

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">ACT FOR ALEXANDRIA</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">201 KING STREET 200</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">ALEXANDRIA, VA 22314</p> F Name and address of principal officer: JOHN PORTER <p align="center">SAME AS C ABOVE</p>	D Employer identification number <p align="center">26-4322369</p> E Telephone number <p align="center">703-299-8440</p> G Gross receipts \$ 5,399,945. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ACTFORALEXANDRIA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2005		M State of legal domicile: VA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: ACT FOR ALEXANDRIA IS A COMMUNITY FOUNDATION WHICH SEEKS TO RAISE THE LEVEL AND		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	54
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,079,366.	Current Year 2,877,807.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	245,968.	247,219.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,974.	-30,543.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,295,360.	3,094,483.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,376,700.	1,676,213.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	401,520.	346,947.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 92,480.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	511,196.	475,788.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,289,416.	2,498,948.
19	Revenue less expenses. Subtract line 18 from line 12	5,944.	595,535.
20	Total assets (Part X, line 16)	Beginning of Current Year 11,187,079.	End of Year 12,114,796.
21	Total liabilities (Part X, line 26)	21,666.	13,990.
22	Net assets or fund balances. Subtract line 21 from line 20	11,165,413.	12,100,806.

Part II Signature Block

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

Sign Here	Signature of officer <p align="center">JOHN PORTER, PRESIDENT AND CEO</p> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name <p>ANDREW E. YOUNG, CPA</p> Preparer's signature <p>ANDREW E. YOUNG, CPA</p> Date	Check if self-employed <input type="checkbox"/> PTIN <p>P01203950</p> Firm's name ▶ RENNER AND COMPANY, CPA, P.C Firm's EIN ▶ 54-1498950 Firm's address ▶ 700 NORTH FAIRFAX ST, SUITE 400 <p align="center">ALEXANDRIA, VA 22314</p> Phone no. 703-535-1200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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: ACT FOR ALEXANDRIA IS A COMMUNITY FOUNDATION WHICH SEEKS TO RAISE THE LEVEL AND EFFECTIVENESS OF COMMUNITY GIVING AND ENGAGEMENT FOR THE BENEFIT OF ALL IN ALEXANDRIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 2,223,403. including grants of \$ 1,676,213.) (Revenue \$ 31,509.) COMMUNITY INVESTMENT GRANTS: TO ASSIST ALEXANDRIA-SERVING NONPROFITS TO INCREASE THEIR CAPACITY TO DELIVER IMPORTANT SERVICES TO THE COMMUNITY, ACT ANNUALLY AWARDS STRATEGY IMPLEMENTATION GRANTS THROUGH A COMPETITIVE APPLICATION PROCESS. FUNDS TO SUPPORT THESE GRANTS COME FROM THE ACT COMMUNITY INVESTMENT FUND. UNRESTRICTED GRANTS ARE ALSO AWARDED FROM DONOR ADVISED FUNDS. THESE GRANTS ARE NOT RESTRICTED IN PURPOSE NOR TO ONLY ALEXANDRIA-SERVING NONPROFITS ALTHOUGH APPROXIMATELY 65% OF SUCH GRANTS GO TO ORGANIZATIONS SERVING THE CITY.

4b (Code:) (Expenses \$ 26,302. including grants of \$) (Revenue \$) ANNUAL GALA: TO SUPPORT ACT FOR ALEXANDRIA AND SEEK TO RAISE THE LEVEL AND EFFECTIVENESS OF COMMUNITY GIVING AND ENGAGEMENT FOR THE BENEFIT OF ALL IN ALEXANDRIA.

4c (Code:) (Expenses \$ 14,400. including grants of \$) (Revenue \$) SPRING2ACTION 2016: ACT HOSTED ALEXANDRIA'S ANNUAL DAY OF GIVING TO SUPPORT ALEXANDRIA-SERVING NONPROFITS. THE PROGRAM NETTED \$1,337,493 FOR THE 141 PARTICIPATING NONPROFITS. WHILE THESE UNRESTRICTED CONTRIBUTIONS ASSISTED THE LOCAL NONPROFITS, THE CROWDFUNDING AND RELATED ONLINE FUNDRAISING SKILLS SHOULD SERVE THESE ORGANIZATIONS THROUGHOUT THE YEAR.

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

4e Total program service expenses 2,264,105.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for Form 1096, Form W-2G, Form W-3, and various IRS filing requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] 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 - 703-739-7778 201 KING STREET, NO. 200, ALEXANDRIA, VA 22314

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) LAUREN STACK CHAIR	8.00	X		X				0.	0.	0.
(2) DANIEL ROGERS VICE CHAIR	5.00	X		X				0.	0.	0.
(3) JANE DOWNING KNOPS SECRETARY	5.00	X		X				0.	0.	0.
(4) MOLLY DAHL TREASURER	5.00	X		X				0.	0.	0.
(5) MARY ANN BEST MEMBER	5.00	X						0.	0.	0.
(6) CHATRANE BIRBAL MEMBER	5.00	X						0.	0.	0.
(7) CAREN CAMP MEMBER	5.00	X						0.	0.	0.
(8) LYNNWOOD CAMPBELL MEMBER	5.00	X						0.	0.	0.
(9) DEBRA COLLINS MEMBER	5.00	X						0.	0.	0.
(10) LISA COLLIS MEMBER	5.00	X						0.	0.	0.
(11) MIMI CONGER MEMBER	5.00	X						0.	0.	0.
(12) BROOKE CURRAN MEMBER	5.00	X						0.	0.	0.
(13) BILL EUILLE MEMBER	5.00	X						0.	0.	0.
(14) DAVID FRANTZ MEMBER	5.00	X						0.	0.	0.
(15) MAGALY GALDO-HIRST MEMBER	5.00	X						0.	0.	0.
(16) VAL HAWKINS MEMBER	5.00	X						0.	0.	0.
(17) TRIP HOWELL MEMBER	5.00	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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) PIERCE KLEMMT MEMBER	5.00	X						0.	0.	0.
(19) CHRISTOPHER LEWIS MEMBER	5.00	X						0.	0.	0.
(20) DAVID MARKLEY MEMBER	5.00	X						0.	0.	0.
(21) LORI MORRIS MEMBER	5.00	X						0.	0.	0.
(22) NEIL PARENT MEMBER	5.00	X						0.	0.	0.
(23) JEANNIE SHAUGHNESSY MEMBER	5.00	X						0.	0.	0.
(24) DAVID SPECK MEMBER	5.00	X						0.	0.	0.
(25) GENE STEUERLE MEMBER	5.00	X						0.	0.	0.
(26) PAUL STEVENS MEMBER	5.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								123,012.	0.	6,120.
d Total (add lines 1b and 1c)								123,012.	0.	6,120.

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 **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) JOHN PORTER PRESIDENT AND CHIEF EXECUTIVE OFFICE	40.00			X				123,012.	0.	6,120.
Total to Part VII, Section A, line 1c								123,012.		6,120.

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 Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	400,936.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,476,871.				
	g Noncash contributions included in lines 1a-1f: \$		843,520.				
	h Total. Add lines 1a-1f		2,877,807.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		203,805.			203,805.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,184,107.					
		b Less: cost or other basis and sales expenses		2,140,693.			
		c Gain or (loss)		43,414.			
	d Net gain or (loss)			43,414.		43,414.	
	8 a Gross income from fundraising events (not including \$ 400,936. of contributions reported on line 1c). See Part IV, line 18	a	102,717.				
		b Less: direct expenses	b	164,769.			
		c Net income or (loss) from fundraising events			-62,052.		-62,052.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	31,509.	31,509.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			31,509.				
12 Total revenue. See instructions.			3,094,483.	31,509.	0.	185,167.	

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 X

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	1,676,213.	1,676,213.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,133.	99,432.	14,205.	15,496.
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	167,598.	128,287.	17,786.	21,525.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,080.	7,718.	1,073.	1,289.
9 Other employee benefits	18,008.	13,818.	1,941.	2,249.
10 Payroll taxes	22,128.	16,980.	2,385.	2,763.
11 Fees for services (non-employees):				
a Management	15,269.		15,269.	
b Legal	1,699.		1,699.	
c Accounting	13,000.		13,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,970.		28,970.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	277,155.	212,680.	29,868.	34,607.
12 Advertising and promotion	21,694.	21,694.		
13 Office expenses	9,183.	7,046.	990.	1,147.
14 Information technology	18,066.	13,863.	1,947.	2,256.
15 Royalties				
16 Occupancy	37,990.	29,152.	4,094.	4,744.
17 Travel	7,793.	5,483.	1,070.	1,240.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,426.	7,234.	1,016.	1,176.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,428.	4,165.	585.	678.
23 Insurance	3,609.		3,609.	
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	8,575.	6,580.	924.	1,071.
b PRINTING AND POSTAGE	8,490.	6,515.	915.	1,060.
c STAFF DEVELOPMENT AND T	6,173.	4,737.	665.	771.
d BANK FEES	3,268.	2,508.	352.	408.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,498,948.	2,264,105.	142,363.	92,480.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,322,874.	1	2,590,359.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	15,600.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,302.		
	b Less: accumulated depreciation	10b 26,577.	8,378.	10c 4,725.
	11 Investments - publicly traded securities	600,682.	11	1,324,210.
	12 Investments - other securities. See Part IV, line 11	8,255,145.	12	8,179,902.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		11,187,079.	16	12,114,796.
Liabilities	17 Accounts payable and accrued expenses	21,666.	17	13,990.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		21,666.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,154,455.	27	12,089,837.
	28 Temporarily restricted net assets	10,958.	28	10,969.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,165,413.	33	12,100,806.	
34 Total liabilities and net assets/fund balances	11,187,079.	34	12,114,796.	

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	3,094,483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,498,948.
3	Revenue less expenses. Subtract line 2 from line 1	3	595,535.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,165,413.
5	Net unrealized gains (losses) on investments	5	339,858.
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 33, column (B))	10	12,100,806.

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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization <p style="text-align:center">ACT FOR ALEXANDRIA</p>	Employer identification number <p style="text-align:center">26-4322369</p>
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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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 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						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2791938.	3173806.	3937768.	2244438.	2877807.	15025757.
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	2791938.	3173806.	3937768.	2244438.	2877807.	15025757.
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)						4051803.
6 Public support. Subtract line 5 from line 4.						10973954.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	2791938.	3173806.	3937768.	2244438.	2877807.	15025757.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	114,676.	133,344.	210,780.	145,421.	203,805.	808,026.
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.)	7,324.	12,724.	12,102.	12,878.	31,509.	76,537.
11 Total support. Add lines 7 through 10						15910320.
12 Gross receipts from related activities, etc. (see instructions)					12	102,717.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	68.97 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	76.94 %
16a 33 1/3% support test - 2016. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 in 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 five 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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the 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? 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.		
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? 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.		

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 (a) and (b) 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? 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.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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):		
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 (explain in detail in Part VI):		
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 1-1/2% 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 .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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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
1	 <hr/> <hr/> <hr/>	\$ <u>524,093.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>385,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>137,752.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>123,549.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>88,055.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	<hr/> <hr/> <hr/> <hr/>	\$ 80,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 64,059.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ACT FOR ALEXANDRIA	Employer identification number 26-4322369
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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
1	VARIOUS PUBLICLY TRADED STOCKS _____ _____ _____	\$ 524,093.	_____
8	28 SHARES OF LOCKHEED MARTIN CORPORATION _____ _____ _____	\$ 64,059.	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(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

(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

(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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	62	35
2 Aggregate value of contributions to (during year)	1,729,391.	800,640.
3 Aggregate value of grants from (during year)	1,091,366.	584,847.
4 Aggregate value at end of year	10,350,698.	1,739,139.

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 a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2016

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	10,958.	10,953.	10,951.	10,951.	10,951.
b Contributions					
c Net investment earnings, gains, and losses	11.	5.	2.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,969.	10,958.	10,953.	10,951.	10,951.

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 Temporarily restricted endowment 100.00 %

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		30,107.	25,382.	4,725.
e Other		1,195.	1,195.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,725.

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) INVESTMENTS IN		
(B) PARTNERSHIPS	831,035.	COST
(C) MUTUAL FUNDS	5,285,903.	END-OF-YEAR MARKET VALUE
(D) MONEY MARKET FUNDS	155,377.	END-OF-YEAR MARKET VALUE
(E) EXCHANGE TRADED FUNDS	79,432.	END-OF-YEAR MARKET VALUE
(F) CORPORATE BONDS	71,757.	END-OF-YEAR MARKET VALUE
(G) FIXED INCOME	1,720,247.	END-OF-YEAR MARKET VALUE
(H) COMMODITY FUNDS	35,037.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	8,179,902.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	3,593,794.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	339,858.	
b	Donated services and use of facilities	2b	23,654.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	363,512.
3	Subtract line 2e from line 1		3	3,230,282.
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	28,970.	
b	Other (Describe in Part XIII.)	4b	-164,769.	
c	Add lines 4a and 4b		4c	-135,799.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,094,483.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	2,658,401.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	23,654.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	164,769.	
e	Add lines 2a through 2d		2e	188,423.
3	Subtract line 2e from line 1		3	2,469,978.
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	28,970.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	28,970.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,498,948.

Part XIII Supplemental Information.

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

PART X, LINE 2:

IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES -164,769.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES 164,769.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990 or 990-EZ)**

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, line 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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

Part I

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA	SPRING2ACTIO N	5		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	238,432.	68,320.	196,901.	503,653.
	2	Less: Contributions	187,876.	44,500.	168,560.	400,936.
	3	Gross income (line 1 minus line 2)	50,556.	23,820.	28,341.	102,717.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			600.	600.
	7	Food and beverages	45,185.		7,117.	52,302.
	8	Entertainment			670.	670.
	9	Other direct expenses	43,673.	18,766.	48,758.	111,197.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				164,769.
11	Net income summary. Subtract line 10 from line 3, column (d)				-62,052.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <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		%
13b		%
 - b An outside facility

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **ACT FOR ALEXANDRIA** 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RUNNINGBROOKE 107 S WEST STREET, SUITE 545 ALEXANDRIA, VA 22314	47-3346734	501(C)(3)	175,177.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
ACT FOR ALEXANDRIA 201 KING STREET, SUITE 200 ALEXANDRIA, VA 22314	26-4322369	501(C)(3)	99,704.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
CITY OF ALEXANDRIA PO BOX 25048 ALEXANDRIA, VA 22313	54-6001103	N/A	67,693.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
CHILD AND FAMILY NETWORK CENTERS 3700 WHEELER AVENUE ALEXANDRIA, VA 22304	54-1589809	501(C)(3)	60,321.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
RAZOO FOUNDATION 1725 DUKE STREET, #675 ALEXANDRIA, VA 22314	27-2499903	501(C)(3)	47,505.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	40,708.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **80.**

3 Enter total number of other organizations listed in the line 1 table ▶ **5.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	23-6002304	501(C)(3)	40,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
ALIVE INC. 2723 KING STREET ALEXANDRIA, VA 22302	54-0914017	501(C)(3)	39,753.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
THE CAMPAGNA CENTER 418 S WASHINGTON STREET ALEXANDRIA, VA 22314	54-0534609	501(C)(3)	39,100.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
CENTER FOR ALEXANDRIA'S CHILDREN 1900 N BEAUREGARD STREET, SUITE 200 ALEXANDRIA, VA 22311	20-5295944	501(C)(3)	33,954.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
COMMUNITY LODGINGS, INC. 3912 ELBERT AVENUE, SUITE 108 ALEXANDRIA, VA 22305	54-1428495	501(C)(3)	32,877.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
CARPENTER'S SHELTER 930 N HENRY STREET ALEXANDRIA, VA 22314	54-1571849	501(C)(3)	27,586.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
ALEXANDRIA SEAPORT FOUNDATION PO BOX 25036 ALEXANDRIA, VA 22314	54-1208614	501(C)(3)	27,198.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
HIGHER ACHIEVEMENT 317 8TH STREET, NE WASHINGTON, DC 20002	52-1383374	501(C)(3)	25,036.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
SCAN OF NORTHERN VIRGINIA 205 S WHITING STREET, SUITE 205 ALEXANDRIA, VA 22304	54-1473693	501(C)(3)	23,564.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON JESUIT ACADEMY 900 VARNUM STREET, NE WASHINGTON, DC 20017	52-2336694	501(C)(3)	20,500.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
SPACE OF HER OWN 520 KING STREET, SUITE 100 ALEXANDRIA, VA 22314	30-0572179	501(C)(3)	20,030.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION - PO BOX 400314 - CHARLOTTESVILLE, VA 22904	54-0485595	501(C)(3)	20,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975	501(C)(3)	20,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
WASHINGTON MIDDLE SCHOOL FOR GIRLS 1901 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	52-2031849	501(C)(3)	18,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
DOCTORS WITHOUT BORDERS USA INC 333 SEVENTH AVENUE, 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	17,200.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
ST. PAULS CHURCH 228 S PITT STREET ALEXANDRIA, VA 22314	53-0196617	501(C)(3)	16,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
OFFENDER AID AND RESTORATION OF ARLINGTON COUNTY OARA INC. - 1400 N UHLE STREET, SUITE 704 - ARLINGTON, VA 22201	54-1024562	501(C)(3)	15,500.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
ONEVIRGINIA2021 FOUNDATION PO BOX 1054 RICHMOND, VA 23218	46-4733304	501(C)(3)	15,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WYOMING FOUNDATION 222 SOUTH 22ND STREET LARAMIE, WY 82070	83-0201971	501(C)(3)	15,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
VIRGINIA NEW MAJORITY EDUCATION FUND - 3801 MOUNT VERNON AVENUE - ALEXANDRIA, VA 22305	27-1705920	501(C)(3)	15,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
TOGETHER WE BAKE 3821 GRIFFITH PLACE ALEXANDRIA, VA 22304	47-2543526	501(C)(3)	14,826.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
ALEXANDRIA SOCCER ASSOCIATION, INC. - PO BOX 25996 - ALEXANDRIA, VA 22313	54-0902413	501(C)(3)	14,441.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
READING CONNECTION, INC. (THE) 1501 LEE HIGHWAY, SUITE 170 ARLINGTON, VA 22209	54-1628863	501(C)(3)	14,305.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE, SUITE 10 OAKTON, VA 22124	54-0791977	501(C)(3)	13,815.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
ALEXANDRIA HOSPITAL FOUNDATION 4320 SEMINARY ROAD ALEXANDRIA, VA 22304	51-0241913	501(C)(3)	12,500.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC. - 3939 CAMPBELL AVENUE - ARLINGTON, VA 22206	53-0242992	501(C)(3)	12,300.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE, NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	12,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART LEAGUE, INC. 105 N UNION STREET ALEXANDRIA, VA 22314	54-0833818	501(C)(3)	11,696.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
ALEXANDRIA COUNTRY DAY SCHOOL INC 2400 RUSSELL ROAD ALEXANDRIA, VA 22301	54-1219280	501(C)(3)	11,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
PLANNED PARENTHOOD ASSOCIATION OF METROPOLITAN WASHINGTON DC, INC. - 1225 4TH STREET NE - WASHINGTON, DC 20002	53-0204621	501(C)(3)	11,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
GIRLS ON THE RUN OF NORTHERN VIRGINIA - 10560 MAIN STREET, SUITE 514 - FAIRFAX, VA 22030	54-2026885	501(C)(3)	10,326.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
HOMEWARD TRAILS ANIMAL RESCUE INC. PO BOX 100968 ARLINGTON, VA 22210	32-0086330	501(C)(3)	10,276.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
TC WILLIAMS HIGH SCHOOL 3330 KING STREET ALEXANDRIA, VA 22302	54-1303279	N/A	10,130.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
EMPOWERED WOMEN INTERNATIONAL, INC. - 320 S HENRY STREET - ALEXANDRIA, VA 22314	32-0066071	501(C)(3)	10,118.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS - 1329 E CARY STREET, SUITE 202 - RICHMOND, VA 23219	27-1598303	501(C)(3)	10,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
LAFAYETTE COLLEGE 730 HIGH STREET EASTON, PA 18042	24-0795686	501(C)(3)	10,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD. ROCKFORD, TN 37853	58-1647546	501(C)(3)	10,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
THIRD SECTOR CAPITAL PARTNERS, INC 1400 EYE STREET, NW, SUITE 400 WASHINGTON, DC 20005	46-1301032	501(C)(3)	10,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
VIRGINIA PUBLIC ACCESS PROJECT PO BOX 1472 RICHMOND, VA 23218	54-1825691	501(C)(3)	10,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
AT HOME IN ALEXANDRIA 3139 MT VERNON AVENUE ALEXANDRIA, VA 22305	26-4557978	501(C)(3)	9,654.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
ALEXANDRIA TUTORING CONSORTIUM 323 S FAIRFAX STREET ALEXANDRIA, VA 22314	56-2542869	501(C)(3)	9,227.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
CHRIST CHURCH 118 N WASHINGTON STREET ALEXANDRIA, VA 22314	54-0506451	501(C)(3)	8,500.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
REBUILDING TOGETHER ALEXANDRIA 700 PRINCESS STREET ALEXANDRIA, VA 22314	54-1389286	501(C)(3)	8,130.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
DREAMDOG FOUNDATION 2308 MT VERNON AVENUE ALEXANDRIA, VA 22301	54-2031520	501(C)(3)	7,180.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
WRIGHT TO READ 414 N WASHINGTON ST., SUITE 101 ALEXANDRIA, VA 22314	37-1693086	501(C)(3)	7,051.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL OF ST. THOMAS MORE 3901 CATHEDRAL LANE ARLINGTON, VA 22203	53-0196617	501(C)(3)	7,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
HOLY TRINITY CHURCH 3513 N STREET, NW WASHINGTON, DC 20007	53-0196617	501(C)(3)	7,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
SCHOLARSHIP FUND OF ALEXANDRIA (THE) - 3330 KING STREET - ALEXANDRIA, VA 22302	20-0031464	501(C)(3)	6,616.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
CASA CHIRILAGUA 3846 KING STREET ALEXANDRIA, VA 22302	27-4575777	501(C)(3)	6,306.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
BRADY CENTER TO PREVENT GUN VIOLENCE - 840 FIRST STREET NE, SUITE 400 - WASHINGTON, DC 20002	52-1285097	501(C)(3)	6,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	6,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
FRIENDS OF GUEST HOUSE, INC. ONE E LURAY AVENUE ALEXANDRIA, VA 22301	51-0201327	501(C)(3)	5,833.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
FRANCIS PARKER SCHOOL 4201 RANDOLPH STREET SAN DIEGO, CA 92103	95-1696720	501(C)(3)	5,800.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
UNITED COMMUNITY MINISTRIES, INC. 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501(C)(3)	5,500.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA PO BOX 400204 CHARLOTTESVILLE, VA 22904	54-0485595	N/A	5,500.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
SALVATION ARMY 1804 MOUNT VERNON AVENUE ALEXANDRIA, VA 22301	58-0660607	501(C)(3)	5,464.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
AMERICAN RED CROSS 2025 EAST STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	5,306.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
GENERAL COUNCIL ON FINANCE & ADMINISTRATION UNITED METHODIST CHURCH - 5827 COLUMBIA PIKE, SUITE 320 - FALLS CHURCH, VA 22041	31-1813333	501(C)(3)	5,300.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
MARET SCHOOL 3000 CATHEDRAL AVENUE, NW WASHINGTON, DC 20008	53-0211355	501(C)(3)	5,250.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
COMPUTER C.O.R.E. 5881 LEESBURG PIKE, #240 FALLS CHURCH, VA 22041	54-1968428	501(C)(3)	5,026.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
ARLINGTON FREE CLINIC, INC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
BRIARWOOD-BROOKWOOD INC. 1752 FM 1489 ROAD BROOKSHIRE, TX 77423	74-1587672	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
CAPITAL HOSPICE PO BOX 1576 MERRIFIELD, VA 22116	54-1920770	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES USA PO BOX 17066 BALTIMORE, MD 21297	53-0196620	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
CHILDREN'S HOSPITAL FOUNDATION 801 ROEDER ROAD, SUITE 300 SILVER SPRING, MD 20910	52-1640402	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
COLLEGE OF WILLIAM AND MARY PO BOX 8795 WILLIAMSBURG, VA 23187	54-0734117	N/A	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
DEFENDERS OF WILDLIFE 1130 17TH STREET NW WASHINGTON, DC 20036	53-0183181	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
IMMANUEL CHURCH ON THE HILL 3606 SEMINARY ROAD ALEXANDRIA, VA 22304	54-0584804	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
INSIGHT MEMORY CARE CENTER 3953 PENDER DRIVE, SUITE 100 FAIRFAX, VA 22030	52-1361974	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
NATIONAL COUNCIL ON AGING 251 18TH STREET S, SUITE 500 ARLINGTON, VA 22202	13-1932384	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
OLD PRESBYTERIAN MEETING HOUSE 323 S FAIRFAX STREET ALEXANDRIA, VA 22314	54-0506422	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
POTOMAC SCHOOL 1301 POTOMAC SCHOOL ROAD MCLEAN, VA 22101	54-0562160	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIGNATURE THEATRE, INC. 4200 CAMPBELL AVENUE ARLINGTON, VA 22206	62-1417785	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
THE FRIENDS OF HUNTLEY MEADOWS PARK INC - 3701 LOCKHEED BLVD - ALEXANDRIA, VA 22306	54-1338505	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
VIRGINIA CIVIC ENGAGEMENT TABLE PO BOX 8586 RICHMOND, VA 23226	47-5354509	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
VIRGINIA COMMONWEALTH UNIVERSITY 809 WEST BROAD STREET RICHMOND, VA 23220	54-0757884	N/A	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
VOICES FOR VIRGINIAS CHILDREN 701 E FRANKLIN STREET, #807 RICHMOND, VA 23219	54-1726265	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT
WASHINGTON TENNIS & EDUCATION FOUNDATION, INC. - 16TH & KENNEDY STREET, NW - WASHINGTON, DC 20011	52-6046504	501(C)(3)	5,000.	0.	ACTUAL VALUE	N/A	PROGRAM SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

EACH GRANTEE RECEIVES ONLY HALF OF THE GRANT INITIALLY. THEY MUST SUBMIT A REPORT MID-TERM WITH A PROJECT UPDATE INDICATING HOW THEY ARE ACHIEVING THE GOLAS OF THE GRANT. ONLY IF SATISFACTORY IS THE SECOND HALF OF THE GRANT FORWARDED. THERE ARE SITE VISITS DURING THE GRANT CYCLE AND A FULL REPORT DUE AT THE COMPLETION OF THE GRANT EFFORT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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	15	815,597.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (WINE AUCTION)	X	80	27,923.	FAIR MARKET VALUE
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 **29**

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

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

Schedule M (Form 990) (2016)

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EFFECTIVENESS OF COMMUNITY ENGAGEMENT AND GIVING FOR THE BENEFIT OF ALL
IN ALEXANDRIA.

FORM 990, PART VI, SECTION A, LINE 4:

MEMBERS OF THE BOARD ("DIRECTORS") SHALL BE ELECTED AT EACH ANNUAL MEETING
OF THE BOARD BY A MAJORITY VOTE OF THE DIRECTORS THEN IN OFFICE, EXCEPT AS
PROVIDED IN SECTION 4 OF THIS ARTICLE. EACH DIRECTOR SHALL HOLD OFFICE FOR
A TERM OF THREE (3) FULL FISCAL YEARS AND UNTIL SUCH DIRECTOR'S SUCCESSOR
IS ELECTED AND QUALIFIED OR UNTIL SUCH DIRECTOR'S EARLIER RESIGNATION OR
REMOVAL. NO DIRECTOR SHALL SERVE MORE THAN TWO (2) CONSECUTIVE TERMS UNLESS
THE DIRECTOR CONTINUES TO SERVE AS AN OFFICER OR BOARD COMMITTEE CHAIR.
HOWEVER, DIRECTORS WHO HAVE SERVED IN EXCESS OF (3) YEARS PRIOR TO JANUARY
1, 2016 SHALL BE ELIGIBLE TO SERVE NO MORE THAN ONE ADDITIONAL FULL TERM
AFTER DECEMBER 31, 2015.

DIRECTORS SHALL BE DIVIDED INTO THREE CLASSES (CLASS A, CLASS B AND CLASS
C). THE FIRST FULL TERM OF EACH CLASS WILL BEGIN ON JANUARY 1 OF 2016,
2017, AND 2018 RESPECTIVELY. BOARD MEMBERS IN CLASSES OTHER THAN CLASS A
WILL BE DEEMED TO BE SERVING A PARTIAL TERM PRIOR TO BEGINNING OF THE FIRST
FULL TERM OF THEIR CLASS AND WILL THEN BE ELIGIBLE TO SERVE TWO (2) FULL
TERMS AFTER COMPLETION OF THE PARTIAL TERM. (EXAMPLE: A CURRENT DIRECTOR'S
TERM BEGAN JANUARY 1, 2015. IF THAT DIRECTOR IS DESIGNATED AS A CLASS B
DIRECTOR, S/HE WILL SERVE A PARTIAL TERM UNTIL DECEMBER 31, 2016 AND WILL
THEN BE ELIGIBLE TO SERVE TWO (2) ADDITIONAL TERMS.) CLASS A DIRECTORS
ELECTED PRIOR TO APRIL 1, 2016 WILL BE DEEMED TO HAVE SERVED A FULL TERM

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

EFFECTIVE DECEMBER 31, 2018.

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

THE 990 IS REVIEWED BY ACT'S FINANCE COMMITTEE WHICH WILL THEN TAKE IT TO THE EXECUTIVE COMMITTEE AND THEN TO THE BOARD OF DIRECTORS.

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

RESPONSIBILITY FOR MONITORING THE CONFLICT OF INTEREST POLICY LIES WITH THE BOARD CHAIR AS IT RELATES TO BOARD MEMEBERS, VOLUNTEER COMMITTEE MEMBERS, AND THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR 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 RELATED TO BOARD MEMBERS, COMMITTEE MEMBERS OR THE EXECUTIVE DIRECTOR) OR TO THE EXECUTIVE DIRECTOR (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 EXECUTIVE DIRECTOR 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 EXECUTIVE DIRECTOR, 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

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

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 EXECUTIVE DIRECTORS OF COMPARABLE ORGANIZATIONS IN THAT REGION.

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

UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES FEES:

PROGRAM SERVICE EXPENSES	17,266.
MANAGEMENT AND GENERAL EXPENSES	2,425.
FUNDRAISING EXPENSES	2,809.
TOTAL EXPENSES	22,500.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	194,236.
MANAGEMENT AND GENERAL EXPENSES	27,278.
FUNDRAISING EXPENSES	31,606.
TOTAL EXPENSES	253,120.

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	1,178.
MANAGEMENT AND GENERAL EXPENSES	165.
FUNDRAISING EXPENSES	192.

Name of the organization ACT FOR ALEXANDRIA	Employer identification number 26-4322369
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TOTAL EXPENSES	1,535.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	277,155.
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PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY OF THE REVIEW OF THE FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT ACCOUNTANTS. THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE AND FIXTURES														
1	FILING CABINETS	03/01/10	SL	5.00		16	520.				520.	520.		0.	520.
2	WHITE BOARDS	03/01/10	SL	5.00		16	675.				675.	675.		0.	675.
	* 990 PAGE 10 TOTAL - FURNITURE AND FIXTURES						1,195.				1,195.	1,195.		0.	1,195.
	COMPUTER EQUIPMENT AND SOFTWARE														
3	COMPUTER SCREEN - 200	08/13/10	SL	3.00		16	511.				511.	511.		0.	511.
4	COMPUTER - 200	08/13/10	SL	3.00		16	1,422.				1,422.	1,422.		0.	1,422.
5	COMPUTER-100	10/29/10	SL	3.00		16	1,619.				1,619.	1,619.		0.	1,619.
6	COMPUTER-100	10/29/10	SL	3.00		16	1,619.				1,619.	1,619.		0.	1,619.
7	COMPUTER LATITUDE E5420M	08/12/11	SL	3.00		16	1,274.				1,274.	1,274.		0.	1,274.
8	GIFT CARD PRINTER	04/05/12	SL	3.00		16	3,689.				3,689.	3,689.		0.	3,689.
9	LAPTOP COMPUTER LATITUDE E5420	08/29/12	SL	3.00		16	1,497.				1,497.	1,497.		0.	1,497.
10	POLYCOM CONFERENCE PHONE	08/31/13	SL	3.00		16	627.				627.	505.		122.	627.
11	HP OFFICEJET PRO X476DN INKJET ALL-IN-ONE	08/31/13	SL	3.00		16	682.				682.	549.		133.	682.
12	LATITUDE E6330 COMPUTER	12/30/13	SL	3.00		16	1,992.				1,992.	1,383.		609.	1,992.
13	OFFICE 365	06/16/14	SL	3.00		16	1,350.				1,350.	712.		450.	1,162.
14	LATITUDE 13 5000 SERIES LAPTOP	06/16/14	SL	3.00		16	1,603.				1,603.	847.		534.	1,381.
15	DELL POWEREDGE R210 II SERVER	06/16/14	SL	3.00		16	6,011.				6,011.	3,172.		2,004.	5,176.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
16	DELL LATITUDE 12 7000 SERIES LAPTOP	11/12/14	SL	3.00		16	2,566.				2,566.	998.		855.	1,853.
19	LATITDUE 14 5000 SERIES	10/01/15	SL	3.00		16	1,870.				1,870.	156.		623.	779.
20	DELL COMPUTER-MONITOR-REPLICATOR	11/18/16	SL	3.00		16	1,776.				1,776.			98.	98.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT AND SOFTW						30,108.				30,108.	19,953.		5,428.	25,381.
	* GRAND TOTAL 990 PAGE 10 DEPR						31,303.				31,303.	21,148.		5,428.	26,576.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						29,527.			0.	29,527.	21,148.			26,478.
	ACQUISITIONS						1,776.			0.	1,776.	0.			98.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						31,303.			0.	31,303.	21,148.			26,576.
	ENDING ACCUM DEPR											26,576.			
	ENDING BOOK VALUE											4,727.			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ACT FOR ALEXANDRIA	Employer identification number (EIN) or <div style="text-align: center; font-size: large;">26-4322369</div>
	Number, street, and room or suite no. If a P.O. box, see instructions. 201 KING STREET, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

• The books are in the care of ▶ **201 KING STREET, NO. 200 - ALEXANDRIA, VA 22314**
 Telephone No. ▶ **703-739-7778** Fax No. ▶ **703-739-7787**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.