

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ACT FOR ALEXANDRIA		D Employer identification number 26-4322369
	Doing business as		E Telephone number 703-739-7778
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,734,114.
	201 N UNION ST STE 110		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314-2663		H(b) Are all subordinates included? Yes No	
F Name and address of principal officer: HEATHER PEELER SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ WWW.ACTFORALEXANDRIA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 2009	M State of legal domicile: VA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ACT FOR ALEXANDRIA IS A COMMUNITY FOUNDATION THAT IMPROVES THE LIVES OF ALEXANDRIANS BY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	30
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,144,796.	10,280,943.
	9 Program service revenue (Part VIII, line 2g)	54,686.	46,081.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	548,897.	574,210.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-76,879.	217,007.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,671,500.	11,118,241.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,636,140.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		533,966.	576,609.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	25,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 448,923.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,060,832.	1,102,741.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,230,938.	10,313,703.
19 Revenue less expenses. Subtract line 18 from line 12	440,562.	804,538.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 18,584,379.	End of Year 20,863,556.
	21 Total liabilities (Part X, line 26)	86,315.	328,663.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,498,064.	20,534,893.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	HEATHER PEELER, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	SARA SMITH	<i>Sara Smith</i>	09/08/21	<input type="checkbox"/>	P01332734
Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325		
Firm's address ▶ 2021 L STREET NW, SUITE 400 WASHINGTON, DC 20036			Phone no. 202-293-2200		

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 [X]

1 Briefly describe the organization's mission: ACT FOR ALEXANDRIA IS A COMMUNITY FOUNDATION THAT IMPROVES THE LIVES OF ALEXANDRIANS BY TURNING IDEAS INTO ACTION AND RESOURCES INTO RESULTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,893,933. including grants of \$ 5,739,202.) (Revenue \$) MANAGED FUNDS: IN 2020, WITH SUPPORT FROM INDIVIDUAL DONORS, LOCAL BUSINESSES, FOUNDATIONS AND THE CITY OF ALEXANDRIA, ACT ESTABLISHED THE ACT NOW COVID-19 RESPONSE FUND AND THE ALEXANDRIA RESILIENCE FUND TO PROVIDE GRANTS TO NONPROFIT ORGANIZATIONS PROVIDING CRITICAL SERVICES TO ALEXANDRIA RESIDENTS FACING HARDSHIP DUE TO THE PANDEMIC. ACT ALSO PARTNERED WITH THE CITY OF ALEXANDRIA ON THE ALX CARES GROCERY GIFT CARD PROGRAM WHICH PROVIDED GROCERY STORE GIFT CARDS TO 2,300 FAMILIES WHO LOST INCOME DUE TO COVID-19.

4b (Code:) (Expenses \$ 3,520,969. including grants of \$ 2,851,401.) (Revenue \$) COMMUNITY INVESTMENT GRANTS: GRANTS ARE AWARDED PRIMARILY THROUGH DONOR ADVISED FUNDS. THESE UNRESTRICTED GRANTS ARE MADE TO NONPROFITS BASED ON RECOMMENDATIONS FROM FUND HOLDERS. IN 2020, SIXTY FIVE PERCENT OF THOSE GRANTS WENT TO SUPPORT CHARITABLE ORGANIZATIONS IN ALEXANDRIA, VA. IN ADDITION, ACT PROVIDES CAPACITY BUILDING GRANTS THAT STRENGTHEN AND SUPPORT NONPROFITS THAT SERVE PEOPLE WHO LIVE IN ALEXANDRIA.

4c (Code:) (Expenses \$ 39,013. including grants of \$ 18,750.) (Revenue \$ 46,081.) SPRING2ACTION 2020: ACT HOSTED ALEXANDRIA'S ANNUAL DAY OF GIVING TO SUPPORT ALEXANDRIA-SERVING NONPROFIT ORGANIZATIONS. MORE THAN 8500 DONORS MADE DONATIONS TO 156 ALEXANDRIA NONPROFITS WITH A RECORD BREAKING \$2.45 MILLION RAISED IN JUST 24 HOURS. MANY ALEXANDRIA-SERVING NONPROFITS USE THIS CROWDSOURCING PLATFORM TO INCREASE THEIR FUNDRAISING CAPACITY AND RAISE CRITICAL RESOURCES FOR THEIR ORGANIZATIONS.

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

4e Total program service expenses 9,453,915.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b N/A		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a N/A		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 27		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		
16b			

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
THE ORGANIZATION - 703-739-7778
201 N UNION ST STE 110, ALEXANDRIA, VA 22314-2663

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) HEATHER PEELER PRESIDENT & CEO	40.00	X		X			189,533.	0.	29,342.	
(2) BRANDI YEE CHIEF PROGRAM OFFICER	40.00				X		109,629.	0.	13,169.	
(3) DAVID FRANTZ CHAIR UNTIL 12/9/2020	8.00	X		X			0.	0.	0.	
(4) MOLLY DAHL VICE CHAIR	5.00	X		X			0.	0.	0.	
(5) LAURIE FLYNN SECRETARY	5.00	X		X			0.	0.	0.	
(6) CHRISTOPHER LEWIS TREASURER UNTIL 12/9/2020	5.00	X		X			0.	0.	0.	
(7) BRIAN LUNDEEN TREASURER	8.00	X		X			0.	0.	0.	
(8) JOHN ARMSTRONG SECRETARY	8.00	X		X			0.	0.	0.	
(9) EUGENE STEUERLE CHAIR, EMERITUS	5.00	X					0.	0.	0.	
(10) LORI MORRIS MEMBER, EMERITUS	5.00	X					0.	0.	0.	
(11) KAREN AVERY MEMBER	5.00	X					0.	0.	0.	
(12) DAVID BAKER MEMBER	5.00	X					0.	0.	0.	
(13) VIRGINIA BENNETT MEMBER	5.00	X					0.	0.	0.	
(14) LYLES CARR MEMBER UNTIL 6/30/2020	5.00	X					0.	0.	0.	
(15) DEBRA COLLINS MEMBER UNTIL 12/31/2019	5.00	X					0.	0.	0.	
(16) BROOKE CURRAN MEMBER THRU 12/9/2020	5.00	X					0.	0.	0.	
(17) SCOTT DARLING MEMBER	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAGALY GALDO-HIRST MEMBER UNTIL 12/31/2019	5.00	X						0.	0.	0.
(19) KELLY GRANT MEMBER	5.00	X						0.	0.	0.
(20) DAVID HAWKINS MEMBER THRU 12/9/2020	5.00	X						0.	0.	0.
(21) TRIP HOWELL MEMBER UNTIL 12/31/2019	5.00	X						0.	0.	0.
(22) KURT HUFFMAN EX OFFICIO MEMBER	5.00	X						0.	0.	0.
(23) JANE DOWNING KNOPS MEMBER UNTIL 12/31/2019	5.00	X						0.	0.	0.
(24) JOE LAMOUNTAIN MEMBER	5.00	X						0.	0.	0.
(25) STEPHANIE LANDRUM MEMBER	5.00	X						0.	0.	0.
(26) ERICKA MILLER MEMBER	5.00	X						0.	0.	0.
1b Subtotal								299,162.	0.	42,511.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								299,162.	0.	42,511.

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 **2**

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

Section B. Independent Contractors

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

(A) 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	156,725.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,144,977.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,979,241.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			10,280,943.			
Program Service Revenue	2 a SPRING2ACTION	Business Code					
		900099	46,081.	46,081.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			46,081.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		196,029.			196,029.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,945,756.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	4,567,326.	249.			
	c Gain or (loss)	7c	378,430.	-249.			
	d Net gain or (loss)			378,181.		378,181.	
8 a Gross income from fundraising events (not including \$ 156,725. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b	48,298.					
c Net income or (loss) from fundraising events			-48,298.		-48,298.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	265,305.			265,305.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			265,305.				
12 Total revenue. See instructions			11,118,241.	46,081.	0.	791,217.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,609,353.	8,609,353.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	477,363.	189,760.	130,444.	157,159.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,491.	9,338.	6,419.	7,734.
9 Other employee benefits	43,661.	17,356.	11,931.	14,374.
10 Payroll taxes	32,094.	12,758.	8,770.	10,566.
11 Fees for services (nonemployees):				
a Management				
b Legal	125.		125.	
c Accounting	35,228.	15,000.	20,228.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	25,000.			25,000.
f Investment management fees	44,132.		44,132.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	223,591.	47,935.	83,842.	91,814.
12 Advertising and promotion	48,749.	39,520.		9,229.
13 Office expenses	21,296.	9,658.	3,639.	7,999.
14 Information technology	19,718.	7,882.	9,399.	2,437.
15 Royalties				
16 Occupancy	44,957.	17,871.	12,285.	14,801.
17 Travel	972.	386.	266.	320.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	625,819.	463,326.	66,410.	96,083.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,963.	1,575.	1,083.	1,305.
23 Insurance	3,508.		3,508.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS	30,683.	12,197.	8,384.	10,102.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	10,313,703.	9,453,915.	410,865.	448,923.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	569,192.	1	289,034.
	2 Savings and temporary cash investments	2,562,999.	2	3,211,533.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,371.	9	7,342.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,898.		
	b Less: accumulated depreciation	10b 17,885.	10c	6,013.
	11 Investments - publicly traded securities	14,617,525.	11	16,504,897.
	12 Investments - other securities. See Part IV, line 11	819,737.	12	819,737.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	25,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,584,379.	16	20,863,556.	
Liabilities	17 Accounts payable and accrued expenses	63,565.	17	75,485.
	18 Grants payable	22,750.	18	163,069.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	90,109.
	26 Total liabilities. Add lines 17 through 25	86,315.	26	328,663.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,413,743.	27	20,156,885.
	28 Net assets with donor restrictions	84,321.	28	378,008.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,498,064.	32	20,534,893.
	33 Total liabilities and net assets/fund balances	18,584,379.	33	20,863,556.

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	11,118,241.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,313,703.
3	Revenue less expenses. Subtract line 2 from line 1	3	804,538.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,498,064.
5	Net unrealized gains (losses) on investments	5	1,232,291.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,534,893.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization <p style="text-align:center">ACT FOR ALEXANDRIA</p>	Employer identification number <p style="text-align:center">26-4322369</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2877807.	2771140.	3294202.	3144796.	10280943.	22368888.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2877807.	2771140.	3294202.	3144796.	10280943.	22368888.
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)						2011398.
6 Public support. Subtract line 5 from line 4.						20357490.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2877807.	2771140.	3294202.	3144796.	10280943.	22368888.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	203,805.	363,067.	329,271.	308,986.	196,029.	1401158.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	31,509.	60,832.	7,704.	3,679.	265,305.	369,029.
11 Total support. Add lines 7 through 10						24139075.
12 Gross receipts from related activities, etc. (see instructions)					12	249,011.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	84.33 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	74.13 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

OMB No. 1545-0047

2020

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization ACT FOR ALEXANDRIA	Employer identification number 26-4322369
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>5,144,977.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>334,181.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>317,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>274,543.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>251,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ACT FOR ALEXANDRIA	Employer identification number 26-4322369
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Part 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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization ACT FOR ALEXANDRIA	Employer identification number 26-4322369
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	109	11
2 Aggregate value of contributions to (during year)	3,636,046.	5,783,889.
3 Aggregate value of grants from (during year)	2,821,401.	5,521,334.
4 Aggregate value at end of year	17,342,090.	2,814,795.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		23,898.	17,885.	6,013.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,013.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	5,356.
(3) OTHER LIABILITIES	84,753.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	90,109.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,489,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,232,291.	
b	Donated services and use of facilities	2b	134,952.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,367,243.
3	Subtract line 2e from line 1		3	11,122,407.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,132.	
b	Other (Describe in Part XIII.)	4b	-48,298.	
c	Add lines 4a and 4b		4c	-4,166.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	11,118,241.

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

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

1	Total expenses and losses per audited financial statements		1	10,452,821.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	134,952.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	48,298.	
e	Add lines 2a through 2d		2e	183,250.
3	Subtract line 2e from line 1		3	10,269,571.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,132.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	44,132.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	10,313,703.

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 XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B -48,298.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 48,298.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		FALL SALUD (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	156,725.		156,725.
	2	Less: Contributions	156,725.		156,725.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	10,000.		10,000.
	7	Food and beverages			
	8	Entertainment	720.		720.
	9	Other direct expenses	37,578.		37,578.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			48,298.
11	Net income summary. Subtract line 10 from line 3, column (d)			-48,298.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GREATER GOOD STRATEGIES

(I) ADDRESS OF FUNDRAISER:

4455 CONNECTICUT AVE., N.W., #831, WASHINGTON, DC 20008

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN COMMUNITIES TOGETHER 127 WEST 127TH STREET SUITE 221 NEW YORK, NY 10027	46-1689772	501(C)(3)	695,180.	0.			PROGRAM SUPPORT
AHC INC. 2230 N. FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22201	54-1026365	501(C)(3)	28,247.	0.			PROGRAM SUPPORT
ALDEN STREET FOUNDATION INC. 319 STANDISH DRIVE SYRACUSE, NY 13224	26-0161734	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ALEXANDRIA ARTS FORUM 123 N ALFRED STREET ALEXANDRIA, VA 22314	35-2463862	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
ALEXANDRIA HOSPITAL FOUNDATION INOVA ALEXANDRIA HOSPITAL ALEXANDRIA, VA 22304	51-0241913	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
ALEXANDRIA HOUSING DEVELOPMENT CORP. - 1201 E ABINGDON DRIVE, #210 - ALEXANDRIA, VA 22314	84-1650039	501(C)(3)	163,000.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **149.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDRIA LIBRARY FOUNDATION 5005 DUKE STREET ALEXANDRIA, VA 22304	54-1875224	501(C)(3)	21,525.	0.			PROGRAM SUPPORT
ALEXANDRIA SEAPORT FOUNDATION PO BOX 25036 ALEXANDRIA, VA 22314	54-1208614	501(C)(3)	13,100.	0.			PROGRAM SUPPORT
ALEXANDRIA SOCCER ASSOCIATION, INC. - PO BOX 25996 - ALEXANDRIA, VA 22313	54-0902413	501(C)(3)	41,695.	0.			PROGRAM SUPPORT
ALEXANDRIA TUTORING CONSORTIUM INC 323 S FAIRFAX STREET ALEXANDRIA, VA 22314	56-2542869	501(C)(3)	55,750.	0.			PROGRAM SUPPORT
ALFRED STREET BAPTIST CHURCH 301 S ALFRED STREET ALEXANDRIA, VA 22314		501(C)(3)	6,650.	0.			PROGRAM SUPPORT
ALIVE INC 2723 KING STREET ALEXANDRIA, VA 22302	54-0914017	501(C)(3)	428,250.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS 2025 EAST STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS PROCESSING CENTER BOONE, IA 50037-0839	53-0196605	501(C)(3)	17,000.	0.			PROGRAM SUPPORT
ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVENUE - ALEXANDRIA, VA 22304	54-0796610	501(C)(3)	7,350.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCADIA FOODS INC 9000 RICHMOND HIGHWAY ALEXANDRIA, VA 22309	27-3611614	501(C)(3)	10,600.	0.			PROGRAM SUPPORT
ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING INC. - 4318 N CARLIN SPRINGS ROAD - ARLINGTON, VA 22203	54-1515133	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ART LEAGUE, INC. 105 N UNION STREET ALEXANDRIA, VA 22314	54-0833818	501(C)(3)	15,500.	0.			PROGRAM SUPPORT
ASSISTANCE LEAGUE OF NORTHERN VIRGINIA - PO BOX 209 - HERNDON, VA 20172	95-1945908	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
AT HOME IN ALEXANDRIA 3139 MT VERNON AVENUE ALEXANDRIA, VA 22305	26-4557978	501(C)(3)	6,100.	0.			PROGRAM SUPPORT
ATHENA RAPID RESPONSE INNOVATION LAB - 5380 EISENHOWER AVENUE SUITE C - ALEXANDRIA, VA 22304		501(C)(3)	36,383.	0.			PROGRAM SUPPORT
AYUDA 1413 K STREET NW SUITE 500 WASHINGTON, DC 20009	52-0971440	501(C)(3)	18,500.	0.			PROGRAM SUPPORT
BEST BUDDIES INTERNATIONAL INC. 3731 STOCKER STREET, SUIOTE 212 LOS ANGELES, CA 90008	52-1614576	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
BEST BUDDIES INTERNATIONAL INC. 6231 LEESBURG PIKE, SUITE 310 FALLS CHURCH, VA 22044	52-1614576	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH EL HEBREW CONGREGATION 3830 SEMINARY ROAD ALEXANDRIA, VA 22304	54-0681891	501(C)(3)	14,347.	0.			PROGRAM SUPPORT
BETHANY HOUSE OF NORTHERN VIRGINIA 6601 LITTLE RIVER TURNPIKE, SUITE 1 ALEXANDRIA, VA 22312	51-0252177	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
BISHOP IRETON HIGH SCHOOL 201 CAMBRIDGE ROAD ALEXANDRIA, VA 22314		501(C)(3)	6,000.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF GREATER WASHINGTON, INC. - 4103 BENNING ROAD, NE - WASHINGTON, DC 20019	53-0236759	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
BRAWS-BRINGING RESOURCES TO AID WOMENS SHELTERS - 114 COURTHOUSE ROAD, SW - VIENNA, VA 22180	47-3961191	501(C)(3)	23,000.	0.			PROGRAM SUPPORT
BURGUNDY FARM COUNTRY DAY SCHOOL, INC. - 3700 BURGUNDY ROAD - ALEXANDRIA, VA 22303	54-0540100	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CAMPAGNA CENTER 418 S WASHINGTON STREET ALEXANDRIA, VA 22314-3630	54-0534609	501(C)(3)	454,320.	0.			PROGRAM SUPPORT
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE, NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
CAPITAL HOSPICE AKA: CAPITAL CARING HEALTH FALLS CHURCH, VA 22042	54-1920770	501(C)(3)	33,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL YOUTH EMPOWERMENT 1315 DUKE STREET ALEXANDRIA, VA 22314	80-0290878	501(C)(3)	55,000.	0.			PROGRAM SUPPORT
CARPENTER'S SHELTER PO BOX 22150 ALEXANDRIA, VA 22304	54-1571849	501(C)(3)	195,700.	0.			PROGRAM SUPPORT
CASA CHIRILAGUA 4109 MT VERNON AVENUE ALEXANDRIA, VA 22305	27-4575777	501(C)(3)	173,328.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON - 200 N GLEBE ROAD, STE 506 - ARLINGTON, VA 22203	54-0515706	501(C)(3)	39,620.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON, INC - PO BOX 1900 - MERRIFIELD, VA 22116-1900	53-0196617	501(C)(3)	110,500.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES USA 2050 BALLENGER AVE SUITE 400 ALEXANDRIA, VA 22314	53-0196620	501(C)(3)	29,500.	0.			PROGRAM SUPPORT
CATHOLIC DIOCESE OF ARLINGTON 200 N GLEBE ROAD, STE 506 ARLINGTON, VA 22203	53-0196617	501(C)(3)	55,700.	0.			PROGRAM SUPPORT
CENTER FOR ALEXANDRIA'S CHILDREN 1900 N BEAUREGARD STREET, SUITE 200 ALEXANDRIA, VA 22311	20-5295944	501(C)(3)	75,424.	0.			PROGRAM SUPPORT
CHILD AND FAMILY NETWORK CENTERS 3700 WHEELER AVENUE ALEXANDRIA, VA 22304	54-1589809	501(C)(3)	159,102.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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CHILDREN'S HOSPITAL CORPORATION DBA BOSTON CHILDREN'S HOSPITAL BOSTON, MA 02215	04-2774441	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
CHRIST CHURCH 118 N WASHINGTON STREET ALEXANDRIA, VA 22314	54-0506451	501(C)(3)	266,679.	0.			PROGRAM SUPPORT
CITY OF ALEXANDRIA DCHS ALEXANDRIA, VA 22301	54-1780375	501(C)(3)	17,149.	0.			PROGRAM SUPPORT
CITY OF ALEXANDRIA 201 N. UNION STREET, SUITE 110 ALEXANDRIA, VA 22314	54-6001103	501(C)(3)	5,450.	0.			PROGRAM SUPPORT
COLLEGE OF WILLIAM AND MARY 108 BLOW MEMORIAL HALL WILLIAMSBURG, VA 23187-8795	54-0734117	501(C)(3)	37,715.	0.			PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF NOVA INC PO BOX 3512 ALEXANDRIA, VA 22302	46-3063331	501(C)(3)	49,421.	0.			PROGRAM SUPPORT
COMMUNITY LODGINGS, INC. 3912 ELBERT AVENUE, SUITE 108 ALEXANDRIA, VA 22305	54-1428495	501(C)(3)	334,598.	0.			PROGRAM SUPPORT
COMPUTER C. O. R. E. 5881 LEESBURG PIKE, #240 FALLS CHURCH, VA 22041	54-1968428	501(C)(3)	60,300.	0.			PROGRAM SUPPORT
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	23-6002304	501(C)(3)	63,500.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CYSTIC FIBROSIS FOUNDATION METRO DC CHAPTER BETHESDA, MD 20814	13-1930701	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
DAR AL-HIJRAH ISLAMIC CENTER 3159 ROW STREET FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
DEFENDERS OF WILDLIFE 1130 17TH STREET NW WASHINGTON, DC 20036	53-0183181	501(C)(3)	14,000.	0.			PROGRAM SUPPORT
DOCTORS WITHOUT BORDERS USA INC PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
DOWNTOWN BAPTIST CHURCH 212 S WASHINGTON STREET ALEXANDRIA, VA 22314		501(C)(3)	9,000.	0.			PROGRAM SUPPORT
DREAM PROJECT INC PO BOX 7419 ARLINGTON, VA 22207	45-1869894	501(C)(3)	25,050.	0.			PROGRAM SUPPORT
EDUCACION PARA NUESTRO FUTURO FOUNDED BY ESCUELA BOLIVIA - AKA: EDU-FUTURO - ARLINGTON, VA 22204	54-1914671	501(C)(3)	20,048.	0.			PROGRAM SUPPORT
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	51,500.	0.			PROGRAM SUPPORT
ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL INC - 901 S. HIGHLAND STREET - ARLINGTON, VA 22204	52-1308986	501(C)(3)	217,942.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FAIRLINGTON UNITED METHODIST CHURCH - 3900 KING STREET - ALEXANDRIA, VA 22302	22-8904763	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FIGHT COLORECTAL CANCER INC. 134 PARK CENTRAL SQUARE, SUITE 210 SPRINGFIELD, MO 65806	20-2622550	501(C)(3)	5,150.	0.			PROGRAM SUPPORT
FOR THE NATIONS DC 2405 RUSSELL ROAD ALEXANDRIA, VA 22301	83-0656754	501(C)(3)	18,500.	0.			PROGRAM SUPPORT
FRIENDS OF ALEXANDRIA COMMUNITY MENTAL HEALTH CENTER INC. - 720 N SAINT ASAPH STREET - ALEXANDRIA, VA 22314	54-1221085	501(C)(3)	7,350.	0.			PROGRAM SUPPORT
FRIENDS OF GUEST HOUSE, INC. 1 E LURAY AVENUE ALEXANDRIA, VA 22301	51-0201327	501(C)(3)	139,050.	0.			PROGRAM SUPPORT
FRIENDS OF THE ALEXANDRIA COMMISSION FOR WOMEN - 111 E ALEXANDRIA AVENUE - ALEXANDRIA, VA 22301	54-1992618	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
FRUITFUL PLANET 2121 N WESTMORELAND ST STE B ARLINGTON, VA 22213	84-3767558	501(C)(3)	16,060.	0.			PROGRAM SUPPORT
GEORGE WASHINGTON UNIVERSITY PO BOX 98131 WASHINGTON, DC 20077-9756	53-0196584	501(C)(3)	8,150.	0.			PROGRAM SUPPORT
GOODWIN HOUSE FOUNDATION 4800 FILLMORE AVENUE ALEXANDRIA, VA 22311	54-1549749	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GRACE EPISCOPAL CHURCH 3601 RUSSELL ROAD ALEXANDRIA, VA 22305		501(C)(3)	25,000.	0.			PROGRAM SUPPORT
GREATER DC DIAPER BANK 1532 A STREET NE WASHINGTON, DC 20002	27-4276547	501(C)(3)	50,100.	0.			PROGRAM SUPPORT
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC. - 3939 CAMPBELL AVENUE - ARLINGTON, VA 22206	53-0242992	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. - 3939 CAMPBELL AVENUE - ARLINGTON, VA 22206	53-0242992	501(C)(3)	26,950.	0.			PROGRAM SUPPORT
HEARTS OF EMPOWERMENT INC. 1210 S GLEBE RD UNIT 40432 ARLINGTON, VA 22204	37-1901353	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
HIGHER ACHIEVEMENT 317 8TH STREET NE WASHINGTON, DC 20002	52-1383374	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
HOPEWELL FUND 1201 CONNECTICUT AVENUE NW, SUITE 3 WASHINGTON, DC 20036	47-3681860	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HOPKINS HOUSE-A CENTER FOR CHILDREN AND THEIR FAMILIES - 5670 TOWER HILL CIRCLE - ALEXANDRIA, VA 22315	54-0525701	501(C)(3)	64,550.	0.			PROGRAM SUPPORT
ICNA FOUNDATION FOR SOCIAL JUSTICE 1952 GALLOWS RD STE 102 VIENNA, VA 22182		501(C)(3)	8,000.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ICNA RELIEF USA PROGRAMS INC 1529 JERICHO TURNPIKE NEW HYDE PARK, NY 11040	04-3810161	501(C)(3)	17,000.	0.			PROGRAM SUPPORT
INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD, SUITE 200-E FALLS CHURCH, VA 22042	54-0620889	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
IVY HILL CEMETERY HISTORICAL PRESERVATION SOCIETY - DBA: IVY HILL CEMETERY - ALEXANDRIA, VA 22302	20-4598691	501(C)(3)	11,100.	0.			PROGRAM SUPPORT
JUST NEIGHBORS MINISTRY 7630 LITTLE RIVER TPK SUITE 900 ANNANDALE, VA 22003	31-1813333	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
JUST NEIGHBORS MINISTRY 7630 LITTLE RIVER TURNPIKE SUITE 90 ANNANDALE, VA 22003	31-1813333	501(C)(3)	16,200.	0.			PROGRAM SUPPORT
KOINONIA FOUNDATION INC. PO BOX 30878 ALEXANDRIA, VA 22310	54-0806221	501(C)(3)	22,500.	0.			PROGRAM SUPPORT
LEGAL SERVICES OF NORTHERN VIRGINIA - 10700 PAGE AVENUE, STE 100 - FAIRFAX, VA 22030	54-1137931	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
LEGAL SERVICES OF NORTHERN VIRGINIA, INC. - 6066 LEESBURG PIKE, SUITE 500 - FALLS CHURCH, VA 22041		501(C)(3)	50,000.	0.			PROGRAM SUPPORT
LITERACY COUNCIL OF NORTHERN VIRGINIA, INC. - 2855 ANNANDALE ROAD, SUITE 114 - FALLS CHURCH, VA 22042	23-7098748	501(C)(3)	38,523.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MELWOOD HORTICULTURAL TRAINING CENTER INC. - 5606 DOWER HOUSE ROAD - UPPER MARLBORO, MD 20772	52-0857690	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
MENOKIN FOUNDATION 4037 MENOKIN ROAD WARSAW, VA 22572	54-1735338	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
MOTHER OF LIGHT CENTER 421 CLIFFORD AVE ALEXANDRIA, VA 22301	81-1635879	501(C)(3)	42,500.	0.			PROGRAM SUPPORT
NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	115,668.	0.			PROGRAM SUPPORT
NEO PHILANTHROPY 45 W 36TH STREET 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NEW HOPE HOUSING, INC. 8407-E RICHMOND HWY ALEXANDRIA, VA 22309-2426	54-1060634	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
NORTHERN VIRGINIA COMMUNITY COLLEGE - FINANCIAL AID OFFICE - FAIRFAX, VA 22030	51-0249730	501(C)(3)	20,523.	0.			PROGRAM SUPPORT
NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION INC - 4001 WAKEFIELD CHAPEL ROAD - ANNANDALE, VA 22003	51-0249730	501(C)(3)	10,100.	0.			PROGRAM SUPPORT
NORTHERN VIRGINIA FAMILY SERVICE 4401 FORD AVENUE, SUITE 303 ALEXANDRIA, VA 22302	54-0791977	501(C)(3)	259,065.	0.			PROGRAM SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NORTHERN VIRGINIA FAMILY SERVICE HEALTHY FAMILIES ALEXANDRIA OAKTON, VA 22124	54-0791977	501(C)(3)	12,750.	0.			PROGRAM SUPPORT
NOVA SCRIPTSCENTRAL INC. 6400 ARLINGTON BLVD. SUITE 120 FALLS CHURCH, VA 22042	65-1275162	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NUEVA VIDA INC 801 N PITT STREET, SUITE 113 ALEXANDRIA, VA 22314	54-1943145	501(C)(3)	133,900.	0.			PROGRAM SUPPORT
OFFENDER AID AND RESTORATION OF ARLINGTON COUNTY OARA INC. - 1400 N UHLE STREET, SUITE 704 - ARLINGTON, VA 22201	54-1024562	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
OLD PRESBYTERIAN MEETING HOUSE 323 S FAIRFAX STREET ALEXANDRIA, VA 22314	54-0506422	501(C)(3)	73,896.	0.			PROGRAM SUPPORT
OPERATION WALK VIRGINIA PO BOX 343 OAKTON, VA 22124	20-3954540	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
OPTIMIST CLUB OF ALEXANDRIA FOUNDATION INC. - 1800 DIAGONAL ROAD, SUITE 495 - ALEXANDRIA, VA 22314	54-1817006	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
PARISH OF ST. ANDREW & ST. MARGARET OF SCOTLAND - 1607 DEWITT AVENUE - ALEXANDRIA, VA 22301	54-1112430	501(C)(3)	11,500.	0.			PROGRAM SUPPORT
PHOENIX HOUSES OF THE MID-ATLANTIC INC. - 200 N. GLEBE ROAD, STE 104 - ARLINGTON, VA 22203	54-0805530	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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PROJECT DISCOVERY INC 108 N JEFFERSON STREET, STE 517 ROANOKE, VA 24016	54-0842806	501(C)(3)	10,100.	0.			PROGRAM SUPPORT
REBUILDING TOGETHER DC ALEXANDRIA 700 PRINCESS STREET ALEXANDRIA, VA 22314	54-1389286	501(C)(3)	32,135.	0.			PROGRAM SUPPORT
RESTORATION IMMIGRATION LEGAL AID 1815 N QUINCY STREET ARLINGTON, VA 22207	83-3874634	501(C)(3)	17,015.	0.			PROGRAM SUPPORT
RUNNINGBROOKE 107 S WEST STREET, SUITE 545 ALEXANDRIA, VA 22314	47-3346734	501(C)(3)	63,600.	0.			PROGRAM SUPPORT
SALVATION ARMY NATIONAL CAPITAL AREA COMMAND WASHINGTON, DC 20037	58-0660607	501(C)(3)	74,245.	0.			PROGRAM SUPPORT
SALVATION ARMY & ITS COMPONENTS 615 SLATERS LANE ALEXANDRIA, VA 22314	13-3485289	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
SCAN OF NORTHERN VIRGINIA 205 S WHITING STREET, SUITE 205 ALEXANDRIA, VA 22304	54-1473693	501(C)(3)	77,274.	0.			PROGRAM SUPPORT
SCHOLARSHIP FUND OF ALEXANDRIA (THE) - 3330 KING STREET - ALEXANDRIA, VA 22302-3001	20-0031464	501(C)(3)	69,000.	0.			PROGRAM SUPPORT
SENIOR SERVICES OF ALEXANDRIA 206 N WASHINGTON STREET, STE 301 ALEXANDRIA, VA 22314	54-0842806	501(C)(3)	73,680.	0.			PROGRAM SUPPORT

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SOCIETY OF ST. VINCENT DE PAUL BASILICA OF ST. MARY CONFERENCE - 313 DUKE STREET - ALEXANDRIA, VA 22314	74-3131073	501(C)(3)	203,556.	0.			PROGRAM SUPPORT
SPACE OF HER OWN 520 KING STREET SUITE 100 ALEXANDRIA, VA 22314	30-0572179	501(C)(3)	27,600.	0.			PROGRAM SUPPORT
SPREAD THE VOTE 7423 W MANCHESTER AVE, #4 LOS ANGELES, CA 90045	81-5308494	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
ST. ALBAN'S EPISCOPAL CHURCH 6800 COLUMBIA PIKE ANNANDALE, VA 22003	31-1629166	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ST. JOHNS COMMUNITY SERVICES 901 D STREET SW, STE 300 WASHINGTON, DC 20024	53-0196554	501(C)(3)	19,400.	0.			PROGRAM SUPPORT
ST. MARK'S LUTHERAN CHURCH 5800 BACKLICK ROAD SPRINGFIELD, VA 22150		501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ST. PAUL'S CATHOLIC MISSION 7808 COPLE HWY HAGUE, VA 22469		501(C)(3)	84,000.	0.			PROGRAM SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 228 S PITT STREET ALEXANDRIA, VA 22314		501(C)(3)	42,500.	0.			PROGRAM SUPPORT
ST. PAULS EPISCOPAL CHURCH OF ALEXANDRIA VIRGINIA FOUNDATION - 228 S PITT STREET - ALEXANDRIA, VA 22314	54-1648078	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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ST. RITA CATHOLIC CHURCH 3815 RUSSELL ROAD ALEXANDRIA, VA 22305	53-0196617	501(C)(3)	14,500.	0.			PROGRAM SUPPORT
ST. STEPHENS & ST. AGNES SCHOOL FOUNDATION - 400 FONTAINE STREET - ALEXANDRIA, VA 22302	54-6054009	501(C)(3)	14,000.	0.			PROGRAM SUPPORT
ST. VINCENT DE PAUL SOCIETY, ALEXANDRIA - 1132 DUKE STREET - ALEXANDRIA, VA 22314	53-0196617	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD, SUITE 300 FALLS CHURCH, VA 22042		501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TALL SHIP PROVIDENCE FOUNDATION 201 N UNION STREET, SUITE 110 ALEXANDRIA, VA 22314	82-2485535	501(C)(3)	101,100.	0.			PROGRAM SUPPORT
TENANTS AND WORKERS UNITED INQUILINOS Y TRABAJADORES UNIDOS - 3801 MT VERNON AVENUE - ALEXANDRIA, VA 22305	54-1515305	501(C)(3)	536,113.	0.			PROGRAM SUPPORT
TOGETHER WE BAKE 212 S WASHINGTON STREET ALEXANDRIA, VA 22314	47-2543526	501(C)(3)	100,150.	0.			PROGRAM SUPPORT
UNITED COMMUNITY MINISTRIES, INC. 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF VIRGINIA 1001 N EMMET STREET CHARLOTTESVILLE, VA 22904-4204	54-1682176	501(C)(3)	8,500.	0.			PROGRAM SUPPORT

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UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION - 211 EMMET STREET SOUTH - CHARLOTTESVILLE, VA 22903	54-0485595	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
UPCYCLE CREATIVE REUSE CENTER 1100 WYTHE STREET, # 25334 ALEXANDRIA, VA 22313	45-4229796	501(C)(3)	5,100.	0.			PROGRAM SUPPORT
URBAN ALLIANCE FOUNDATION, INC 2030 Q STREET NW WASHINGTON, DC 20009	52-1938443	501(C)(3)	27,000.	0.			PROGRAM SUPPORT
VIRGINIA CONGRESS OF PARENTS AND TEACHERS - AKA: PTA COUNCIL OF ALEXANDRIA (PTAC) - ALEXANDRIA, VA 22302	54-0542801	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
VIRGINIA PUBLIC ACCESS PROJECT PO BOX 1472 RICHMOND, VA 23218	54-1825691	501(C)(3)	16,000.	0.			PROGRAM SUPPORT
VOICES FOR VIRGINIAS CHILDREN 1606 SANTA ROSA ROAD, SUITE 109 HENRICO, VA 23229	54-1726265	501(C)(3)	16,000.	0.			PROGRAM SUPPORT
VOLUNTEER ALEXANDRIA 123 N ALFRED STREET 3RD FLOOR ALEXANDRIA, VA 22314	51-0255333	501(C)(3)	33,670.	0.			PROGRAM SUPPORT
VOLUNTEERS OF AMERICA 3600 WILSHIRE BLVD, SUITE 1500 LOS ANGELES, CA 90010-2619	58-2304035	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WASHINGTON JESUIT ACADEMY 900 VARNUM STREET NE WASHINGTON, DC 20017	52-2336694	501(C)(3)	18,000.	0.			PROGRAM SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON MIDDLE SCHOOL FOR GIRLS 1901 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	52-2031849	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
WASHINGTON STREET UMC 109 S WASHINGTON STREET ALEXANDRIA, VA 22314	54-0524508	501(C)(3)	22,852.	0.			PROGRAM SUPPORT
WESLEY HOUSING DEVELOPMENT CORPORATION OF NORTHERN VA - 5515 CHEROKEE AVENUE - ALEXANDRIA, VA 22312	51-0155779	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
WESLEY HOUSING DEVELOPMENT CORPORATION OF NORTHERN VIRGINIA - 5515 CHEROKEE AVENUE, SUITE #200 - ALEXANDRIA, VA 22312	51-0155779	501(C)(3)	57,500.	0.			PROGRAM SUPPORT
YMCA OF METROPOLITAN WASHINGTON 1112 16TH STREET, N.W. SUITE 240 WASHINGTON, DC 20036	53-0207403	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
YOUNG ETHIOPIAN PROFESSIONALS NETWORK - 5550 COLUMBIA PIKE APT 637 - ARLINGTON, VA 22204	46-2681571	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ZIMKIDS ORPHAN FOUNDATION 18 ROXBURY MOUNTAIN ROAD HOBART, NY 13788	80-0930138	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

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

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

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

PART I, LINE 2:

THROUGHOUT THE GRANT PERIOD, ACT'S CHIEF PROGRAM OFFICER IS IN REGULAR COMMUNICATION WITH THE GRANTEEES REGARDING UPDATES AND PROGRESS. AT THE END OF THE GRANT PERIOD, THE GRANTEE AND THE CHIEF PROGRAM OFFICER HAVE A MEETING TO DISCUSS THE GRANT, LESSONS LEARNED AND TO ASSESS THE GRANT'S IMPACT ON THE GRANTEE ORGANIZATION AND ITS CONSTITUENTS. IN 2020, ACT SERVED AS A PARTNER WITH THE CITY OF ALEXANDRIA TO DISTRIBUTE CARES ACT FUNDS TO COMMUNITY PARTNERS. FOR THOSE GRANTS, TOO, THERE WAS AN APPLICATION PROCESS AND A MEETING OF HOW THE GRANTS WERE TO BE USED. THE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ACT FOR ALEXANDRIA

Employer identification number

26-4322369

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HEATHER PEELER PRESIDENT & CEO	(i)	166,027.	23,506.	0.	8,506.	22,401.	220,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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

OMB No. 1545-0047

2020

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:

TURNING IDEAS INTO ACTION AND RESOURCES INTO RESULTS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ACT WORKED IN COOPERATION WITH THE CITY OF ALEXANDRIA TO DISBURSE CARES

ACT FUNDING TO COMMUNITY PARTNERS WHO, IN TURN: 1) DISPENSED GROCERY

GIFT CARDS TO ELIGIBLE RECIPIENTS; 2) PROVIDED GRANTS TO NONPROFIT

ORGANIZATIONS WERE WERE ADVERSELY AFFECTED BY THE GLOBAL PANDEMIC.

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

THE FORM 990 IS SHARED WITH THE BOARD OF DIRECTORS PRIOR TO FILING FOR

THEIR REVIEW AND COMMENT. THOSE COMMENTS ARE ADDRESSED, AND THE FORM 990 IS

APPROVED FOR SUBMISSION BY THE EXECUTIVE & FINANCE COMMITTEES.

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

RESPONSIBILITY FOR MONITORING THE CONFLICT OF INTEREST POLICY LIES WITH THE

BOARD CHAIR AS IT RELATES TO BOARD MEMBERS, VOLUNTEER COMMITTEE MEMBERS,

AND THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR

MONITORING AS IT RELATES TO MEMBERS OF ACT'S STAFF.

BOARD MEMBERS HAVE THE AFFIRMATIVE RESPONSIBILITY TO REPORT TO THE BOARD

CHAIR (IN THE CASE OF CONCERNS RELATED TO BOARD MEMBERS, COMMITTEE MEMBERS

OR THE EXECUTIVE DIRECTOR) OR TO THE EXECUTIVE DIRECTOR (IN THE CASE OF

CONCERNS RELATED TO MEMBERS OF THE STAFF) ANY AND ALL KNOWLEDGE OF ACTION

OR CONDUCT THAT APPEARS CONTRARY TO THE CONFLICT OF INTEREST POLICY. BEFORE

A MEMBER OR STAFF BEGINS SERVICE WITH ACT, THEY SHALL FILE WITH THE

EXECUTIVE DIRECTOR A LIST OF THE MEMBER'S/STAFF'S PRINCIPAL BUSINESS

Name of the organization ACT FOR ALEXANDRIA	Employer identification number 26-4322369
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ACTIVITIES, AS WELL AS INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS, AND OTHER ASSOCIATIONS THAT MIGHT PRODUCE A CONFLICT OF INTEREST. SUBSEQUENTLY, EACH MEMBER AND STAFF SHALL SIGN A STATEMENT THAT AFFIRMS THEIR UNDERSTANDING AND AGREEMENT WITH THE POLICY.

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

THE EXECUTIVE COMMITTEE REVIEWED THE COMPENSATION OF ACT'S EXECUTIVE DIRECTOR, ACT'S PROGRAM DIRECTOR, AND OUTSIDE CONTRACTORS HIRED FOR SPECIFIC TASKS; REVIEWED AND ANALYZED THE COMPENSATION REQUIREMENTS OF OTHER CANDIDATES FOR THE POSITION WHO APPLIED IN RESPONSE TO THE BROADLY POSTED JOB ANNOUNCEMENT, REFERRALS FROM BOARD MEMBERS AND OTHER INFLUENCES; SURVEYED NONPROFIT ORGANIZATIONS OF COMPARABLE SCALE IN ALEXANDRIA, NORTHERN VIRGINIA, AND THE WASHINGTON DC METROPOLITAN AREA GENERALLY; CONSULTED WITH EXECUTIVES AT OTHER COMMUNITY FOUNDATIONS IN THE REGION AND AT THE COUNCIL ON FOUNDATIONS. BASED ON THAT INFORMATION, THE ACT EXECUTIVE COMMITTEE THEN FORMULATED A COMPENSATION PACKAGE WITHIN THE PARAMETERS OF THE EXECUTIVE DIRECTORS OF COMPARABLE ORGANIZATIONS IN THAT REGION.

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

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. ACT FOR ALEXANDRIA	Taxpayer identification number (TIN) 26-4322369
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 201 N UNION ST STE 110	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314-2663	

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

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

THE ORGANIZATION

- The books are in the care of ▶ **201 N UNION ST STE 110 - ALEXANDRIA, VA 22314-2663**
Telephone No. ▶ **703-739-7778** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

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

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

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