMPENSATION REQUIREMENTS OF OTHER CANDIDATES FOR  
THE POSITION WHO APPLIED IN RESPONSE TO THE BROADLY POSTED JOB

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

ANNOUNCEMENT, REFERRALS FROM BOARD MEMBERS AND OTHER INFLUENCES;  
 SURVEYED NONPROFIT ORGANIZATIONS OF COMPARABLE SCALE IN ALEXANDRIA,  
 NORTHERN VIRGINIA, AND THE WASHINGTON DC METROPOLITAN AREA GENERALLY;  
 CONSULTED WITH EXECUTIVES AT OTHER COMMUNITY FOUNDATIONS IN THE REGION AND  
 AT THE COUNCIL ON FOUNDATIONS. BASED ON THAT INFORMATION, THE ACT EXECUTIVE  
 COMMITTEE THEN FORMULATED A COMPENSATION PACKAGE WITHIN THE PARAMETERS OF  
 THE CEOS OF COMPARABLE ORGANIZATIONS IN THAT REGION. THIS PAST YEAR, ACT  
 ALSO CONSULTED A COMPENSATION CONSULTANT.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS  
 ARE AVAILABLE UPON REQUEST.