

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**

If "Yes," describe these new services on Schedule O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **3,589,931** including grants of \$ **3,538,613**) (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 \$ **1,112,880** including grants of \$ **168,700**) (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. ACT'S CORE PROGRAMS INCLUDE SPRING2ACTION WHICH IS ONE EXTRAORDINARY DAY TO CELEBRATE OUR COLLECTIVE SPIRIT OF GIVING AND TO SUPPORT THE ORGANIZATIONS THAT MAKE ALEXANDRIA A VIBRANT PLACE FOR EVERYONE.

4c (Code:) (Expenses \$ **217,839** including grants of \$ **177,574**) (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 AND OTHER MANAGED FUNDS TO BUILD A VIBRANT, EQUITABLE COMMUNITY WHERE EVERYONE THRIVES AND FEELS LIKE THEY BELONG.

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

4e **Total program service expenses** **4,920,650**

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f Yes	
12a If "Yes," complete Schedule D, Part X, line 26. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV

Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26		No
27	<i>If "Yes," complete Schedule L, Part I.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No
31	<i>If "Yes," complete Schedule M.</i> Did the organization reorganize, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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 ☐

		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	44	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	9			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a			No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			No	
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?		9a			No	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			No	
10 Section 501(c)(7) organizations. Enter:						
a Initiation fees and capital contributions included on Part VIII, line 12		10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b				
11 Section 501(c)(12) organizations. Enter:						
a Gross income from members or shareholders		11a				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state?		13a				
Note. See the instructions for additional information the organization must report on Schedule O.						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b				
c Enter the amount of reserves on hand		13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15			No	
16 Is the organization a trust that is not a charitable trust and is not a section 4968 excise tax on net investment income?		16			No	
If "Yes," complete Form 4720, Schedule O.						
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . .		17				
If "Yes," complete Form 6069.						

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

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

	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	No
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?	Yes
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	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes
13	Did the organization have a written whistleblower policy?	Yes
14	Did the organization have a written document retention and destruction policy?	Yes
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?	
15a	The organization's CEO, Executive Director, or top management official	Yes
15b	Other officers or key employees of the organization	No
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?	No
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

18 Section 6104 requires an organization to make its Form 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.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
THE ORGANIZATION 201 N UNION ST STE 110 ALEXANDRIA, VA 22314 (703) 739-7778

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) MAUREEN DEVINE-AHL BOARD CHAIR	5.00	X		X				0	0	0
(2) JOHN ARMSTRONG BOARD SECRETARY	5.00	X		X				0	0	0
(3) KAREN AVERY BOARD VICE CHAIR	5.00	X		X				0	0	0
(4) MARK JINKS BOARD TREASURER	5.00	X		X				0	0	0
(5) DAVID BAKER THRU 123124 BOARD MEMBER	3.00	X						0	0	0
(6) VIRGINIA BENNETT THRU 123124 BOARD MEMBER	3.00	X						0	0	0
(7) JULIA BURGOS BOARD MEMBER	3.00	X						0	0	0
(8) SCOTT DARLING THRU 123124 BOARD MEMBER	3.00	X						0	0	0
(9) ROSE DAWSON BOARD MEMBER	3.00	X						0	0	0
(10) JENNIFER FERRARA BOARD MEMBER	3.00	X						0	0	0
(11) LAURIE FLYNN THRU 123124 BOARD MEMBER	3.00	X						0	0	0
(12) CHRIS FOSTER BOARD MEMBER	3.00	X						0	0	0
(13) LISA GUERNSEY BOARD MEMBER	3.00	X						0	0	0
(14) CHARLES HOLT BOARD MEMBER	3.00	X						0	0	0
(15) BRYAN JACKSON THRU 123124 BOARD MEMBER	3.00	X						0	0	0
(16) BASIM KHAN BOARD MEMBER	3.00	X						0	0	0
(17) JOE LAMOUNTAIN THRU 123124 BOARD MEMBER	3.00	X						0	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHANIE LANDRUM BOARD MEMBER	3.00	X						0	0	0
(19) BRIAN LUNDEEN BOARD MEMBER	3.00	X						0	0	0
(20) PETER MADIGAN BOARD MEMBER	3.00	X						0	0	0
(21) LISA MARTIN BOARD MEMBER	3.00	X						0	0	0
(22) PETER MCELWAIN BOARD MEMBER	3.00	X						0	0	0
(23) ERIK MUENDEL BOARD MEMBER	3.00	X						0	0	0
(24) SUKUMAR RAO BOARD MEMBER	3.00	X						0	0	0
(25) BETSEY ROSENBAUM THRU 123124 BOARD MEMBER	3.00	X						0	0	0
(26) AMY RUTHERFORD BOARD MEMBER	3.00	X						0	0	0
(27) KELLY THOMASSON BOARD MEMBER	3.00	X						0	0	0
(28) ANURAG VARMA BOARD MEMBER	3.00	X						0	0	0
(29) ROB WHITTLE THRU 123124 BOARD MEMBER	3.00	X						0	0	0
(30) HEATHER PEELER PRESIDENT & CEO	40.00			X				233,154	0	36,961
(31) TRICIA RITCHIE CHIEF DEVELOPMENT OFFICER	40.00					X		151,410	0	11,898
(32) BRANDI YEE CHIEF PROGRAM OFFICER	40.00					X		141,688	0	19,366
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A . . .										
d Total (add lines 1b and 1c)							526,252	0	68,225	

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

3

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

3

No

4

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4

Yes

5

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

5

No

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) Name and business address	(B) Description of services	(C) Compensation
CAITLIN BROWN, 201 N UNION ST STE 110 ALEXANDRIA, VA 22314	YOUTH SUPPORT NETWORK MANAGER	135,000
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

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants, and Other	1a Federated campaigns . . b Membership dues . . c Fundraising events . . d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f	1a			
Amt Similar Amounts		1b			
		1c	132,350		
		1d			
		1e	324,050		
		1f	2,989,721		
		1g	1,052,973		
		3,446,121			
Program Service Revenue	2a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue.				
9 Total. Add lines 2a-2f.					

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		806,773			806,773		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		6a						
		b Less: rental expenses	6b					
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a	5,709,628					
		b Less: cost or other basis and sales expenses	7b					5,012,547
	c Gain or (loss)	7c	697,081					
	d Net gain or (loss)		697,081			697,081		
	8a Gross income from fundraising events (not including \$ 132,350 of contributions reported on line 1c). See Part IV, line 18	8a	46,334					
			b Less: direct expenses					8b
c Net income or (loss) from fundraising events . .		6,234						6,234
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses					9b	
	c Net income or (loss) from gaming activities . .							
10a Gross sales of inventory, less returns and allowances . .	10a							
		b Less: cost of goods sold					10b	
	c Net income or (loss) from sales of inventory . .							
Other	11a OTHER INCOME	Business Code						
		900099	11,006		11,006			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d		11,006					
	12 Total revenue. See instructions		4,967,215	0	0	1,521,094		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,882,887	3,882,887		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,000	2,000		
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	270,115	40,517	121,552	108,046
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	645,180	308,245	72,256	264,679
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,442	4,416	13,249	11,777
9 Other employee benefits	36,092	5,414	16,241	14,437
10 Payroll taxes	62,221	9,334	27,999	24,888
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	89,708		89,708	
d Lobbying	1,800		1,800	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	53,684		53,684	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	504,333	427,946	27,694	48,693
12 Advertising and promotion	72,017	30,850	15,425	25,742
13 Office expenses	16,832	5,946	4,061	6,825
14 Information technology	19,474	13,344	3,717	2,413
15 Royalties				
16 Occupancy	43,305	15,276	10,433	17,596
17 Travel	28,629	10,117	6,909	11,603
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	153,393	103,407	17,670	32,316
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,764	622	425	717
23 Insurance	7,688		7,688	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS	51,066	18,013	12,303	20,750
b EQUIPMENT MAINTENANCE	43,764	36,537	2,690	4,537
c MISCELLANEOUS	14,661	5,779	3,950	4,932
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,030,055	4,920,650	509,454	599,951
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		1,054,136	1	485,309	
	2	Savings and temporary cash investments		1,357,197	2	2,047,782	
	3	Pledges and grants receivable, net		269,830	3	346,728	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		53,121	9	46,296	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	24,624			
	b	Less: accumulated depreciation	10b	1,764	4,624	10c	22,860
	11	Investments—publicly traded securities		18,652,186	11	18,074,689	
	12	Investments—other securities. See Part IV, line 11		579,484	12	579,484	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		53,775	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 33)		22,024,353	16	21,603,148		
Liabilities	17	Accounts payable and accrued expenses		94,179	17	90,047	
	18	Grants payable		882	18	0	
	19	Deferred revenue		53,838	19	57,000	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		59,316	25	0	
	26	Total liabilities. Add lines 17 through 25		208,215	26	147,047	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		21,205,309	27	21,026,690	
	28	Net assets with donor restrictions		610,829	28	429,411	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		21,816,138	32	21,456,101	
	33	Total liabilities and net assets/fund balances		22,024,353	33	21,603,148	

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	4,967,215
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,030,055
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,062,840
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,816,138
5	Net unrealized gains (losses) on investments	5	702,803
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 in 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 (A))	10	21,456,101

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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

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 **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		
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	10,280,943	5,545,761	5,916,838	5,192,513	3,446,121	30,382,176
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	10,280,943	5,545,761	5,916,838	5,192,513	3,446,121	30,382,176
5 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) . .						2,052,905
6 Public support. Subtract line 5 from line 4.						28,329,271

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	10,280,943	5,545,761	5,916,838	5,192,513	3,446,121	30,382,176
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	196,029	343,056	333,489	779,801	806,773	2,459,148
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	265,305	333,221	184,212	68,196	17,241	868,175
11 Total support. Add lines 7 through 10						33,709,499

12 Gross receipts from related activities, etc. (see instructions) **12**

13 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

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	84.040 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	86.170 %

16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2023. 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 **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2024. 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2023. 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part IIISupport 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

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c 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. (Add lines 9, 10c, 11, and 12.) .						
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

15 Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2024. 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		<input type="checkbox"/>
b 33 1/3% support tests—2023. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	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>		
2	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>		
3a	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	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>		
c	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>		
4a	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	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>		
c	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>		
5a	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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
8	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>		
9a	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	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>		
c	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>		
10a	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	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)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>			

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 Adjusted Net Income (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):	1		
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 Minimum Asset Amount (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 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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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	Total annual distributions. 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 2024 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024:		
a	From 2019.		
b	From 2020.		
c	From 2021.		
d	From 2022.		
e	From 2023.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020.		
b	Excess from 2021.		
c	Excess from 2022.		
d	Excess from 2023.		
e	Excess from 2024.		

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).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	INCOME FROM ACTIVITIES NOT NORMALLY RECURRING - 2020 AMOUNT: \$ 265,305. 2021 AMOUNT: \$ 333,221. 2022 AMOUNT: \$ 184,212. 2023 AMOUNT: \$ 68,196. 2024 AMOUNT: \$ 17,241.

Additional Data

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<div>Software ID:</div> <div>Software Version:</div>	
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Schedule B (Form 990) (Rev. January 2025) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Name of the organization ACT FOR ALEXANDRIA		Employer identification number 26-4322369

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ACT FOR ALEXANDRIA	Employer identification number 26-4322369
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Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization
ACT FOR ALEXANDRIA

Employer identification number
26-4322369

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	

Name of organization ACT FOR ALEXANDRIA	Employer identification number 26-4322369
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

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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 the organization ACT FOR ALEXANDRIA	Employer identification number 26-4322369
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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. See instructions for definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions	\$
3	Volunteer hours for political campaign activities. See instructions	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-.
1				
2				
3				
4				
5				
6				

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 (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><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></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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j 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 (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1	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:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,800
i	Other activities?		No	
j	Total. Add lines 1c through 1i			1,800
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political 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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	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 expenditure next year?	4	
5	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.

Return Reference	Explanation
PART II-B, LINE 1:	ACT PAID VAN SCOYOC ASSOCIATES FOR FEDERAL ADVOCACY AND LOBBYING EFFORTS AS PART OF A COLLABORATION WITH OTHER COMMUNITY FOUNDATIONS.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

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	111	17
2 Aggregate value of contributions to (during year)	1,887,732	1,359,019
3 Aggregate value of grants from (during year)	3,538,613	346,274
4 Aggregate value at end of year	18,703,932	2,752,169

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?

☒ Yes ☐ 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?

☒ Yes ☐ 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 (e.g., recreation or education)

☐ Preservation of an 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 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 in (a)	2c
d Number of conservation easements included in (c) 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 2(d) 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 ▶ \$ _____

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

Cat. No. 52283D

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

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 are a 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 programs

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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:

(i) Unrelated organizations

(ii) Related organizations

b

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

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

4

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

Part VI Land, Buildings, and Equipment.

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

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		24,624	1,764	22,860
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				22,860

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

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII <input checked="" type="checkbox"/>	

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

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	5,803,632
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	702,803	
b	Donated services and use of facilities	2b	147,198	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	40,100	
e	Add lines 2a through 2d		2e	890,101
3	Subtract line 2e from line 1		3	4,913,531
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	53,684	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	53,684
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,967,215

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	6,163,669
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	147,198	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	40,100	
e	Add lines 2a through 2d		2e	187,298
3	Subtract line 2e from line 1		3	5,976,371
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	53,684	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	53,684
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,030,055

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.

Return Reference	Explanation
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. ACT IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS PRIOR TO 2021.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES REPORTED ON PART VIII 40,100.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES REPORTED ON PART VIII 40,100.

Additional Data

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Software ID:

Software Version:

SCHEDULE G
(Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a 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.

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPRING2ACTION (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	178,684			178,684
	2 Less: Contributions	132,350			132,350
	3 Gross income (line 1 minus line 2)	46,334			46,334
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,100			40,100
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				40,100
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				6,234

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% .. <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 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.

Return Reference	Explanation
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Schedule I
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization
ACT FOR ALEXANDRIA

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number
26-4322369

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.

(a) Name of the grantee or organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARLINGTON COMMUNITY FOUNDATION 4601 N FAIRFAX DRIVE SUITE 1050 ARLINGTON, VA 22203	54-1602838	501C3	788,280	0			PROGRAM SUPPORT
(2) ALEXANDRIA SEAPORT FOUNDATION 6 THOMPSONS ALLEY ALEXANDRIA, VA 22314	54-1208614	501C3	408,250	0			PROGRAM SUPPORT
(3) VIRGINIA HEALTH CARE FOUNDATION 707 EAST MAIN STREET SUITE 1350 RICHMOND, VA 23219	54-1639924	501C3	250,000	0			PROGRAM SUPPORT
(4) NUEVA VIDA INC 801 N PITT STREET SUITE 113 ALEXANDRIA, VA 22314	54-1943145	501C3	82,600	0			PROGRAM SUPPORT
(5) THE CYRIL S. FAMILY NETWORK CENTERS 3700 WHEELER AVENUE ALEXANDRIA, VA 22304	54-1589809	501C3	81,100	0			PROGRAM SUPPORT
(6) HAVERFORD COLLEGE FOUNDERS 308 370 LANCASTER AVE HAVERFORD, PA 19041	23-6002304	501C3	71,806	0			PROGRAM SUPPORT
(7) CITY OF ALEXANDRIA (HISTORIC ALEXANDRIA) 220 N WASHINGTON STREET ALEXANDRIA, VA 22314	54-6001103	GOVERNMENT	67,544	0			PROGRAM SUPPORT
(8) THE FIREHOUSE CLUB 301 N FAIRFAX ST SUITE 103 ALEXANDRIA, VA 22314	82-2084235	501C3	65,600	0			PROGRAM SUPPORT
(9) CHRIST CHURCH 118 N WASHINGTON STREET ALEXANDRIA, VA 22314	54-0506451	501C3	64,000	0			PROGRAM SUPPORT
(10) ALIVE 272 KING STREET ALEXANDRIA, VA 22302	54-0914017	501C3	61,288	0			PROGRAM SUPPORT
(11) CASA CHIRILAGUA 4109 MT VERNON AVENUE ALEXANDRIA, VA 22305	27-4575777	501C3	53,750	0			PROGRAM SUPPORT
(12) COMMUNITY LODGINGS INC 3912 ELBERT AVENUE SUITE 108 ALEXANDRIA, VA 22305	54-1428495	501C3	44,850	0			PROGRAM SUPPORT
(13) CENTER FOR ALEXANDRIA'S CHILDREN 4850 MARK CENTER DRIVE 5TH FLOOR ALEXANDRIA, VA 22311	20-5295944	501C3	44,710	0			PROGRAM SUPPORT
(14) WETA 939 CAMPBELL AVENUE ARLINGTON, VA 22206	53-0242992	501C3	44,000	0			PROGRAM SUPPORT
(15) THE CAMPAGNA CENTER PO BOX 25228 ALEXANDRIA, VA 22313	54-0534609	501C3	43,950	0			PROGRAM SUPPORT
(16) TOGETHER WE BAKE 212 S WASHINGTON ST ALEXANDRIA, VA 22314	47-2543526	501C3	37,600	0			PROGRAM SUPPORT
(17) FRIENDS OF GUEST HOUSE 1 E LURAY AVENUE ALEXANDRIA, VA 22301	51-0201327	501C3	34,000	0			PROGRAM SUPPORT
(18) SCAN OF NORTHERN VIRGINIA 205 S WHITING ST 205 ALEXANDRIA, VA 22304	54-1473693	501C3	32,500	0			PROGRAM SUPPORT
(19) MOVE2LEARN 107 S WEST STREET 545 ALEXANDRIA, VA 22314	47-3346734	501C3	31,350	0			PROGRAM SUPPORT
(20) CARPENTER'S SHELTER 930 N HENRY ST ALEXANDRIA, VA 22314	54-1571849	501C3	31,000	0			PROGRAM SUPPORT
(21) SPACE OF HER OWN INC (SOHO) 520 KING STREET SUITE 100 ALEXANDRIA, VA 22314	30-0572179	501C3	30,100	0			PROGRAM SUPPORT
(22) NORTHERN VIRGINIA COMMUNITY COLLEGE 8333 LITTLE RIVER TURNPIKE ANNANDALE, VA 220033743	51-0249730	501C3	28,032	0			PROGRAM SUPPORT
(23) FONKOZE 4900 L STREET NW STE 304 WASHINGTON, DC 20036	52-2022113	501C3	25,000	0			PROGRAM SUPPORT
(24) JESUIT HIGH SCHOOL 4133 BANKS STREET NEW ORLEANS, LA 70119	72-0467510	501C3	25,000	0			PROGRAM SUPPORT
(25) NATIONAL BREAST CENTER FOUNDATION 77 SOUTH WASHINGTON ST SUITE 210 ALEXANDRIA, VA 22314	47-3171009	501C3	25,000	0			PROGRAM SUPPORT
(26) JUST NEIGHBORS MINISTRY INC 7630 LITTLE RIVER TURNPIKE SUITE 900 ANNANDALE, VA 22003	31-1813333	501C3	24,000	0			PROGRAM SUPPORT
(27) DREAM PROJECT INC PO BOX 7419 ARLINGTON, VA 22207	45-1869894	501C3	23,500	0			PROGRAM SUPPORT
(28) HEARD 200 N WASHINGTON STREET BOX 320694 ALEXANDRIA, VA 22320	32-0592893	501C3	23,500	0			PROGRAM SUPPORT
(29) LABECA WOMEN'S SCHOLARSHIP FOUNDATION PO BOX 7064 ALEXANDRIA, VA 22307	54-2164948	501C3	22,000	0			PROGRAM SUPPORT
(30) ALEXANDRIA TUTORING CONSORTIUM INC 323 S FAIRFAX STREET ALEXANDRIA, VA 22314	56-2542869	501C3	21,200	0			PROGRAM SUPPORT
(31) TALL SHIP PROVIDENCE FOUNDATION 201 N UNION STREET SUITE 110 ALEXANDRIA, VA 22314	82-2485535	501C3	20,500	0			PROGRAM SUPPORT
(32) ALDEN STREET FOUNDATION INC PO BOX 441 JAMESVILLE, NY 13078	26-0161734	501C3	20,000	0			PROGRAM SUPPORT
(33) BIPARTISAN LEADERSHIP PROJECT 4232 KING STREET ATTN ANTOINE GAMARRA ALEXANDRIA, VA 22303	82-4479583	501C3	20,000	0			PROGRAM SUPPORT
(34) CAPITAL YOUTH EMPOWERMENT PROGRAM 950 N WASHINGTON ST SUITE 350 ALEXANDRIA, VA 22314	80-0290878	501C3	20,000	0			PROGRAM SUPPORT
(35) CATHOLIC DIOCESE OF ARLINGTON 200 N GLEBE ROAD SUITE 811 ARLINGTON, VA 22203	54-0967542	501C3	20,000	0			PROGRAM SUPPORT
(36) COMMUNITIES IN CHARGES NOVA PO BOX 3517 ALEXANDRIA, VA 22302	46-3063331	501C3	20,000	0			PROGRAM SUPPORT
(37) EISENHOWER FOUNDATION PO BOX 295 ABILENE, KS 67410	48-0634284	501C3	20,000	0			PROGRAM SUPPORT
(38) INDEPENDENCE CENTER OF NORTHERN VIRGINIA 1550 CRYSTAL DR SUITE 810 ARLINGTON, VA 22202	54-1302368	501C3	20,000	0			PROGRAM SUPPORT
(39) LEARN & LIVE WHOLESTIC HEALTH SERVICE 6395 LITTLE RIVER TPKE ALEXANDRIA, VA 22312	46-1065582	501C3	20,000	0			PROGRAM SUPPORT
(40) PARISH OF ST ANDREW & ST MARGARET OF SCOTLAND ATTN TREASURER 1607 DEWITT AVENUE ALEXANDRIA, VA 22301	54-1112430	501C3	20,000	0			PROGRAM SUPPORT
(41) PLANNED PARENTHOOD ASSOCIATION OF METROPOLITAN WASHINGTON DC INC DEVELOPMENT 1225 4TH STREET NE WASHINGTON, DC 20002	53-0204621	501C3	19,000	0			PROGRAM SUPPORT
(42) NORTHERN VIRGINIA FAMILY SERVICE 3110 FAIRVIEW PARK DRIVE SUITE 500 FALLS CHURCH, VA 22042	54-0791977	501C3	18,500	0			PROGRAM SUPPORT
(43) WESTMINSTER PRESBYTERIAN CHURCH 2701 CAMERON MILLS ROAD ALEXANDRIA, VA 22302	54-0613947	501C3	18,000	0			PROGRAM SUPPORT
(44) NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY ALEXANDRIA, VA 22306	54-1849891	501C3	17,150	0			PROGRAM SUPPORT
(45) WILLIAM & MARY FOUNDATION 5300 DISCOVERY PARK BOULEVARD THIRD FL WILLIAMSBURG, VA 23188	54-0734117	501C3	17,135	0			PROGRAM SUPPORT
(46) THE WASHINGTON SCHOOL FOR GIRLS ATTENTION DEVELOPMENT 1901 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	52-2031849	501C3	17,000	0			PROGRAM SUPPORT
(47) ST PAUL'S EPISCOPAL CHURCH 228 S PITT STREET ALEXANDRIA, VA 223143797	54-0506483	501C3	15,755	0			PROGRAM SUPPORT
(48) HOUSING ALEXANDRIA 209 MADISON STREET SUITE 500 ALEXANDRIA, VA 22314	84-1650039	501C3	15,350	0			PROGRAM SUPPORT
(49) MOTHER OF LIGHT CENTER 421 E CLIFFORD AVENUE ALEXANDRIA, VA 22305	81-1635879	501C3	15,100	0			PROGRAM SUPPORT
(50) CITY OF ALEXANDRIA (TREASURER) PO BOX 178 ALEXANDRIA, VA 22313	54-6001103	GOVERNMENT	15,000	0			PROGRAM SUPPORT
(51) THE CATHOLIC DISTANCE UNIVERSITY 300 S GEORGE STREET CHARLES TOWN, WV 25414	54-1251090	501C3	15,000	0			PROGRAM SUPPORT
(52) SENIOR SERVICES OF ALEXANDRIA 206 N WASHINGTON STREET SUITE 301 ALEXANDRIA, VA 22314	54-0842806	501C3	13,875	0			PROGRAM SUPPORT
(53) ARLINGTON CHILDREN'S THEATRE 115 MASSACHUSETTS AVE ARLINGTON, MA 02474	04-3163888	501C3	13,500	0			PROGRAM SUPPORT
(54) KODJOWIA FOUNDATION INC PO BOX 30878 ALEXANDRIA, VA 22310	54-0806221	501C3	13,022	0			PROGRAM SUPPORT
(55) ART LEAGUE INC 200 N UNION STREET ALEXANDRIA, VA 22314	54-0833818	501C3	12,600	0			PROGRAM SUPPORT
(56) BETH EL HEBREW CONGREGATION 3830 SEMINARY ROAD ALEXANDRIA, VA 22304	54-0681891	501C3	12,180	0			PROGRAM SUPPORT
(57) AMERICAN RED CROSS NATIONAL CAPITAL & GREATER CHESAPEAKE REGION 8550 ARLINGTON BLVD FAIRFAX, VA 22031	53-0196605	501C3	12,000	0			PROGRAM SUPPORT
(58) LOCAL MOTION PROJECT 7038 MASSEY LANE ALEXANDRIA, VA 22314	81-3563529	501C3	11,600	0			PROGRAM SUPPORT
(59) EMMANUEL EPISCOPAL CHURCH 1608 RUSSELL ROAD ALEXANDRIA, VA 22301	54-0506454	501C3	10,400	0			PROGRAM SUPPORT
(60) VOICES FOR VIRGINIA'S CHILDREN 2405 WESTWOOD AVENUE SUITE F RICHMOND, VA 23230	54-1726265	501C3	10,350	0			PROGRAM SUPPORT
(61) HARRY S TRUMAN LIBRARY INSTITUTE FOR NATIONAL & INTL AFFAIRS 5151 TROOST AVE STE 300 KANSAS CITY, MO 64110	43-6042632	501C3	10,175	0			PROGRAM SUPPORT
(62) VOLUNTEER ALEXANDRIA 2202 MT VERNON AVE SUITE 200 ALEXANDRIA, VA 22301	51-0255333	501C3	10,100	0			PROGRAM SUPPORT
(63) ALEXANDRIA CITY PUBLIC SCHOOLS 1340 BRADDOCK PL ALEXANDRIA, VA 22314	54-6001106	GOVERNMENT	10,000	0			PROGRAM SUPPORT
(64) ALEXANDRIA REDEVELOPMENT & HOUSING AUTHORITY (ARHA) 401 WYTHE STREET ALEXANDRIA, VA 22314	54-6001105	GOVERNMENT	10,000	0			PROGRAM SUPPORT
(65) ALEXANDRIA SYMPHONY ORCHESTRA 700 N FAIRFAX STREET STE 501 ALEXANDRIA, VA 22314	54-0805937	501C3	10,000	0			PROGRAM SUPPORT
(66) AMALGAMATED CHARITABLE FOUNDATION 1825 K STREET NW WASHINGTON DC, DC 20006	82-1517696	501C3	10,000	0			PROGRAM SUPPORT
(67) ARLINGTON FREE CLINIC INC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501C3	10,000	0			PROGRAM SUPPORT
(68) DEBRIS FREE OCEANS 670 CAITI WAKS 2980 MCFARLANE RD MIAMI, FL 33133	46-4581532	501C3	10,000	0			PROGRAM SUPPORT
(69) INTERNATIONAL SPY DEVELOPMENT OFFICE PO BOX 23137 WASHINGTON, DC 20026	46-1479450	501C3	10,000	0			PROGRAM SUPPORT
(70) OGLETHORPE UNIVERSITY 4484 PEACHTREE ROAD NE ATLANTA, GA 30319	58-0568698	501C3	10,000	0			PROGRAM SUPPORT
(71) PACIFIC RIDGE SCHOOL 6269 EL FUERTE STREET ATTN BARBARA EDWARDS ED OF PHILANTHROPY AND ALUM CARLSBAD, CA 92009	86-1061606	501C3	10,000	0			PROGRAM SUPPORT
(72) UNIVERSITY OF VIRGINIA PO BOX 400204 CHARLOTTESVILLE, VA 22904	54-1682176	501C3	10,000	0			PROGRAM SUPPORT
(73) UNIVERSITY OF WYOMING FOUNDATION 222 S 22ND STREET LARAMIE, WY 82070	83-0201971	501C3	10,000	0			PROGRAM SUPPORT
(74) WESLEY HOUSING 2311 HUNTINGTON AVENUE ALEXANDRIA, VA 22302	51-0155779	501C3	10,000	0			PROGRAM SUPPORT
(75) ALEXANDRIA SOCCER ASSOCIATION INC 1108 JEFFERSON ST ALEXANDRIA, VA 22314	54-0902413	501C3	9,500	0			PROGRAM SUPPORT
(76) SCHOLARSHIP FUND OF ALEXANDRIA (THE) 3330 KING STREET ALEXANDRIA, VA 22302	20-0031464	501C3	9,100	0			PROGRAM SUPPORT
(77) THIRTEEN CHAMBER CHOIR PO BOX 32065 WASHINGTON, DC 20007	46-3738034	501C3	9,000	0			PROGRAM SUPPORT
(78) CHRYSALIS DEVELOPMENT GROUP 307 YOAKUM PARKWAY 108 ALEXANDRIA, VA 22304	92-1542420	501C3	8,500	0			PROGRAM SUPPORT
(79) WORLD CENTRAL KITCHEN - DONOR SERVICES TEAM 200 MASSACHUSETTS AVE 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501C3	8,500	0			PROGRAM SUPPORT
(80) POSTPARTUM HEALTH ALLIANCE PO BOX 927231 SAN DIEGO, CA 92192	68-0306790	501C3	8,100	0			PROGRAM SUPPORT
(81) POTOMAC CONSERVANCY INC 962 WAYNE AVENUE SUITE 546 SILVER SPRING, MD 20910	52-1842501	501C3	8,000	0			PROGRAM SUPPORT
(82) REBUILDING TOGETHER DC ALEXANDRIA 101 XENIA STREET 102 WASHINGTON, DC 20032	54-1389286	501C3	8,000	0			PROGRAM SUPPORT
(83) AMERICAN HEART ASSOCIATION 2722 GREENVILLE AVE DALLAS, TX 75025	13-5613797	501C3	7,500	0			PROGRAM SUPPORT
(84) BEVERLEY HILLS COMMUNITY UNITED METHODIST CHURCH 3512 OLD DOMINION BLVD ALEXANDRIA, VA 22305	54-0595001	501C3	7,500	0			PROGRAM SUPPORT
(85) CENTER ON BUDGET AND POLICY PRIORITIES 820 FIRST ST NE SUITE 510 WASHINGTON, DC 20002	52-1234565	501C3	7,500	0			PROGRAM SUPPORT
(86) FREE THE OPPRESSED PO BOX 912938 DENVER, CO 802912938	47-4648581	501C3	7,500	0			PROGRAM SUPPORT
(87) JUST CAPITAL FOUNDATION INC ATTN RYAN OGRADY 44 EAST 30TH STREET FLOOR 11 NEW YORK, NY 10016	36-4764467	501C3	7,500	0			PROGRAM SUPPORT
(88) ST STEPHENS & ST ALAN SCHOOL FOUNDATION ADVANCEMENT OFFICE 400 FONTAINE STREET ALEXANDRIA, VA 22302	54-6054009	501C3	7,500	0			PROGRAM SUPPORT
(89) ALEXANDRIA LIBRARY 5005 DUKE STREET ALEXANDRIA, VA 22304	54-6000010	501C3	7,000	0			PROGRAM SUPPORT
(90) WESTMINSTER WEEKDAY PRESCHOOL 2701 CAMERON MILLS RD ALEXANDRIA, VA 22302	54-0993051	501C3	7,000	0			PROGRAM SUPPORT
(91) HOPKINS HOUSE 6670 TOWER HILL CIRCLE ALEXANDRIA, VA 22315	54-0525701	501C3	6,600	0			PROGRAM SUPPORT
(92) AT HOME IN ALEXANDRIA 3139 MT VERNON AVENUE ALEXANDRIA, VA 22305	26-4557978	501C3	6,500	0			PROGRAM SUPPORT
(93) THE FUND FOR ALEXANDRIA'S CHILD 4850 MARK CENTER DRIVE 7TH FLOOR ATTN CHRISSE LEVINE ALEXANDRIA, VA 22311	20-5295944	501C3	6,500	0			PROGRAM SUPPORT
(94) WILDERNESS KIDS ALEXANDRIA 1111 HOWELL AVE ALEXANDRIA, VA 22301	86-3891683	501C3	6,200	0			PROGRAM SUPPORT
(95) FERDINAND T DAY ELEMENTARY SCHOOL PTA 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311	54-0542801	501C3	6,100	0			PROGRAM SUPPORT
(96) ANIMAL WELFARE LEAGUE OF ALEXANDRIA 4101 EISENHOWER AVE ALEXANDRIA, VA 22304	54-0796610	501C3	6,050	0			PROGRAM SUPPORT
(97) AGUDAS ACHIM CONGREGATION OF NORTHERN VIRGINIA 2908 VALLEY DRIVE ALEXANDRIA, VA 22302	54-0581100	501C3	6,000	0			PROGRAM SUPPORT
(98) ALL AGES READ TOGETHER 1086 ELDEN STREET HERNDON, VA 20170	27-1118675	501C3	6,000	0			PROGRAM SUPPORT
(99) FRIENDS OF THE ALEXANDRIA COMMUNITY MENTAL HEALTH CENTER INC 4850 MARK CENTER DRIVE ALEXANDRIA, VA 22311	54-1221085	501C3	6,000	0			PROGRAM SUPPORT
(100) MEDSTREET INC 500 WESTOVER DRIVE 10417 SANFORD, NC 27330	83-4054043	501C3	5,547	0			PROGRAM SUPPORT
(101) ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING INC 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	54-1515133	501C3	5,500	0			PROGRAM SUPPORT
(102) COMPUTER CENTER 401 N UNION ST STE 110 ALEXANDRIA, VA 22314	54-1968428	501C3	5,500	0			PROGRAM SUPPORT
(103) FAIRLINGTON PRESCHOOL 3900 KING STREET ALEXANDRIA, VA 22302	54-0882974	501C3	5,500	0			PROGRAM SUPPORT
(104) JOHN ADAMS ELEMENTARY SCHOOL PTA 5651 RAYBURN AVENUE ALEXANDRIA, VA 22311	54-1339405	501C3	5,500	0			PROGRAM SUPPORT
(105) THE NATURE CONSERVANCY 4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	53-0242652	501C3	5,500	0			PROGRAM SUPPORT
(106) DOORWAYS PO BOX 100185 ARLINGTON, VA 22210	54-1087829	501C3	5,250	0			PROGRAM SUPPORT
(107) CONCERNED CITIZENS NETWORK OF ALEXANDRIA 4950 BRENNAN PARK DRIVE 110 ALEXANDRIA, VA 22304	27-4494682	501C3	5,100	0			PROGRAM SUPPORT
(108) TENANTS AND WORKERS UNITED 3801 MT VERNON AVENUE ALEXANDRIA, VA 22305	54-1515305	501C3	5,100	0			PROGRAM SUPPORT

3 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 130

For **EPAPERWORK** Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) Rev. 1-2025

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FUND FOR RACIAL EQUITY AWARD	1	2,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV

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

Return Reference	Explanation
PART I, LINE 2:	THROUGHOUT THE GRANT PERIOD, ACT'S CHIEF PROGRAM OFFICER AND PROGRAM STAFF ARE IN REGULAR COMMUNICATION WITH THE GRANTEES 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.

Additional Data

Return to Form

Software ID:
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Part I

Questions Regarding Compensation

<div>1a</div> <div>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.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div> <div>b</div> <div>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</div> <div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</div> <div>3</div> <div>Indicate which, if any, of the following the filing 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.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> <div>4</div> <div>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:</div> <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div> <div>5</div> <div>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:</div> <div><div>a</div><div>The organization?</div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div> <div>6</div> <div>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:</div> <div><div>a</div><div>The organization?</div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div> <div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div> <div>8</div> <div>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</div> <div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	<div>Yes</div> <div>No</div> <div>1b</div> <div>2</div> <div>4a</div> <div>4b</div> <div>4c</div> <div>5a</div> <div>5b</div> <div>6a</div> <div>6b</div> <div>7</div> <div>8</div> <div>9</div>	<div>No</div> <div>No</div> <div>No</div> <div>No</div> <div>No</div> <div>No</div> <div>No</div> <div>No</div> <div>No</div> <div>No</div> <div>No</div> <div>No</div> <div>No</div>
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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 are not 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.

[illegible]

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.

Return Reference	Explanation
PART I, LINE 3	THIS IS REVIEWED BY 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.

Additional Data

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Software ID:
Software Version:

Name of the organization
ACT FOR ALEXANDRIA

Employer identification number
26-4322369

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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	26	916,508	
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	2	110,000	DONOR'S FORM 8283 INDEPE
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				
Other (COMPUTER EQUIPMENT	X	1	26,465	
25 ▶) _____				
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 IV, Donee Acknowledgement

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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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

No

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?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

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.

Cat. No. 51227J

Schedule M (Form 990) (2024)

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.

Return Reference	Explanation
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Additional Data

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Software ID:

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SCHEDULE O
(Form 990)

(Rev. January 2025)
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 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
ACT FOR ALEXANDRIA

Employer identification number

26-4322369

Return Reference	Explanation
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 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.

Additional Data

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