

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

**2013**

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](http://www.irs.gov/form990)

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>ACT FOR ALEXANDRIA</b>		<b>D Employer identification number</b> <b>26-4322369</b>
	Doing Business As		<b>E Telephone number</b> <b>(703) 739-7778</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1421 PRINCE STREET</b>		<b>220</b>
City or town, state or province, country, and ZIP or foreign postal code		<b>G Gross receipts \$ 4,129,470.</b>	
<b>ALEXANDRIA, VA 22314</b>		<b>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b>	
<b>F Name and address of principal officer: EUGENE STEUERLE</b>		<b>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
<b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>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</b>			
<b>J Website: HTTP://WWW.ACTFORALEXANDRIA.ORG</b>			
<b>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</b>		<b>L Year of formation: 2005</b>	
		<b>M State of legal domicile: VA</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ACT FOR ALEXANDRIA IS A COMMUNITY FOUNDATION WHICH SEEKS TO RAISE THE LEVEL AND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>26</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>55</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,791,938.</b>	<b>3,173,806.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>116,016.</b>	<b>393,484.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-9,190.</b>	<b>10,960.</b>
		<b>2,898,764.</b>	<b>3,578,250.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>904,785.</b>	<b>1,384,555.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>392,166.</b>	<b>395,867.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>52,980.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>271,647.</b>	<b>351,925.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,568,598.</b>	<b>2,132,347.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,330,166.</b>	<b>1,445,903.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,444,536.</b>	<b>9,339,005.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>28,172.</b>	<b>48,757.</b>
	<b>7,416,364.</b>	<b>9,290,248.</b>	

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>EUGENE STEUERLE, CHAIR</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>CAROL MOUNT</b>		<b>09/05/14</b>	<input type="checkbox"/>	<b>P00699613</b>
	Firm's name	Firm's EIN	Phone no. (703) 836-1350		
	<b>HALT, BUZAS &amp; POWELL, LTD.</b>	<b>26-0004395</b>			
	Firm's address				
	<b>1199 N. FAIRFAX ST. 10TH FLOOR</b>				
	<b>ALEXANDRIA, VA 22314</b>				

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 OF 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 \$ 60,341. including grants of \$ ) (Revenue \$ ) SPRING2ACTION- IN 2013, ACT CONDUCTED A DAY OF ONLINE GIVING TO SUPPORT ALEXANDRIA-BASED NONPROFITS. THE PROGRAM NETTED \$659,591 FOR THE 978 PARTICIPATING NONPROFITS AND PROVIDED THEM WITH SKILLS TO UTILIZE ONLINE OPPORTUNITIES TO RAISE FUNDS THROUGHOUT THE YEAR.

4b (Code: ) (Expenses \$ 1,766,908. including grants of \$ 1,384,555. ) (Revenue \$ ) COMMUNITY INVESTMENT GRANTS - ACT ANNUALLY AWARDS STRATEGY IMPLEMENTATION GRANTS TO ALEXANDRIA NONPROFITS THROUGH A COMPETITIVE APPLICATION PROCESS. FUNDS TO SUPPORT THESE GRANTS COME FROM THE ACT COMMUNITY INVESTMENT FUND IN CONJUNCTION WITH GRANTS PROVIDED FROM ITS DONOR ADVISED FUNDS. THE RESULTING GRANTS PROVIDE CAPACITY BUILDING SUPPORT FOR THE NONPROFIT COMMUNITY.

4c (Code: ) (Expenses \$ 48,885. including grants of \$ ) (Revenue \$ ) ACTION ALEXANDRIA-A WEB 2.0 BASED PLATFORM TO BETTER ENGAGE MORE ALEXANDRIANS ON COMMUNITY ISSUES, COMPLETED ITS THIRD YEAR OF OPERATION IN 2013 IN PARTNERSHIP WITH THE CITY OF ALEXANDRIA. ACTION PROVIDED AN ADDITIONAL TOOL IN THE COMMUNITY ENGAGEMENT ARENA FOR THE CITY AND LOCAL NONPROFITS. IT PROVED INSTRUMENTAL IN ADDRESSING VARIOUS ISSUES IMPACTING ALEXANDRIA.

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

4e Total program service expenses 1,876,134.

**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	<b>Section 501(c)(3) organizations.</b> 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
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?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	26		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	26		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	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
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **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     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, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - (703) 739-7778**  
**1421 PRINCE STREET, NO. 220, 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) EUGENE STEUERLE CHAIR	8.00	X		X				0.	0.	0.
(2) LAUREN GARCIA VICE CHAIR	3.00	X		X				0.	0.	0.
(3) JOYCE MANCHESTER TREASURER	4.00	X		X				0.	0.	0.
(4) DEBRA COLLINS SECRETARY	3.00	X		X				0.	0.	0.
(5) CAREN CAMP MEMBER	2.50	X						0.	0.	0.
(6) LYLES CARR MEMBER	2.50	X						0.	0.	0.
(7) LISA COLLIS MEMBER	2.50	X						0.	0.	0.
(8) MIMI CONGER MEMBER	2.50	X						0.	0.	0.
(9) BROOKE CURRAN MEMBER	2.50	X						0.	0.	0.
(10) ROBERT DUGGER MEMBER	2.50	X						0.	0.	0.
(11) BILL EUILLE MEMBER	2.50	X						0.	0.	0.
(12) MAGALY GALDO-HIRST MEMBER	2.50	X						0.	0.	0.
(13) VAL HAWKINS MEMBER	2.50	X						0.	0.	0.
(14) JEANNIE HODGES MEMBER	2.50	X						0.	0.	0.
(15) TRIP HOWELL MEMBER	2.50	X						0.	0.	0.
(16) PIERCE KLEMMT MEMBER	2.50	X						0.	0.	0.
(17) DAVID MARKLEY MEMBER	2.50	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) LORI MORRIS MEMBER	2.50	X						0.	0.	0.
(19) ALICE PAIK MEMBER	2.50	X						0.	0.	0.
(20) NEIL PARENT MEMBER	2.50	X						0.	0.	0.
(21) PHIL SUNDERLAND MEMBER	2.50	X						0.	0.	0.
(22) DAVID SPECK MEMBER	2.50	X						0.	0.	0.
(23) DAVID DEJESUS MEMBER	2.50	X						0.	0.	0.
(24) PHILIP KANGAS MEMBER	2.50	X						0.	0.	0.
(25) CHRISTOPHER LEWIS MEMBER	2.50	X						0.	0.	0.
(26) SEAN WALSH MEMBER	2.50	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								104,166.	0.	9,098.
<b>d Total (add lines 1b and 1c)</b>								104,166.	0.	9,098.

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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 VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	66,903.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,106,903.				
	g	Noncash contributions included in lines 1a-1f: \$		1,142,168.				
	h	<b>Total.</b> Add lines 1a-1f		3,173,806.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		133,344.			133,344.	
	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				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			260,140.		260,140.
	8 a	Gross income from fundraising events (not including \$ 66,903. of contributions reported on line 1c). See Part IV, line 18	a		27,794.			
		b	Less: direct expenses	b	29,558.			
		c	Net income or (loss) from fundraising events			-1,764.		-1,764.
	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	<b>OTHER REVENUE</b>		900099	12,724.			12,724.	
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			12,724.				
12	<b>Total revenue.</b> See instructions.			3,578,250.	0.	0.	404,444.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,384,555.	1,384,555.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	113,264.	84,948.	16,990.	11,326.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	240,321.	180,241.	36,048.	24,032.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,773.	4,329.	866.	578.
<b>9</b> Other employee benefits	9,829.	7,372.	1,474.	983.
<b>10</b> Payroll taxes	26,680.	20,010.	4,002.	2,668.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	11,156.		11,156.	
<b>b</b> Legal	3,500.		3,500.	
<b>c</b> Accounting	13,893.		13,893.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	17,422.		17,422.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	18,424.		18,424.	
<b>12</b> Advertising and promotion	147,823.	147,823.		
<b>13</b> Office expenses	28,833.	4,324.	21,626.	2,883.
<b>14</b> Information technology	60,497.	9,075.	45,373.	6,049.
<b>15</b> Royalties				
<b>16</b> Occupancy	32,571.	24,428.	4,886.	3,257.
<b>17</b> Travel	3,286.	2,464.	494.	328.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,908.	3,681.	736.	491.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,845.	2,884.	576.	385.
<b>23</b> Insurance	2,476.		2,476.	
<b>24</b> 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.)				
<b>a</b> BANK CHARGES	3,291.		3,291.	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,132,347.	1,876,134.	203,233.	52,980.
<b>26</b> 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		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,088,884.	1	2,193,672.		
	<b>2</b> Savings and temporary cash investments .....		2			
	<b>3</b> Pledges and grants receivable, net .....		3			
	<b>4</b> Accounts receivable, net .....		4			
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5		
	<b>6</b> 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		
	<b>7</b> Notes and loans receivable, net .....		7			
	<b>8</b> Inventories for sale or use .....		8			
	<b>9</b> Prepaid expenses and deferred charges .....		9		570.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 16,127.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 10,210.	6,691.	<b>10c</b>	5,917.	
	<b>11</b> Investments - publicly traded securities .....			11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		5,348,961.	12	7,138,846.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			13		
	<b>14</b> Intangible assets .....			14		
	<b>15</b> Other assets. See Part IV, line 11 .....			15		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		7,444,536.	16	9,339,005.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,471.	17	16,051.		
	<b>18</b> Grants payable .....	5,750.	18	7,940.		
	<b>19</b> Deferred revenue .....		19			
	<b>20</b> Tax-exempt bond liabilities .....		20			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....			21		
	<b>22</b> 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		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....			23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....			24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		14,951.	25	24,766.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		28,172.	26	48,757.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	7,405,413.	27	9,279,297.		
	<b>28</b> Temporarily restricted net assets .....	10,951.	28	10,951.		
	<b>29</b> Permanently restricted net assets .....		29			
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		30			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32			
<b>33</b> Total net assets or fund balances .....		7,416,364.	33	9,290,248.		
<b>34</b> Total liabilities and net assets/fund balances .....		7,444,536.	34	9,339,005.		

**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	3,578,250.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,132,347.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,445,903.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,416,364.
5	Net unrealized gains (losses) on investments	5	464,620.
6	Donated services and use of facilities	6	
7	Investment expenses	7	17,422.
8	Prior period adjustments	8	-54,061.
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	9,290,248.

**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? 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		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)



**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	931,468.	508,376.	6285980.	2791938.	3173806.	13691568.
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 <b>Total.</b> Add lines 1 through 3 .....	931,468.	508,376.	6285980.	2791938.	3173806.	13691568.
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) .....						2558892.
6 <b>Public support.</b> Subtract line 5 from line 4.						11132676.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	931,468.	508,376.	6285980.	2791938.	3173806.	13691568.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	9,875.	21,325.	50,783.	114,676.	133,344.	330,003.
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 IV.) .....	6,150.	168.	4,747.	7,324.	12,724.	31,113.
11 <b>Total support.</b> Add lines 7 through 10						14052684.
12 Gross receipts from related activities, etc. (see instructions) .....					12	98,640.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	79.22	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	82.43	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2013)

Name of organization <b>ACT FOR ALEXANDRIA</b>	Employer identification number <b>26-4322369</b>
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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
<u>1</u>	_____ _____ _____	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>214,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>30,846.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>110,677.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>156,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ACT FOR ALEXANDRIA</b>	Employer identification number <b>26-4322369</b>
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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/>	\$ <u>200,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>120,645.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>607,592.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>99,327.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ACT FOR ALEXANDRIA</b>	Employer identification number <b>26-4322369</b>
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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
3	VARIOUS SHARES OF STOCK _____ _____ _____	\$ 30,846.	12/09/13
10	OWNERSHIP INTEREST IN VARIOUS PARTNERSHIPS _____ _____ _____	\$ 120,645.	12/31/13
11	OWNERSHIP INTEREST IN EGG FACTORY LLC _____ _____ _____	\$ 607,592.	12/31/13
12	5,650 SHARES OF BOOZ ALLEN HAMILTON HOLDING CORP _____ _____ _____	\$ 99,327.	12/11/13
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

Name of organization <b>ACT FOR ALEXANDRIA</b>	Employer identification number <b>26-4322369</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to 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](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	58	10
2 Aggregate contributions to (during year) .....	2,553,178.	563,632.
3 Aggregate grants from (during year) .....	1,283,461.	101,094.
4 Aggregate value at end of year .....	8,726,786.	563,462.

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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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" to 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (i) unrelated organizations 

	Yes	No
<b>3a(i)</b>		
- (ii) related organizations 

	Yes	No
<b>3a(ii)</b>		

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

	Yes	No
<b>3b</b>		

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" to 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		14,932.	9,294.	5,638.
e Other		1,195.	916.	279.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,917.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>INVESTMENTS</b>	<b>7,138,846.</b>	<b>COST</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>7,138,846.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) <b>ACCRUED VACATION</b>	<b>11,367.</b>
(3) <b>FUNDS HELD FOR AGENCIES</b>	<b>13,399.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>24,766.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	4,092,442.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	482,042.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	20,014.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	502,056.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,590,386.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-12,136.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-12,136.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,578,250.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	2,164,496.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	20,014.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	20,013.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	2,144,483.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-12,136.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-12,136.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	2,132,347.

**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:**

**EXPLANATION: THE ORGANIZATION IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON ANY NET INCOME DERIVED FROM ACTIVITIES RELATED TO ITS EXEMPT PURPOSE. THIS CODE SECTION ENABLES THE ORGANIZATION TO ACCEPT DONATIONS THAT QUALIFY AS CHARITABLE CONTRIBUTIONS TO THE DONOR. THE ORGANIZATION IS SUBJECT TO TAX ON NET INCOME FROM UNRELATED BUSINESS ACTIVITIES. FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, THE ORGANIZATION DID NOT RECOGNIZE INCOME TAX EXPENSE IN THE ACCOMPANYING FINANCIAL STATEMENTS AS THERE WAS NO UNRELATED BUSINESS TAXABLE INCOME. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS, PURSUANT TO ACCOUNTING STANDARDS**

**Part XIII** Supplemental Information (continued)

CODIFICATION (ASC) FOR INCOME TAXES. GENERALLY, TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR UP TO THREE YEARS FROM THE DATE A COMPLETED RETURN IS FILED. IF THERE ARE MATERIAL OMISSIONS OF INCOME, TAX RETURNS MAY BE SUBJECT TO EXAMINATION FOR UP TO SIX YEARS. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE. AT DECEMBER 31, 2013 AND 2012, THE ORGANIZATION HAD NO ACCRUALS FOR INTEREST AND/OR PENALTIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES  
 INVESTMENT FEES INCLUDED IN NET INVESTMENT INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES  
 INVESTMENT FEES INCLUDED IN NET INVESTMENT INCOME



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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))
		<b>SPECIAL EVENT</b>	<b>NONE</b>	<b>NONE</b>	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	94,697.			94,697.
	<b>2</b> Less: Contributions .....	66,903.			66,903.
	<b>3</b> Gross income (line 1 minus line 2) .....	27,794.			27,794.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	236.			236.
	<b>6</b> Rent/facility costs .....	5,069.			5,069.
	<b>7</b> Food and beverages .....	9,704.			9,704.
	<b>8</b> Entertainment .....	600.			600.
	<b>9</b> Other direct expenses .....	13,949.			13,949.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				29,558.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-1,764.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate 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: \_\_\_\_\_



**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" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SCHOLARSHIP FUND OF ALEXANDRIA 3330 KING STREET ALEXANDRIA, VA 22302	20-0031464	501(C)(3)	5,925.	0.			PROGRAM SUPPORT
ALEXANDRIA SEAPORT FOUNDATION PO BOX 25036 ALEXANDRIA, VA 22314	54-1208614	501(C)(3)	35,571.	0.			PROGRAM SUPPORT
ALZHEIMER'S FAMILY DAY CENTER 2812 OLD LEE HIGHWAY, STE 210 FAIRFAX, VA 22031	52-1361974	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CENTER FOR ALEXANDRIA'S CHILDREN 1900 N BEAUREGARD STREET, SUITE 200 ALEXANDRIA, VA 22311	20-5295944	501(C)(3)	102,666.	0.			PROGRAM SUPPORT
CORCORAN GALLERY OF ART 500 17TH STREET NW WASHINGTON, DC 20006	53-0196641	501(C)(3)	27,500.	0.			PROGRAM SUPPORT
CHILD AND FAMILY NETWORK CENTERS 3700 WHEELER AVENUE ALEXANDRIA, VA 22304	54-1589809	501(C)(3)	262,104.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **58.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

**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
FABRETTO CHILDREN'S FOUNDATION, INC. - 3124 N 10TH STREET - ARLINGTON, VA 22201	36-3894824	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
GLOBALGIVING FOUNDATION 1023 15TH STREET NW, 12TH FLOOR WASHINGTON, DC 20005	30-0108263	501(C)(3)	32,000.	0.			PROGRAM SUPPORT
CARPENTER'S SHELTER 930 N HENRY STREET ALEXANDRIA, VA 22314	54-1571849	501(C)(3)	16,174.	0.			PROGRAM SUPPORT
COMMUNITY LODGINGS, INC. 3912 ELBERT AVENUE SUITE 108 ALEXANDRIA, VA 22305	54-1428495	501(C)(3)	25,622.	0.			PROGRAM SUPPORT
THE ART LEAGUE, INC 105 N UNION STREET ALEXANDRIA, VA 22314	54-0833818	501(C)(3)	10,091.	0.			PROGRAM SUPPORT
WASHINGTON JESUIT ACADEMY 900 VARNUM STREET NE WASHINGTON, DC 20017	52-2336694	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
ACCESS HOPE, INC. 4401 FAIR LAKES COURT, SUITE 310 FAIRFAX, VA 22033	80-0573470	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF VIRGINIA PO BOX 400204 CHARLOTTESVILLE, VA 22904	54-0485595	501(C)(3)	16,000.	0.			PROGRAM SUPPORT
CATHEDRAL OF ST. THOMAS MORE 3901 CATHEDRAL LANE ARLINGTON, VA 22203	53-0196617	501(C)(3)	7,000.	0.			PROGRAM SUPPORT

**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
AMISTAD MISSION 55 SCOTT STREET BUFORD, GA 30518	63-1011215	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GIRLS ON THE RUN OF NORTHERN VIRGINIA - 10560 MAIN STREET, SUITE 514 - FAIRFAX, VA 22030	54-2026885	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CAPITAL HOSPICE PO BOX 1576 MERRIFIELD, VA 22116	54-1920770	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
CAPITAL AREA FOOD BANK 645 TAYLOR STREET, NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	12,800.	0.			PROGRAM SUPPORT
SPACE OF HER OWN 520 KING STREET, SUITE 100 ALEXANDRIA, VA 22314	30-0572179	501(C)(3)	12,492.	0.			PROGRAM SUPPORT
FRIENDS OF ALEXANDRIA COMMUNITY MENTAL HEALTH CENTER, INC. - 720 N SAINT ASAPH STREET - ALEXANDRIA, VA 22314	54-1221085	501(C)(3)	5,050.	0.			PROGRAM SUPPORT
FRIENDS OF COMPASS 1350 CONNECTICUT AVENUE NW, SUITE 9 WASHINGTON, DC 20036	26-3724642	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SAVE THE CHILDREN FEDERATION, INC. 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(C)(3)	6,525.	0.			PROGRAM SUPPORT
NATIONAL COUNCIL ON AGING 1901 L STREET, NW, 4TH FLOOR WASHINGTON, DC 20036	13-1932384	501(C)(3)	5,000.	0.			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
BRADY CENTER TO PREVENT GUN VIOLENCE - 1225 I STREET, NW, SUITE 1100 - WASHINGTON, DC 20005	52-1285097	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
GIRLS EDUCATIONAL AND MENTORING SERVICES, INC. - 201 W 148TH STREET - NEW YORK, NY 10039	13-4150972	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. 333 SEVENTH AVENUE, 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	6,525.	0.			PROGRAM SUPPORT
CHILDREN'S HOSPITAL FOUNDATION 801 ROEDER ROAD, SUITE 300 SILVER SPRING, MD 20910	52-1640402	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
REMOTE AREA MEDICAL FOUNDATION 1834 BEECH STREET KNOXVILLE, TN 37920	62-1650446	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CATHOLIC RELIEF SERVICES, INC. PO BOX 17090 BALTIMORE, MD 21203	13-5563422	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ST. PAULS CHURCH 228 S PITT STREET ALEXANDRIA, VA 22314	53-0196617	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
GIRLS INCORPORATED OF THE WASHINGTON DC METROPOLITAN AREA - 2401 4TH STREET NW BG2 - WASHINGTON, DC 20059	84-1648959	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
SAN ALFONSO RETREAT HOUSE 755 OCEAN AVENUE LONG BRANCH, NJ 07740	26-0105937	501(C)(3)	50,000.	0.			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
CAMPAGNA CENTER, INC. 418 S WASHINGTON STREET ALEXANDRIA, VA 22314	54-0534609	501(C)(3)	35,025.	0.			PROGRAM SUPPORT
FRIENDS OF GUEST HOUSE, INC. 1 E LURAY AVENUE ALEXANDRIA, VA 22301	51-0201327	501(C)(3)	29,045.	0.			PROGRAM SUPPORT
ALEXANDRIA HOSPITAL FOUNDATION 4320 SEMINARY ROAD ALEXANDRIA, VA 22304	51-0241913	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SENIOR SERVICES OF ALEXANDRIA 700 PRINCESS STREET ALEXANDRIA, VA 22314	54-0842806	501(C)(3)	13,557.	0.			PROGRAM SUPPORT
READING CONNECTION, INC. 4001 N 9TH STREET, SUITE 226 ARLINGTON, VA 22203	54-1628863	501(C)(3)	12,057.	0.			PROGRAM SUPPORT
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC - PO BOX 96100 - WASHINGTON, DC 20090	53-0242992	501(C)(3)	11,300.	0.			PROGRAM SUPPORT
UNITED METHODIST CHURCH PO BOX 583 PETOSKEY, MI 49770	38-0333680	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
T C WILLIAMS HIGH SCHOOL ATHLETIC BOOSTER CLUB INC. - 505 WEST WINDSOR AVENUE - ALEXANDRIA, VA 22302	03-0602199	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
LAFAYETTE COLLEGE 730 HIGH STREET EASTON, PA 18042	24-0795686	501(C)(3)	10,000.	0.			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
OLD PRESBYTERIAN MEETING HOUSE 323 S FAIRFAX STREET ALEXANDRIA, VA 22314	54-0506422	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SAN DIEGO GUILD OF PUPPETRY, INC. 2203 SARATOGA STREET OCEANSIDE, CA 92054	33-0578072	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
FATHER BEITING APPALACHIAN MISSION CENTER - 332 RIVERBEND ROAD - LOUISA, KY 41230	61-1132894	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
K.I. SERVICES, INC. 25 S QUAKER LANE, SUITE 4 ALEXANDRIA, VA 22314	52-2279421	501(C)(3)	8,003.	0.			PROGRAM SUPPORT
ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES, INC. - 2 EAST GLEBE ROAD - ALEXANDRIA, VA 22305	54-1849891	501(C)(3)	7,839.	0.			PROGRAM SUPPORT
CAPITAL HOSPICE 2900 TELESTAR COURT FALLS CHURCH, VA 22042	54-1920770	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
WRIGHT TO READ 414 N WASHINGTON STREET, SUITE 101 ALEXANDRIA, VA 22314	37-1693086	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
BOSTON FOUNDATION, INC. 75 ARLINGTON STREET BOSTON, MA 02116	04-2104021	501(C)(3)	6,643.	0.			PROGRAM SUPPORT
VOLUNTEER ALEXANDRIA 123 N ALFRED STREET, 3RD FLOOR ALEXANDRIA, VA 22314	51-0255333	501(C)(3)	6,463.	0.			PROGRAM SUPPORT

**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
US AFRICA CHILDREN'S FELLOWSHIP INC - 475 14TH STREET - BROOKLYN, NY 11215	55-0875394	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
WASHINGTON TENNIS & EDUCATION FOUNDATION, INC. - 16TH & KENNDY STREET, NW - WASHINGTON, DC 20011	52-6046504	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
HOPKINS HOUSE 1224 PRINCESS STREET ALEXANDRIA, VA 22314	54-0525701	501(C)(3)	5,597.	0.			PROGRAM SUPPORT
PARENT LEADERSHIP TRAINING INSTITUTE OF ALEXANDRIA, INC - PO BOX 26294 - ALEXANDRIA, VA 22313	20-5287807	501(C)(3)	5,039.	0.			PROGRAM SUPPORT
JEFFERSON-HOUSTON PTA 2000 N BEAUREGARD STREET ALEXANDRIA, VA 22311	54-1816135	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MARIPOSA DR FOUNDATION 421 N AURORA STREET ITHACA, NY 14850	27-0726866	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES USA PO BOX 17066 BALTIMORE, MD 22197	53-0196620	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash 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:**

**EXPLANATION: 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 GOALS 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

**2013**

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](http://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	12	385,328.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	6	728,237.	FAIR MARKET VALUE
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 ▶ ( GALA AUCTION )	X	52	28,603.	
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 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

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 GIVING AND ENGAGEMENT FOR THE BENEFIT OF ALL  
OF ALEXANDRIA.

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

EXPLANATION: 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:

EXPLANATION: RESPONSIBILITY FOR MONITORING THE CONFLICT OF INTEREST POLICY  
LIES WITH THE BOARD CHAIR AS IT RELATES TO BOARD MEMBERS, VOLUNTEER  
COMMITTEE MEMBERS, AND THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR IS  
RESPONSIBLE FOR MONITORING AS IT RELATES TO MEMBERS OF THE ACT 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:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization <b>ACT FOR ALEXANDRIA</b>	Employer identification number <b>26-4322369</b>
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EXPLANATION: THE EXECUTIVE COMMITTEE REVIEWED THE COMPENSATION OF ACT'S FORMER 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 POSTED JOB ANNOUNCEMENT, REFERRALS FROM BOARD MEMBERS AND OTHER INFLUENCERS; 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 THAT OF EXECUTIVE DIRECTORS OF COMPARABLE ORGANIZATIONS IN THE REGION.

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

EXPLANATION: UPON REQUEST

FORM 990, PART XII, LINE C:

EXPLANATION: THERE WAS NO CHANGE IN THE PROCESS FOR OVERSEEING THE AUDIT FROM THE PRIOR YEAR.