Form	qqn
Form	330

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



AF	or th	e 2021 calendar year, or tax year beginning and e	ending		
B c	Check if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre	e ACT FOR ALEXANDRIA			
	Name Chang	e Doing business as		26-43223	59
	Initial returr Final returr	201 N UNION CH CHE 110	Room/suite	E Telephone number 703-739-	
	termi			G Gross receipts \$	10,608,616.
	Amer			H(a) Is this a group re	i
				for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
11	Tax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	r 🗌 527		list. See instructions
		te: WWW.ACTFORALEXANDRIA.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year of		State of legal domicile: VA
	art I	Summary			5
	1	Briefly describe the organization's mission or most significant activities: ACT F	OR AL	EXANDRIA IS	A
Governance		COMMUNITY FOUNDATION THAT IMPROVES THE LIV	VES OF	' ALEXANDRIA	NS BY
nai	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	29	
	4	Number of independent voting members of the governing body (Part VI, line 1b)		28	
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	7
/itie	6	Total number of volunteers (estimate if necessary)		6	30
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ 	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		10,280,943.	5,545,761.
Revenue	9	Program service revenue (Part VIII, line 2g)		46,081.	58,908.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		574,210.	1,679,851.
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		217,007.	333,221.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,118,241.	7,617,741.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,609,353.	2,081,048.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		576,609.	673,069.
u Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)	· <u></u>	25,000.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 459,82	5.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,102,741.	1,087,977.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,313,703.	3,842,094.
	19	Revenue less expenses. Subtract line 18 from line 12		804,538.	3,775,647.
s or				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		20,863,556.	25,524,079.
it As	21	Total liabilities (Part X, line 26)		328,663.	113,557.
No.	22	Net assets or fund balances. Subtract line 21 from line 20		20,534,893.	25,410,522.
	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete Peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	1 the		10/12/2022
Sign	Signature of officer		Date
Here	HEATHER PEELER, PRESID	ENT & CEO	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	SARA SMITH	SARA SMITH	10/12/22 self-employed P01332734
Preparer	Firm's name RSM US LLP		Firm's EIN ▶ 42-0714325
Use Only	Firm's address 🕨 1250 H STREET, S	UITE 700	
	WASHINGTON, DC 2	0005	Phone no. 202 – 293 – 2200
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor each	i 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				Taxpayer	identificatio	n number (TIN)
print	ACT FOR ALEXANDRIA				26-432	22369
File by the due date for filing your return. See	due date for Number, street, and room or suite no. If a P.O. box, see instructions.					
instruction		oreign addi	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation) THE ORGANIZATIO	07				
 If the If this box 1 1 the the<th>ohone No. ▶ 703-739-7778 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (</th><th>Group Exe and atta NOVE1 anization's , an</th><th>mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2022</u>, to file return for: d ending</th><th>f this is fo all memb</th><th>r the whole g ers the exten npt organizati </th><th>roup, check this sion is for.</th>	ohone No. ▶ 703-739-7778 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (Group Exe and atta NOVE1 anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2022</u> , to file return for: d ending	f this is fo all memb	r the whole g ers the exten npt organizati 	roup, check this sion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and		– 	
	stimated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
-	If you are going to make an electronic funds withdrawal				d Form 8879	-

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form	1 990 (2021) ACT FOR ALEXANDRIA	26-4322369	Page 2
	rt III Statement of Program Service Accomplishments		6
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: <u>ACT FOR ALEXANDRIA IS A COMMUNITY FOUNDATION THAT IMPROVES</u> <u>OF ALEXANDRIANS BY TURNING IDEAS INTO ACTION AND RESOURCES</u> <u>RESULTS</u> .		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	XYes	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,370,115. including grants of \$ 1,842,728.) (Revenue \$	<u></u>	<u>`</u>
4a	(Code:) (Expenses \$Z, 370, 115. including grants of \$I, 842, 728.) (Revenue \$ COMMUNITY INVESTMENT GRANTS: GRANTS ARE AWARDED PRIMARILY)
	DONOR ADVISED FUNDS. THESE UNRESTRICTED GRANTS ARE MADE TO		S
	BASED ON RECOMMENDATIONS FROM FUND HOLDERS. IN 2021, FIFT		
	OF THOSE GRANTS WENT TO SUPPORT CHARITABLE ORGANIZATIONS		
	VA. IN ADDITION, ACT PROVIDES CAPACITY BUILDING GRANTS THA		
	AND SUPPORT NONPROFITS THAT SERVE PEOPLE WHO LIVE IN ALEXA		
4b	(Code:) (Expenses \$515,305. including grants of \$213,070.) (Revenue \$	<u></u>	<u> </u>
-10	(Code:) (Expenses \$)
	BUSINESSES, FOUNDATIONS AND THE CITY OF ALEXANDRIA, ACT CO		S
	BUILDING OF THE ALEXANDRIA RESILIENCE FUND TO PROVIDE GRAM	NTS TO	
	NONPROFIT ORGANIZATIONS PROVIDING CRITICAL SERVICES TO ALL		
	RESIDENTS FACING HARDSHIP DUE TO CONSTRAINTS ON ECONOMIC N	MOBILITY.	
4c	(Code:) (Expenses \$ 76,297. including grants of \$ 25,250.) (Revenue \$	$\frac{58}{0.000}$	908.)
	SPRING2ACTION 2021: ACT HOSTED ALEXANDRIA'S ANNUAL DAY OF SUPPORT ALEXANDRIA-SERVING NONPROFIT ORGANIZATIONS. MORE 7		
	DONORS MADE DONATIONS TO 156 ALEXANDRIA NONPROFITS WITH A		
	BREAKING \$2.58 MILLION RAISED IN JUST 24 HOURS. MANY ALEXA		TNG
	NONPROFITS USE THIS CROWDSOURCING PLATFORM TO INCREASE THE		1110
	FUNDRAISING CAPACITY AND RAISE CRITICAL RESOURCES FOR THE		
	ORGANIZATIONS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,961,717.		
		Form	990 (2021)

Form	990	(2021)

 Form 990 (2021)
 ACT
 FOR
 ALEXANDRIA

 Part IV
 Checklist of Required Schedules

1 be cognization described in section 501(k) or 4947(k) (blow than a privite foundation)? I X 2 be the organization required to complete Schedule S, Schedule of Combibutors? See instructions 2 X 3 X 2 Sector 501(k) organization compare in times or index political campaign and/vikes on behalf of or in opparison to candidate for public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Sector 501(k) (c) organization. D GH to organization engage in lobbying activities, or have a sector 501(k) (election in offet during the tax yea? If 'Yes,' complete Schedule C, Part II 4 X 5 D GH to organization matina variant y doma avised that of any similar matina collections of works of art, listorical trocasures, or other similar associes? If 'Yes,' complete Schedule D, Part I 6 X 7 X B GH to organization reques no thorization animal an collections of works of art, listorical trocasures, or other similar associes? If 'Yes,' complete Schedule D, Part I 7 X 9 D GH to organization matina relation in the simular, and the anitar collections of works of art, listorical trocasures, or other similar, socies and counter inspite. Schedule D, Part I 7 X 9 D GH to organization reques an amount for line same similar collections of works of art. Nine 10? If 'Yes,' complete Schedule D, Part V 9 X				Yes	No
2 Is the organization required to complete Schedule 0, Schedule of Controlutors 7 See instructions 2 X 3 Did the organization request in direct printing of the organization or agape in lobbying activities on balaif of or inceposition to candidate for public official 'f 'res,' complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Do the organization engage in lobbying activities, or have a section 501(b) election in electer of the organization as activation the organization that receives membership dues, assessments, or similar amounts as defined in Parce). CP:08 917 917 'res,' complete Schedule C, Part I 5 X 6 Did the organization assessment, including assessments to preserve open space. The environment, histoic Infaraze, or histois charase, or organization request and normalital charase and manufal and charase charase charase. The charase charase charase charase charase charase charase charase charase. The charase cha	1				
3 Did the cognization engage in direct or indirect policial campaign activities on behalf of or in opposition to candidates for public for day "Yrs," complete Schedule C, Part I 3 X 4 Section 501(p) organizations. Did the organization rangage in lobbying activities, or have a section 501(h) election in effect during the tax year' II "Yrs," complete Schedule C, Part II. 4 X 5 Did the cognization mainten and yound avoid to any smith funds or accounts? II "Yrs," complete Schedule C, Part II. 5 X 0 Did the cognization resider on tool a conservation assement, including assements to previse assessments, or the environment, historic ind areas, or historic structures? If "Yrs," complete Schedule D, Part II. 8 X 0 Did the cognization respect on tool a conservation assement, including assements to previse as a custodian for amount in Part X, fine 21, for scrow or custodial account lability, save as a custodian for amount in Part X, fine 21, for scrow or custodial account lability, save as a custodian for amounts in the isolen in Part X, fine 21, for scrow or custodial account lability, save as a custodian for amount for land, buildings, and equipment in Part X, line 107, If "Yes," complete Schedule D, Part II. 10 X 10 Did the cognization report an amount for insetments - order respine schedule D, Part V. 10 X 11 The cognization account anount for insetments - order respine schedule D, Part V. 10 X 12<					
public office <i>III</i> (Yes, ' complete Schedule <i>C</i> , Part I 3 X 4 Section 50(16)(3) cognizations. Didth erganization engage in lobbying activities, or have a section 50(16)(4) election in effect during the tax year? II "Yes, ' complete Schedule <i>C</i> , Part II 4 X 5 It the organization as defined in the Proc. 99:19? II "Yes, ' complete Schedule <i>C</i> , Part II 5 X 6 Did the organization anatatin any done advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment and amount in such tunds or accounts? II "Yes, ' complete Schedule <i>D</i> , Part II 6 X 7 X X 8 X 8 X 8 Did the organization mathatin any done advised funds or accounts for which donors have the right to provide advised. <i>D</i> , Part II 7 X 8 Did the organization anatom. The Part X, line 21, for secrow or custodal account tability, serve as a custodian for amounts not listed in Part X. Yes, ' complete Schedule D, Part V 8 X 9 Did the organization ensores and amount for winestments- other securities in Part X, line 10? II "Yes, ' complete Schedule D, Part V 10 X 10 Did the organization report an amount for winestments- other securities in Part X, line 12? II "Yes, ' complete Schedule D, Part V 114 X	2		2	X	
4 Section 501(c)(3) creation account (1) (3), 501(c)(6), or	3				
during the tax year? If Yes, " complete Schedule D, Part II 4 X 6 is the organization a section S(ic)(is), 501(is), 50			3		<u> </u>
5 Is the organization ascience S01(cM), S01(cB), or S01(cB) organization that necewes membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part II 5 X 6 Did the organization markins any doorn advised funds or any similar indis or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or any complete Schedule D, Part II 6 X 7 X 8 X 7 X 8 Did the organization is provide advice redit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 7 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10; III * Yes, "complete Schedule D, Part V 9 X 9 Did the organization report an amount for rivestments - other securities in Part X, line 13; Hu * 13; Mit is 5% or more of its total assets reported in Part X, line 13? If "Yes," complete Schedule D, Part VI 11 X 10 Did the org	4				
similar amounts as defined in Rev. Proc. 98:197 /// Yes, "complete Schedule Q, Part II 5 X 6 Did the organization maintain any doora davides dunds 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? // Yes, "complete Schedule D, Part II 6 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? // revs, "complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or cutodial account liability, serve as a cutodian for amounts in sleaf in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? // s''Yes," complete Schedule D, Part IV 8 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments? 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // Yes,' complete Schedule D, Part V 10 X 12 Did the organization report an amount for lands buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // Yes,' complete Schedule D, Part X 11 X 13 Did the organization report an amount for lands attatements for the tax, year include a fonothet that addressee the organization report an amount for l			4	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? // 'Yes, 'complete Schedule D, Part // Tes, 'complete Schedule D, Part //	5				
provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II 6 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? II "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide cardial cousseling, debt management, credit repair, or debt negatiaton services? 9 X 9 Did the organization report an amount for laws agreent, credit repair, or debt negatiaton services? 9 X 10 Id the organization identity of through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for laws and the full systems of the store and the part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 M the organization report an amount for laws and the full systems of the store and the full systems and supplication report an amount for laws and the sets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11a X 12 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X </th <th>_</th> <td></td> <td>5</td> <td></td> <td></td>	_		5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of vorks of at, historical treasures, or other similar assets? (If "Yes," complete Schedule D, Part III 8 X 9 Did the organization, foreport 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? 9 X 10 Did the organization, florid credit counseling, debt management, credit repair, or debt negotiation services? 9 X 11 If the organization, florid credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 If the organization report an amount for land, buildings, and equipment in Part X, line 12, thist is 5% or more of its total assets reported in Part X, line 167 // Yes, "complete Schedule D, Part VI 11a X 11a X 11b X 11c X 11a X 11c X 11c X 11a X 11a X 11a X 11a X 11a X 11a X	6			77	
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of ant, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 111 X 11 Did the organization report an amount for investments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part VIII 111 X 11 Did the organization report an amount for investments - other securities and the advancesses the organization report an amount for investments for the tax, year" III "Yes," complete Schedule D, Part X 1112 X 11 Did the organization report	_		6	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, regort an amount in Part X, line 21, for escrew 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 negotitation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10; if "Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? if "yes," complete Schedule D, Part VII 11 X 13 Did the organization report an amount for tinvestments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? if "yes," complete Schedule D, Part XIII 11 X 14 Did the organization report an amount for threat sastes in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? if "yes," complete Schedule D, Part X 114 X 14 Did the organization sparate, independent audited financial statements for the tax year? 114 </th <th>7</th> <th></th> <th></th> <th></th> <th></th>	7				
Schedule D, Part III 8 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? 9 X 9 Did the organization, direct counseling, debt management, credit repair, or debt negotiation services? 9 X 9 X 10 Management, credit repair, or debt negotiation services? 9 X 9 X as applicable. 10 X 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11a X Did the organization report an amount for investments - organ related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 11d Did the organization report an amount for other assets in Part X, line 12? If "Yes," complete Schedule D, Part X 11a X 11d Did the organization report an amount for other liabilities in Part X, line 22? If "Yes," complete Schedule D, Part X 11d X 11d Did the organization separte in coher dia factoses the organization separte ato consolicitated financial statements fore tha			7		
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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'res,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'ryes,' complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'ryes,' complete Schedule D, Part VII 11 X 13 Did the organization report an amount for orden sasets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'ryes,' complete Schedule D, Part X 11 X 14 X Did the organization report an amount for orden sasets in Part X, line 25? If 'ryes,' complete Schedule D, Part X 11 X 11 Did the organization orbid in separate, independent audited financial statements for the tax year' If 'ryes,' complete Schedule D, Part X 11 X 11 X Did the organization included in consolidated, independent audited financial statements for the tax year' If 'ryes,' complete Schedule D, Part X 111	8				
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X If 'Yes,'' complete Schedule D, Part IV 10 X 10 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,'' complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, should assets in donor-restricted endowments or in quasi endowments? If 'Yes,'' complete Schedule D, Part X, line 10? If 'Yes,'' complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part XIII 11c X 11 Did the organization report an amount for other isabilities in Part X, line 25% If 'Yes,'' complete Schedule D, Part X 11e X 11 Did the organization stopartie or consolidated financial statements for the tax year? If 'Yes,'' complete Schedule D, Part X 11e X 12 Did the organization onstoweree organisation astocol described in section 1700(IV)(IV)(IV) I	_		8		
# "Yes," complete Schedule D, Part IV. 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, VII, VII, VII, VI	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 10 X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI 11a 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? If "yes," complete Schedule D, Part VII 11b 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? If "yes," complete Schedule D, Part VIII 11d X d) Did the organization separate, independent audited financial statements for the tax year include a footnote that addresses the organization asparate, independent audited financial statements for the tax year? 11d X 120 Did the organization asparate, independent audited financial statements for the tax year? 11t X 111 X 11d X 11d X 120 Did the organization asparate, independent audited financial statements for the tax year? 11t X 121 <th></th> <th></th> <th></th> <th></th> <th></th>					
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, KJ, or X, as applicable. 111a X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 111a 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? If "Yes," complete Schedule D, Part VI 111a X c) Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 111d X d) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 111d X 112 X 111d X 111d X 113 X 111d X 111d X 114 X 111d X 111d X 115 X 111d X 111d X 114 X 111d X 111d X 115 X 111d X 111d X 116 X 111d X 117 X and XII 1			9		
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, X, or X, as applicable. 1 a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a 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? If 'Yes,' complete Schedule D, Part VI 11b 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? If 'Yes,' complete Schedule D, Part VII 11c X d) Did the organization report an amount for other assets in Part X, line 15? If 'Yes,' complete Schedule D, Part X 11t X e) Did the organization's separate or consolidated financial statements for the tax year' organizet Schedule D, Part X 11t X 12a Did the organization sachod described in section 170(b)(1/k)(ii)? If 'Yes,' complete Schedule D, Part X 11t X 12a Did the organization aschool described in section 170(b)(1/k)(ii)? If 'Yes,' complete Schedule D, Part X 11t X 12a Did the organization aschool described in section 170(b)(1/k)(ii)? If 'Yes,' complete Schedule D, Part X 11t X 12a D	10				v
as applicable. a) bid the organization report an amount for land, buildings, and equipment in Part X, line 10? // *Yes,* complete Schedule D, Part VI 11a 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? // *Yes,* complete Schedule D, Part VII 11b 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? // *Yes,* complete Schedule D, Part VIII 11c 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? // *Yes,* complete Schedule D, Part X, line 16? // *Yes,* complete Schedule D, Part X 11d X e) Did the organization report an amount for other liabilities in Part X, line 25? // *Yes,* complete Schedule D, Part X 11e X e) Did the organization report an amount for other liabilities in Part X, line 25? // *Yes,* complete Schedule D, Part X 11e X e) Did the organization is baparate, independent audited financial statements for the tax year? 11f X 12a Did the organization aschool described in section 170(b)(1)(A)(I)? // *Yes,* complete Schedule D, Part X 11f X 12a Did the organization aschool described in section 170(b)(1)(A)(I)? // *Yes,* complete Schedule E 13 X 13a			10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VIII 11c 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? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11d X 11d X 11d X 12a Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization aschol described in section 1700(b)(1)A)(iii)? If "Yes," complete Schedule D, Part X and XII is optional 11f X 12a X 11d X 11d X 12a X 11d X 11d X <td< th=""><th>11</th><th></th><th></th><th></th><th></th></td<>	11				
Part VI 11a 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? //r *Yes," complete Schedule D, Part VII 11b 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? //r *Yes," complete Schedule D, Part VII 11c 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? //r *Yes," complete Schedule D, Part XI 11d X e Did the organization report an amount for other assets in Part X, line 25? //r *Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year: locule a footnot that addresses the organization included in consolidated, independent audited financial statements for the tax year? 11t X 12a Did the organization a school described in section 170(b)(1)(A)(ii)? //r *Yes," complete Schedule E 11a X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? //r *Yes," complete assistance to or for any foreign organization report on Part X, column (A), line 3, more than \$5,000 of garnst or other assistance to or for any foreign organization? //r *Yes," complete Schedule F, Parts II and IV 14a 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% // "Yes," complete Schedule D, Part VII 11b 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% // "Yes," complete Schedule D, Part VIII 11c 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% // "Yes," complete Schedule D, Part X 11c X d Did the organization report an amount for other liabilities in Part X, line 25% // "Yes," complete Schedule D, Part X 11d X f Did the organization is separate, independent audited financial statements for the tax year? 11e X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11t X 14a Did the organization aschool described in section 170b(1/IA)(iii)? I" Yes," complete Schedule D, Part X 11d X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organizati	а			37	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII 11c 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? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 11t X 13a Is the organization aschool described in section 1700(b(1)(A)(ii)? If "Yes," complete Schedule E 13a X 14a Did the organization navered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 14a X 14b Did the organization aschool described in section 1700(b(1)(A)(ii)? If "Yes," complete Schedule E 13a X 14a Did the organization part X, column (A), line 3, more than \$	_		11a	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 167 // *Yes," complete Schedule D, Part VIII 11c 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 167 // *Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? // # Yes," complete Schedule D, Part X 11d X f Did the organization's isblight for uncertain tax positions under FIN 48 (ASC 740)? // * Yes," complete Schedule D, Part X 11d X 12a Did the organization isblight for uncertain tax positions under FIN 48 (ASC 740)? // * Yes," complete Schedule D, Part X 11f X 12a Did the organization isblight for uncertain tax positions under FIN 48 (ASC 740)? // * Yes," complete Schedule D, Part X 11f X 12a Did the organization notude in consolidated, independent audited financial statements for the tax year? 11t X 13 Is the organization aschol described in section 170(b)(1)(A)(ii)? // * Yes," complete Schedule E 13d X 14a Did the organization naintain an office, employees, or agerest outside of the United States? 14a X 15 Did the organization report on Part IX, colum	b				
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X 13 Is the organization maintain an office, employees, or agents outside of the United States? 12a X 14 Did the organization maxim an office, employees, or agents outside of the United States? 14a X 15 Did the organization report a Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report a Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of aggregate grants or other assis			11b		
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization biability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X 14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 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? If "Yes," complete Schedule F, Parts II and IV <t< th=""><th>С</th><th></th><th></th><th></th><th>v</th></t<>	С				v
Part X, line 16? /f "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? // *Yes," complete Schedule D, Part X 12a X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? // *Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 is the organization naintain an office, employees, or agents outside of the United States? 14a X 14 Did the organization naw aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000			11c		<u> </u>
 bid the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X f Did the organization 's isability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X 11e X 11a Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X 11a Did the organization separate, independent audited financial statements for the tax year? // f "Yes," complete Schedule D, Part X and XII b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 11a is the organization as chool described in section 170(b)(1)(A)(ii)? /f "Yes," complete Schedule E 11a Did the organization naintain an office, employees, or agents outside of the United States? b 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Schedule F, Parts I and IV 11b 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? /f "Yes," complete Schedule F, Parts II and IV 11b Did the organization report more than \$15,000 of gross income and contributions on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Schedule F, Parts II and IV 11c X 11d X<!--</th--><th>d</th><th></th><th></th><th></th><th>v</th>	d				v
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)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X 12a X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12a X 14a Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X b 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X 18 Did the organization report mo				v	<u> </u>
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X 13 Is the organization askered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 14a Did the organization aschool described in section 170(b(1)(A)(ii)? If "Yes," complete Schedule E 13 X 15 Did the organization naintain an office, employees, or agents outside of the United States? 14a X 16 Did the organization report and Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report nore than \$15,000 of grass income and contributions on Part IX, column (A), lines 6 and 11e? If "yes," complete Schedule G, Part II	-		11e	Δ	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete 12a X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 13 X 14a Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 14b 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? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 16 X <td< th=""><th>Ť</th><th></th><th></th><th></th><th>v</th></td<>	Ť				v
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 16 X 17 Did the organization report more than \$15,000 otel of fundraising event gross income and contributions on Part VI	10-		111		
b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 13 Is the organization aswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization neore assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part	12a		10-	v	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If "Yes," complete Schedule F, Parts I and IV 14b 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 foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 18 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 15.000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X			12a	<u> </u>	
1s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 individuals? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts II and IV 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X	D		101		v
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14b 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 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 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</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a X Did the organization report mor	40				N V
 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</i> "Yes," <i>complete Schedule F, Parts I and IV</i>. 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 16 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II.</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>. 19 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 					
 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Z 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Z 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization report more than \$5,000 of grants or other assistance to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 		-	14a		
or more? If "Yes," complete Schedule F, Parts I and IV 14b 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? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts II and IV 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20a X 20b 20a </th <th>a</th> <th></th> <th></th> <th></th> <th></th>	a				
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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 17 X			1/1		x
foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b	15		140		
 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	15		15		v
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 11 12	16		15		
 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 Did the organization attach a copy of its audited financial statements to this return? 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	10		16		v
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 17 X	17				
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 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	17		17		v
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 11	19				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 19 X	10		19		x
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0 0	10		10		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0 0	13		10		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0	20-2				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					<u> </u>
			200		<u> </u>
		domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	

Form	990	(2021)
	000	

 Form 990 (2021)
 ACT
 FOR
 ALEXANDRIA

 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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes, " complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			τ
<u> </u>	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
<u> </u>	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
. a	Check if Schedule O contains a reconcise or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	v	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
с	(compliant) winnings to prize winners?	1c	х	
	(gambling) winnings to prize winners?	1 10		. <u> </u>

	990 (2021) ACT FOR ALEXANDRIA 26-4322	369	Pa	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0.			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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instructions.	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
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		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
Ь		70		
	It "Yes," indicate the number of Forms 8282 filed during the year	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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 the 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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990	(2021)

ACT FOR ALEXANDRIA

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

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

X

Sec	tion 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	1a	2	29			
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				-		
-					3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			. –	1		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			·· –	5		X
6					3		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			· -'	_		
74	more members of the governing body?			-	а		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·	a		- 23
a							х
•	persons other than the governing body?			·	b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			х	
a	The governing body?				a	X	
b	Each committee with authority to act on behalf of the governing body?			. 8	b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	e Code.)				
						Yes	No
	Did the organization have local chapters, branches, or affiliates?			. [10	Da		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apter	s, affiliates,				
					Db	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befc	re filing the form?	1	1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12	2b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," (lescribe				
	on Schedule O how this was done			12	2c	X	
13	Did the organization have a written whistleblower policy?			· –	3	Х	
14	Did the organization have a written document retention and destruction policy?			. 🗖	4	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by ir	Idependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			. 1	ōa	Х	
b	Other officers or key employees of the organization			1	5b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent v	vith a				
	taxable entity during the year?			10	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its j	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's				
	exempt status with respect to such arrangements?			. 10	6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 99	D-T (section 501(c)	(3)s on	ly) a	vailat	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	on S	chedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and fin	anci	ial	
	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 boo	ks ar	d records				
	THE ORGANIZATION - 703-739-7778	u					
	201 N UNION ST STE 110, ALEXANDRIA, VA 22314-2663						

Form 990 (2		26-4322369	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	s tax year.
 List a 	Il of the organization's current officers, directors, trustees (whether individuals or organizations), re	gardless of amount of compens	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HEATHER PEELER	40.00				-		-			
PRESIDENT & CEO		х		х				198,597.	0.	24,529.
(2) BRANDI YEE	40.00									
CHIEF PROGRAM OFFICER						Х		110,193.	0.	14,942.
(3) MOLLY DAHL	5.00									
CHAIR		Х		Х				0.	0.	0.
(4) BRIAN LUNDEEN	8.00									
TREASURER		Х		Х				0.	0.	0.
(5) KAREN AVERY	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) JOHN ARMSTRONG	5.00									
SECRETARY		Х		х				0.	0.	0.
(7) DAVID BAKER	5.00									
MEMBER		Х						0.	0.	0.
(8) VIRGINIA BENNETT	5.00									
MEMBER		Х						0.	0.	0.
(9) SCOTT DARLING	5.00									
MEMBER		Х						0.	0.	0.
(10) ROSE DAWSON	5.00									
EX-OFFICIO MEMBER		Х						0.	0.	0.
(11) MAUREEN DEVINE-AHL	5.00									
MEMBER		Х						0.	0.	0.
(12) LAURIE FLYNN	5.00									
MEMBER		Х						0.	0.	0.
(13) CHRISTOPHER FOSTER	5.00									
MEMBER		Х						0.	0.	0.
(14) LISA GUERNSEY	5.00									
MEMBER		Х						0.	0.	0.
(15) CHARLES HOLT	5.00									
MEMBER		Х						0.	0.	0.
(16) JOE LAMOUNTAIN	5.00								_	
MEMBER		Х						0.	0.	0.
(17) STEPHANIE LANDRUM	5.00									
MEMBER		Х						0.	0.	0 .

Form	990	(2021
	000	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos) than c	ne	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensatior	ו ו	an	nount	of
	week		cer ar	ia a a	recio	r/trus	lee)	from	from related			other	
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MIS)			pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	5/		anizat	
	organizations	ruste	al trus		/ee	mpen		1099-NEC)	1000 NEO		•	d relat	
	below	idual t	Institutional trustee	ar ar	m ploy	est co oyee	er					anizati	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Form						
(18) PETER MADIGAN	5.00												
MEMBER		Х						0.		0.			0.
(19) LISA MARTIN	5.00												
MEMBER		Х						0.		0.			0.
(20) LORI MORRIS	5.00												
EMERITUS		Х						0.		0.			0.
(21) PHYLLIS PATTERSON	5.00												
MEMBER		Х						0.		0.			0.
(22) BETSEY ROSENBAUM	5.00												
MEMBER		Х						0.		0.			0.
(23) AMY RUTHERFORD	5.00												
MEMBER		Х						0.		0.			0.
(24) RABBI DAVID SPINRAD	5.00												
MEMBER		Х						0.		0.			0.
(25) EUGENE STEUERLE	5.00												•
CHAIR EMERITUS		х						0.		0.			0.
(26) ROBERT WHITTLE	5.00												•
MEMBER		Х						0.		0.		0 4	0.
1b Subtotal								308,790.		0.		9,4	
c Total from continuation sheets to Part V								0. 308,790.		0.	2	9,4	$\frac{0.}{71}$
d Total (add lines 1b and 1c)											<u> </u>	9,4	/1.
2 Total number of individuals (including but r	ot limited to th	iose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				2
compensation from the organization												Yes	No
2 Did the exception list any former officer	director truct	I			~ ~	~ ~ ~	hia	hast componented own		ſ		103	
3 Did the organization list any former officer											3		x
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										···	3		
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a										···			
rendered to the organization? If "Yes." con								•			5		x
Section B. Independent Contractors			01 31		0013	011 .				1			
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of comp	ensat	ion fro	m	
the organization. Report compensation for	-	-											
(A)				U				(B)			(0	;)	
Name and business	address							Description of s	ervices	C	ompe		n
CAITLIN BROWN, 269 S. PIC	KETT ST	• ,	#	20	1,			YOUTH SUPPOR	Г				
ALEXANDRIA, VA 22304								NETWORK MANA	GER		10	6,0	00.

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

Form 990 ACT FOR A	ALEXANDF	RIA							26-432	2369
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				bla		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e			ted e		(W-2/1099-MISC)		organization
	related	stee	ruste			bensa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pensated em ployee				organizations
	below	ividu	tituti	Officer	/ em l	hest	Former			
	line)	Ind	lns	0ff	Key	Hig	For			
(27) SYDNEY ETHEREDGE	5.00	x						0.	0.	0
MEMBER (THRU 12/31/2021)		A						0.	0.	0.
(28) KELLY GRANT	5.00								0	•
MEMBER (THRU 12/31/2021)		Х						0.	0.	0.
(29) KURT HUFFMAN	5.00									_
MEMBER (THRU 12/31/2021)		Х						0.	0.	0.
(30) ERICKA MILLER	5.00									
MEMBER (THRU 12/31/2021)		Х						0.	0.	0.
		1								
		1								
Total to Part VII, Section A, line 1c										

		Check if Schedule O	conta	ains a resp	onse	or note to any lin				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b						
5 ĕ	с	Fundraising events		1c						
ar A		Related organizations								
ر Mil ر	е	Government grants (conti	ributi	ons) 1e		226,056.				
ŝ	f	All other contributions, gifts,	grant	ts, and						
the		similar amounts not included	d abov	/e 1f		5,319,705.				
	g	Noncash contributions included in	lines 1	la-1f 1g	\$					
a د	h	Total. Add lines 1a-1f				►	5,545,761.			
						Business Code				
D C	2 a	SPRING2ACTION				900099	58,908.	58,908.		
6 4	b	·								
enu	С									
e S	d									
Revenue	е	·								
ר	f	All other program service					F0.000			
_		Total. Add lines 2a-2f					58,908.			
	3	Investment income (inclue	•				242 056			242 056
		other similar amounts)					343,056.			343,056.
	4	Income from investment of		•						
	5	Royalties	······	(i) Rea		(ii) Personal				
	6 0	Cross rests	6a							
	6 a b		6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from sales of		(i) Secur	ities	(ii) Other				
	<i>i</i> u	assets other than inventory	7a			(,				
	h	Less: cost or other basis	74							
e		and sales expenses	7b	2,990,	875.					
Revenue	c	Gain or (loss)		1,336,						
že <		Net gain or (loss)	-				1,336,795.			1336795.
e -		Gross income from fundraisi					, ,			
Ē	0 4	including \$								
_		contributions reported on								
		Part IV, line 18		,	8a					
	b	Less: direct expenses								
		Net income or (loss) from								
		Gross income from gamir								
		Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from				►				
		Gross sales of inventory,								
		and allowances			10a	a				
	b	Less: cost of goods sold				b				
		Net income or (loss) from				►				
		· · · · · · · · · · · · · · · · ·				Business Code				
n a	11 a	OTHER INCOME				900099	333,221.			333,221.
Revenue	b									
eve	с									
Revenue	d	All other revenue								
í	е	Total. Add lines 11a-11d				►	333,221.			
	12	Total revenue. See instruction	ons				7,617,741.	58,908.	0.	2013072.

ACT FOR ALEXANDRIA

Form 990 (2021)

Page **9**

26-4322369

ACT FOR ALEXANDRIA Part IX Statement of Functional Expenses

Form 990 (2021)

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

<u></u>	Chack if Schodula O contains a reasons		0	1	
	Check if Schedule O contains a respons	(A)	(B)	(C)	
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and general expenses	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,081,048.	2,081,048.		
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					
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	251 102	141 050	104 200	105 000
	trustees, and key employees	351,183.	141,052.	104,309.	105,822.
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	205,483.	82,532.	61,033.	61,918.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,777.	5,132.	3,795.	3,850. 11,906.
9	Other employee benefits	<u>12,777.</u> 39,510.	<u>5,132.</u> 15,869.	3,795. 11,735.	11.906.
10	Payroll taxes	64,116.	25,752.	19,044.	19,320.
11	Fees for services (nonemployees):	• - , •	,	, \	
	-				
	Management				
	Legal	21 520	0 1 5 0	10.200	
	Accounting	21,520.	2,152.	19,368.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	48,269.		48,269.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	277,653.	92,590. 207,490.	61,769. 12,496.	<u>123,294.</u> 25,898.
12	Advertising and promotion	245,884.	207,490.	12,496.	25,898.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	44,131.	17,725.	13,108.	13,298.
17		9,837.	3,951.	2,922.	2,964.
	F	5,057.	5,551.	2,522.	2,5040
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	11 500	1 616	2 420	2 400
19	Conferences, conventions, and meetings	11,568.	4,646.	3,436.	3,486.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,620.	1,856.	1,372.	1,392.
23	Insurance	3,764.		3,764.	
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 0.)				
а	EVENTS	353,878.	254,526.	35,351.	64,001.
b	SUBSCRIPTIONS	38,655.	14,071.	10,405.	14,179.
c	MISCELLANEOUS	15,763.	6,331.	4,682.	4,750.
	TELEPHONE	6,919.	2,779.	2,055.	2,085.
d		5,516.	2,775.	1,639.	1,662.
	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 24e	3,842,094.	2,961,717.	420,552.	459,825.
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 Figure if following SOP 98-2 (ASC 958-720)				

T FOR ALEXANDRIA	
------------------	--

		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			289,034.	1	2,875,991.
	2	Savings and temporary cash investments			3,211,533.	2	2,242,313.
	3	Pledges and grants receivable, net				3	345,000.
	4	Accounts receivable, net				4	156,561.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
As	9				7,342.	9	31,278.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	13,752.			
	b	Less: accumulated depreciation			6,013.	10c	13,752.
	11	Investments - publicly traded securities			16,504,897.	11	19,248,184.
	12	Investments - other securities. See Part IV, line			819,737.	12	579,484.
	13	Investments - program-related. See Part IV, line		F		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			25,000.	15	31,516.
	16	Total assets. Add lines 1 through 15 (must equ			20,863,556.	16	25,524,079.
	17	Accounts payable and accrued expenses			75,485.	17	67,898.
	18	Grants payable			163,069.	18	44,100.
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
6	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel		F		23	
	24	Unsecured notes and loans payable to unrelate		Γ		24	
	25	Other liabilities (including federal income tax, p		F			
		parties, and other liabilities not included on line	•				
		of Schedule D			90,109.	25	1,559.
	26	Total liabilities. Add lines 17 through 25			328,663.	26	113,557.
		Organizations that follow FASB ASC 958, ch	eck here	e ▶ X			
es		and complete lines 27, 28, 32, and 33.		·			
anc	27				20,156,885.	27	24,670,078.
Bal	28				378,008.	28	740,444.
l pu		Organizations that do not follow FASB ASC					
μ		and complete lines 29 through 33.		,			
P D	29	Capital stock or trust principal, or current funds	6			29	
iets	30	Paid-in or capital surplus, or land, building, or e		F		30	
Ass	31	Retained earnings, endowment, accumulated in		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			20,534,893.	32	25,410,522.
2	33	Total liabilities and net assets/fund balances			20,863,556.	33	25,524,079.
							Earm 990 (2021)

<u>, 524</u>, 079. Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

AC

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 7, 617, 741. 2 Total expenses (must equal Part VII, column (A), line 25) 2 3, 842, 094. 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 775, 647. 4 Revenue less expenses. Subtract line 2 from line 1 3 3, 775, 647. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 20, 534, 893. 5 Net unrealized gains (losses) on investments 6 7 6 7 Investment expenses 7 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 25, 410, 522. Part XII Financial Statements and Reporting 10 25, 410, 522. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1	Form	990 (2021) ACT FOR ALEXANDRIA	26-43	322369	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 7, 617, 741. 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 842, 094. 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 775, 647. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 20, 534, 893. 5 Net unrealized gains (losses) on investments 5 1, 099, 982. 6 6 7 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)) 25, 410, 522. 10 25, 410, 522. 10 25, 410, 522. 10 25, 410, 522. Check if Schedule O contains a response or note to any line in this Part XII 1 Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Ac	Pa	rt XI Reconciliation of Net Assets				
1 Total revenue (must equal Part VIII, column (A), line 12) 1 7, 617, 741. 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 842, 094. 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 775, 647. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 20, 534, 893. 5 Net unrealized gains (losses) on investments 5 1, 099, 982. 6 6 7 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)) 25, 410, 522. 10 25, 410, 522. 10 25, 410, 522. 10 25, 410, 522. Check if Schedule O contains a response or note to any line in this Part XII 1 Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Ac		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 842, 094. 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 775, 647. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 20, 534, 893. 5 Net unrealized gains (losses) on investments 5 1, 099, 982. 6 6 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 25, 410, 522. Part XII Financial Statements and Reporting 10 25, 410, 522. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
3 Revenue less expenses. Subtract line 2 from line 1 3 3,775,647. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 20,534,893. 5 Net unrealized gains (losses) on investments 5 1,099,982. 6 6 7 7 8 Prior period adjustments 6 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 25,410,522. 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 X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X Yes No	1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,617	7,74	41.
3 Revenue less expenses. Subtract line 2 from line 1 3 3,775,647. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 20,534,893. 5 Net unrealized gains (losses) on investments 5 1,099,982. 6 6 7 7 8 9 0. 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 25,410,522. 10 25,410,522. 10 25,410,522. Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X Yes No	2	Total expenses (must equal Part IX, column (A), line 25)	2	3,842	2,09	94.
5 Net unrealized gains (losses) on investments 5 1,099,982. 6 6 7 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 25,410,522. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	3		3	3,775	5,64	47.
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 25, 410, 522. Part XII Financial Statements and Reporting 10 25, 410, 522. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,534	1,89	93.
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 25,410,522. Part XII Financial Statements and Reporting 10 25,410,522. Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: 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 X Accrual Other Image: Check if Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X	5	Net unrealized gains (losses) on investments	5	1,099	9,98	82.
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 25,410,522. Part XII Financial Statements and Reporting 10 25,410,522. Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: 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 X Accrual Other Image: Check if Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X	6	Donated services and use of facilities	6			
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 25,410,522. 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 X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 25,410,522. Part XII Financial Statements and Reporting 2 2 Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: 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 X Accrual Other Image: Check II Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X	8		8			
column (B)) 10 25,410,522. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Colspan="2">Image: Cash 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Colspan="2">Image: Colspan="2">Cash X 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Colspan="2">Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Colspan="2">Other 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X		column (B))	10	25,410),52	22.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash image:	Pa					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Vere the organization's financial statements compiled or reviewed by an independent accountant? 2a X					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
		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, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		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:		consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis		X 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,	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			I
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			I
Act and OMB Circular A-133?		Act and OMB Circular A-133?		3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

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.

I	OMB No. 1545-0047
	2021
	Open to Public Inspection

Nam								identification number	
Der	 .		FOR ALEXAN						6-4322369
Par		Reason for Public (ee instruction	S.	
r	organi	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	-			n 170(b)(1	I)(A)(i).		
2		A school described in section							
3 [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
,		city, and state:							
5		An organization operated for		lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
,		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	or section a	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus							
С		Type III functionally inte						ly integrate	ed with,
		its supported organization							
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi							
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
		r the number of supported o	•						
g		ide the following information) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	(.	organization	(1) 2.13	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)
				above (see instructions))	Tes			,	
Total									

	edule A (Form 990) 2021 A	CT FOR AL		Soctions 170($h(1)(\Lambda)(in)$ and	26-432	
Га	(Complete only if you checked						
	fails to qualify under the tests				in lanca to quality a		
Sec	ction A. Public Support			-			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	Т
	Gifts, grants, contributions, and		((-,	(-)		T
	membership fees received. (Do not						
	include any "unusual grants.")	2771140.	3294202.	3144796.	10280943.	5545761.	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						\downarrow
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0771140	2204202	2144706	1000040		+
	Total. Add lines 1 through 3	2771140.	3294202.	3144/96.	10280943.	5545761	4
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)						
6	Public support. Subtract line 5 from line 4.						2
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	
7	Amounts from line 4	2771140.	3294202.	3144796.	10280943.	5545761.	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	363,067.	329,271.	308,986.	196,029.	343,056.	4
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	60 022	7 704	2 670		222 221	
	assets (Explain in Part VI.)	60,832.	7,704.	3,679.	265,305.	333,221	
	Total support. Add lines 7 through 10		``````````````````````````````````````			40	4
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	-	rst, secona, third, "	rourth, or fifth tax	year as a section 5	01(0)(3)	
Sec	organization, check this box and stor ction C. Computation of Publi		centage				
	Public support percentage for 2021 (li			column (f))		14	
15	Public support percentage from 2020	, (,,	, ,			15	

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2021

(f) Total

1997335. 23039507.

(f) Total

1540409.

670,741. 27247992.

307,919.

84.55

84.33

►

%

%

►X

5545761.25036842.

5545761.25036842.

5545761.25036842.

nder Part III. If the organization

Schedule A	Form	990	202

ACT FOR ALEXANDRIA

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.)

Calendar year (or fised year beginning in) beginned in the organization of	Section A. Public Support							
membership fees received. (Do not include any 'lunusual grants.') image: comparison of the second secon	alendar year (or fiscal year beginning in) 🕨 🗌	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20)21	(f) Total
include any "unusual grants.") Image: Solid Services per- formed, or facilities furnishes in organization" is a xeewing topose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Image: Solid Services per- formed, or facilities furnishes in are not an unrelated trade or bus- iness under section 513 4 Tax revenues level for the organ- tration"s benefit and either paid to or expended on its behalf Image: Solid Services in a comparison of the second paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Solid Services in a comparison of the second paid to or expended on its 2 and a second paid to or expended on its 2 and a second paid to or expended on its 2 and a second paid to or expended on the second paid to the organization without charge Image: Solid Second Paid Paid to the second paid to organization without charge 6 Total. Add lines 1, 2, and 3 received from disqualified persons that exceed the grade of the second the order than disqualified persons that exceed the grade of the second the order than disqualified persons that exceed the grade of the second the order than disqualified persons that exceed the grade of the second or disguard from the second or disguard from the second or disguard from the second or disguard to the second or d	1 Gifts, grants, contributions, and							
2 Goss receipts from admissions, mechanics were purpose in any activity that is related to the organization's tax exempt purpose in any activity that is related to the organization's tax exempt purpose in any activity that is related to the organization's tax exempt purpose in the organization without charge in the organizatin the organizatin the organization without	membership fees received. (Do not							
merchandles sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Image: construction of the construction o	include any "unusual grants.")							
formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose Image: construction of the second purpose 3 Gross receipts from activities that are not an unrelated trade or bus- ness under section 513 Image: construction of the organ- ization's banefit 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 Image: construction of the organization without charge 6 Total Acid lines 1 through 5 Image: construction of the organization without charge Image: construction of the organization without charge 6 Total Acid lines 1 through 5 Image: construction of the organization without charge Image: construction of the organization without charge 6 Total Acid lines 1 through 5 Image: construction of the organization without charge Image: construction of the organization without charge 6 Total Acid lines 1 through 5 Image: construction of the organization without charge Image: construction of the organization without charge 8 Public support. Support. Support. Image: construction of the organization with organization with organization with organization with organization or the set or the organization. Image: construction or construction or construction or construction or construction or construction or from interest, organization or construction organization or construction or construction or constr								
any activity that is related to the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levide for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities that are the organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities 6 Total. Add lines 1, 2, and 3 7 a Anountis Included on lines 1, 2, and 3 7 a concurs in the organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities 1 A an organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities 1 A an organization without charge 6 Total. Add lines 1 through 5 7 The value of through 5 7 The value of the organization without charge 6 Total. Add lines 1 through 5 7 The value of the organization without charge 6 Total. Add lines 7 through 5 7 The value of the organization without charge 1 A an organization without charge 1 A an organization without charge 1 A dillines 7 and 7 through 5 7 The value of the organization without charge 1 A dillines 7 and 7 through 5 7 The value of the organization without charge 1 A dillines 7 and 7 through 5 7 The value of the organization without charge 1 A dillines 7 through 5 7 The value of the organization without charge 1 A dillines 7 through 5 7 The value of the organization without charge 1 A dillines 7 through 5 7 The value of the organization of through 5 7 The value of the organization of the organi								
are not an unrelated trade or bus- iness under section 513								
are not an unrelated trade or bus- iness under section 513 Ta x revenues levied for the organ- ization's benefit and either paid to or expended on its behaff To a Arounts included on ines 1, 2, and 3 received from disqualified persons A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts included on lines 1, 2, and 3 received from disqualified persons C Add lines 1 and 3 releved from the two disqualified persons C Add lines 3 and 70 C Add lines 4 mounts in the two disqualified persons C Add lines 7 and 70 C Add lines 1 for uping (a) 2017 (b) 2018 (c) 2019 (d) 202 (e) 2021 O Amounts from line 6 (lines 4 mounts) (a) 2017 (b) 2018 (c) 2019 (d) 202 (e) 2021 (c) 202								
iness under section 513	3 Gross receipts from activities that							
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	are not an unrelated trade or bus-							
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	iness under section 513							
or expended on its behalf S The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 Ta Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons c Add lines 7a and 7b Section B. Total Support Calendar year (or fiscal year beginning in) Section B. Total Support Calendar year (or fiscal year beginning in) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (b) 2021 (c) 202 (c) 2								
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 line 3 areaived to other than disqualified persons that exceed the genet of \$3,000 or the other amount on line 13 or the year c Add lines 7a and 7b a Public support. (Subatulity 7 them line 1) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (c) 2019 (d) 2020 (e) 2021 10a Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources b Unrelated business taxible income (less section 511 taxes) from businesses acquired differ June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business at business taxible on rogalary carried on rols from the sale of capital assets (Explain IP art VI) 13 Total support. Additines 30, 1975 c Hor income. Do not include gain or loss from the sale of capital assets (Explain IP art VI) (c) Additines 30, 1975 (c) Additines 30, 1975 (c) Additines 30, 1975 (c) Additines 40 (c) 30 (c) 30 (c)	ization's benefit and either paid to							
furnished by a governmental unit to the organization without charge	or expended on its behalf							
furnished by a governmental unit to the organization without charge	5 The value of services or facilities							
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 1, 2, and 3 received from disqualified persons that exceed the grather of \$5.000 r Wo the amount on line 13 for the year b Amounts included on lines 2 and 3 received trom other than disqualified persons that exceed the grather of \$5.000 r Wo the amount on line 13 for the year c Add lines 7 and 7 b B Public support. [bitmat line 7 torm line 6] Section B. Total Support Calendar year (or fiscal year beginning in) ► 9 Amounts from line 6 (log Gross income from similar sources and income from similar sources and income from similar sources and income from similar sources acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not include gain or loss from the sale of capital assets (Explain in Part VI), whether or not the business is activities not include gain assets (Explain in Part VI). 13 Total support. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 [16]								
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 1, 2, and 3 received from disqualified persons that exceed the grather of \$5.000 r Wo the amount on line 13 for the year b Amounts included on lines 2 and 3 received trom other than disqualified persons that exceed the grather of \$5.000 r Wo the amount on line 13 for the year c Add lines 7 and 7 b B Public support. [bitmat line 7 torm line 6] Section B. Total Support Calendar year (or fiscal year beginning in) ► 9 Amounts from line 6 (log Gross income from similar sources and income from similar sources and income from similar sources and income from similar sources acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not include gain or loss from the sale of capital assets (Explain in Part VI), whether or not the business is activities not include gain assets (Explain in Part VI). 13 Total support. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 [16]	the organization without charge							
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts functed 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. Image: Comparity of the amount on line 13 for the year. 6 Add lines 7a and 7b Image: Comparity of the amount on line 13 for the year. Image: Comparity of the amount on line 13 for the year. 6 Add lines 7a and 7b Image: Comparity of the amount on line 13 for the year. Image: Comparity of the amount on line 13 for the year. 6 Add lines 7a and 7b Image: Comparity of the amount on line 13 for the year. Image: Comparity of the amount on line 6 9 Amounts from line 6 Image: Comparity of the amount on line 75. Image: Comparity of the amount on line 6 10a Gross income from similar sources and income from similar sources (less section 511 taxes) from businesses acquired after June 30, 1975. Image: Comparity of the assets (Explain in Part VI). 11 Net income from unrelated business activities not include quain or loss from the sale of capital assets (Explain in Part VI). Image: Comparity of the assets (Explain in Part VI). 13 Total support. Computation of Public Support Percentage Image: Comparity of the assets (Explain in Part VI). 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Image: Column (f). 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)). Image: Column (f). <td>6 Total. Add lines 1 through 5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	6 Total. Add lines 1 through 5							
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 rt \$5 of the amount on line 13 for the year c c Add lines 7a and 7b c 8 Public support. c Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (e) 2021 9 Amounts from line 6 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (e) 2021 9 Amounts from line 6 (b) 2015								
true of the 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. (gubtactline 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unelated business is regularly carried on sors from the sale of capital assets (Explain in Part VI.) 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 Section D. Computation of Investment Income Percentage 16	· · · ⊢							
arrount on line 13 for the year								
c Add lines 7a and 7b Image: Control of the section B. Total Support Subtract line 7c from line 6. Section B. Total Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 Image: Control of the section B. Total Support Image: Control of the section B. Total Support								
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 - - - - 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources - </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6								
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 c Add lines 10a and 10b (b) Unrelated business is regularly carried on (c) 2018 (c) 2019 (d) 2020 (e) 2021 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on (c) 2018 (c) 2019 (c) 2020 (c) 2021 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) (c) 11, and 12.) (c) 11 (c) 2018 (c) 2021 (c) 2021 13 Total support. (Add lines 9, 10c, 11, and 12.) (c) 11 (c) 11, and 12.) (c) 11 (c								
9 Amounts from line 6 Image: Section 5 (Line 8, 10c, 11, and 12) 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: Section 5 (Line 8, 10c, 11, and 12) b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Section 5 (Line 8, 10c, 11, and 12) c Add lines 10a and 10b Image: Section 5 (Line 8, 10c, 11, and 12) 11 Net income from unrelated business activities not include dani or loss from the sale of capital assets (Explain in Part VI.) Image: Section 5 (Line 8, 10c, 11, and 12) 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: Section 5 (Line 8, 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 2021 (line 8, column (f), divided by line 13, column (f)) 15 16 Section D. Computation of Investment Income Percentage	· · ·	(a) 2017	(b) 2018	(c) 2019	(4) 2020	(a) 20	121	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: Comparison of the sources of the source o		(a) 2017	(b) 2018	(c) 2019	(u) 2020	(e) 20	121	(I) TOLAI
dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: constraint of the 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 Image: constraint of the securities in the securities in the securities in the securities in the securities is regularly carried on 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Image: constraint of the securities is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: constraint of the securities equivalent is the securities								
and income from similar sources								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Comparison of the section o	securities loans, rents, royalties,							
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on income from unrelated business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) income form unrelated business is regularly carried on 13 Total support. (Add lines 9, 10c, 11, and 12.) income 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 income (f) 15 Public support percentage from 2020 Schedule A, Part III, line 15 income (f) 16 Section D. Computation of Investment Income Percentage income (f)							<u> </u>	
acquired after June 30, 1975								
c Add lines 10a and 10b	a survey of the lune 00 1075							
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Image: text of tex of text of text of text of tex of text of tex of text								
activities not included on line 10b, whether or not the business is regularly carried on Image: constraint of 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.) Image: constraint of the business is regularly carried on 13 Total support. (Add lines 9, 10c, 11, and 12.) Image: constraint of the business is regularly carried on Image: constraint of the business is regularly carried on 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 2021 (line 8, column (f), divided by line 13, column (f)) 15 16 Section D. Computation of Investment Income Percentage								
whether or not the business is regularly carried on Image: constraint of the second secon								
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 2021 (line 8, column (f), divided by line 13, column (f)) 16 Section D. Computation of Investment Income Percentage								
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 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage								
assets (Explain in Part VI.)								
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 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage								
check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage	13 Total support. (Add lines 9, 10c, 11, and 12.)							
Section C. Computation of Public Support Percentage 15 15 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage	14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) org	janization,	
15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 16								
16 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 16	Section C. Computation of Public	Support Per	centage					
Section D. Computation of Investment Income Percentage	15 Public support percentage for 2021 (line	e 8, column (f), d	livided by line 13, o	olumn (f))		15		%
· · · · · · · · · · · · · · · · · · ·						16		%
17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17 Investment income percentage for 2021	l (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17		%
18 Investment income percentage from 2020 Schedule A, Part III, line 17 18						· · · · ·		%
19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is r							d line 17 is n	ot
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly s	supported organiza	ation		
b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	b 33 1/3% support tests - 2020. If the or	ganization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore 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	line 18 is not more than 33 1/3%, check	this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organ	ization	►
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20 Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins	structions		

ACT FOR ALEXANDRIA

1

Yes

No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

	Supporting O	ganizations	(contir	nued)
Schedule A	(Form 990) 2021	ACT	FOR	ALEXANDRIA

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the apporting body, members of the apporting body, officiars acting in their official capacity, or membership of one or			

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? 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.	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? If "Yes, " explain in	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с] The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

га	Type in Non-1 unctionally integrated 505(a)(5) Supporting	ng Organi	Lations		
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	st complete S	Sections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	ion 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 ACT FOR ALEXANDRIA

Sche	edule A (Form 990) 2021 ACT FOR ALEXANDRIA	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	tinued)
Sect	tion D - Distributions	
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	1
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6

_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				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Current Year

1

2 3

4

5

Schedule A (Form 990) 2021

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

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

INCOME FROM ACTIVITIES NOT NORMALLY RECURRING

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

26-4322369

ACT	FOR	ALEXANDRIA
Organization type (check one):	:	

Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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), 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), 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).

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

Schedule B (Form 990) (2021)

Name of	organization	

Schedule B (Form 990) (2021)

Employer identification number

Schedule B (Form 990) (2021)

26-4322369

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 748,250. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 569,260. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 404,333. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 320,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 272,348. Noncash \$ (Complete Part II for noncash contributions.)

ACT FOR ALEXANDRIA

103/50	11-11-21	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$156,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>151,692.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$148,364.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>146,419.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 3452 11-11		\$141,304.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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

Schedule B (Form 990) (2021)

ACT FOR ALEXANDRIA

Name of organization

Part I

Employer identification number

26-4322369

Schedule B (Form 990) (2021)

ACT FOR ALEXANDRIA

Name of organization

Employer identification number

26-4322369

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
13		- \$\$122,471.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll ON Noncash ON Complete Part II for noncash contributions.)		

Name of organization

ACT FOR ALEXANDRIA

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

26-4322369

Employer identification number

Name of o	rganization	Employer identification numbe		
ACT F	OR ALEXANDRIA		26-4322369	
Part III) through (e) and the following line e charitable, etc., contributions of \$1,000 o	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gi		
	Transferee's name, address, ar	nd 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 gi		
	Transferee's name, address, ar 	nd 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 gi		
	Transferee's name, address, ar	nd 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 gi		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee	

	For Org	anizations Exempt From income	Tax Under Section 5	o I(c) and section 527	
Department of the Treasury		if the organization is described l Go to www.irs.gov/Form990 for in			Z. Open to Public Inspection
Internal Revenue Service		•			·
		n Form 990, Part IV, line 3, or Form Inplete Parts I-A and B. Do not com		e 46 (Political Campaign /	Activities), then
	•)1(c)(3)) organizations: Complete P		Do not complete Part I P	
 Section 501(c) (other Section 527 organiz 			ants PA and C below. I	Do not complete Part PB.	
•	•	Form 990, Part IV, line 4, or For	m 990-E7 Dart VI lin	e 47 (Lobbying Activities) then
		have filed Form 5768 (election und			
	•	have NOT filed Form 5768 (election dia		•	•
	•	Form 990, Part IV, line 5 (Proxy			•
Tax) (See separate inst					
		tions: Complete Part III.			
Name of organization		•		Emp	loyer identification number
	ACT FOR	ALEXANDRIA			26-4322369
Part I-A Compl	ete if the org	anization is exempt under	section 501(c) o	r is a section 527 or	
					-
1 Provide a descripti	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.	
		ures			6
		gn activities			
		-			
Part I-B Compl	ete if the org	anization is exempt under	section 501(c)(3).	
1 Enter the amount of	of any excise tax	incurred by the organization under	section 4955	► \$	S
		incurred by organization managers			
3 If the organization	incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?		Yes 🗌 No
4a Was a correction m	nade?				Yes 🗌 No
b If "Yes," describe in					
Part I-C Compl	ete if the org	anization is exempt under	section 501(c), e	except section 501(c	e)(3).
1 Enter the amount of	directly expended	d by the filing organization for secti	on 527 exempt function	on activities 🕨 \$	S
2 Enter the amount of	of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	
exempt function ac	ctivities			► \$	S
		. Add lines 1 and 2. Enter here and	,		
line 17b				► \$	š
4 Did the filing organ	ization file Form	1120-POL for this year?			Yes No
		nployer identification number (EIN)		•	
		tion listed, enter the amount paid f			
	•	omptly and directly delivered to a s			e segregated fund or a
· · ·	. ,	additional space is needed, provid			T
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					II none, enter -0
		l			

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2021

SCHEDULE C

(Form 990)

	ACT I		XANDRIA		20 -	1322369 Page 2
Part II-A Complete if the or section 501(h)).	ganizatio	n is exen	pt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
	ation belon	ns to an affil	ated aroup (and list in	Part IV each affiliated g	aroup member's nam	e address FIN
expenses, and sha						ic, addrood, Eiri,
		, 0	d "limited control" pro	visions apply		
Lim	nits on Lobl	bying Exper			(a) Filing organization's totals	(b) Affiliated group totals
				,	totais	
1a Total lobbying expenditures to inf	•		, 6,			
b Total lobbying expenditures to inf	-	-	• • • •			
c Total lobbying expenditures (add						
d Other exempt purpose expenditu				F		
e Total exempt purpose expenditur						
f Lobbying nontaxable amount. En				11		
If the amount on line 1e, column (a)	or (D) is:		oying nontaxable am			
Not over \$500,000	0.000		he amount on line 1e.			
Over \$500,000 but not over \$1,00			0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17 Over \$17,000,000	,000,000		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	100.			
g Grassroots nontaxable amount (e	ntor 250/ of	1				
•		,				
h Subtract line 1g from line 1a. If ze	ero or less, e	enter -0				
 h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If zer 	ro or less, e o or less, e	enter -0				
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer 	ro or less, e ro or less, e ero on eithe	enter -0- nter -0- er line 1h or l	ne 1i, did the organiza	ation file Form 4720		
 h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If zer 	ro or less, e ro or less, e ero on eithe	enter -0 nter -0 er line 1h or l	ne 1i, did the organiza	ation file Form 4720		Yes No
 h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this 	ro or less, e ro or less, e ero on eithe s year?	enter -0- nter -0- er line 1h or l 4-Year Ave	ne 1i, did the organiza	ation file Form 4720		
 h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If zei j If there is an amount other than ze reporting section 4911 tax for this 	ro or less, e ro or less, e ero on eithe s year? that made	enter -0- nter -0- er line 1h or l 	ne 1i, did the organiza	ation file Form 4720 Section 501(h) have to complete all of		
 h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this 	ero or less, e ro or less, e ero on eithe s year? that made See	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa	ne 1i, did the organiza raging Period Under I1(h) election do not	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.)		
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations) 	ero or less, e ro or less, e ero on eithe s year? that made See	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa	ne 1i, did the organiza raging Period Under I1(h) election do not Ite instructions for lin	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.)		
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations) Calendar year 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa	ne 1i, did the organiza raging Period Under I1(h) election do not Ite instructions for lin	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.)		
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations) 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations) Calendar year 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zeri i Subtract line 1f from line 1c. If zeri j If there is an amount other than zereporting section 4911 tax for this (Some organizations) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zeri i Subtract line 1f from line 1c. If zeri j If there is an amount other than zereporting section 4911 tax for this (Some organizations) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zeri i Subtract line 1f from line 1c. If zeri j If there is an amount other than zereporting section 4911 tax for this (Some organizations) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount 	ro or less, e ro or less, e ero on eithe s year? that made See Lobl	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.
 h Subtract line 1g from line 1a. If zeri i Subtract line 1f from line 1c. If zeri j If there is an amount other than zereporting section 4911 tax for this (Some organizations) Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount 	ro or less, e ro or less, e ro or less, e ero on eithe s year? that made Lobi (a)	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa bying Exper	ne 1i, did the organiza raging Period Under P(h) election do not te instructions for lin ditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	f the five columns b	elow.

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
	lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots		X		
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		Х		
-	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	X			L,800.
j	Total. Add lines 1c through 1i			1	L,800.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	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		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b)	Part I	II-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 politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	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 exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Provi	de 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. I	ines 1 a	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	<i>,,</i>		(
	T 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	
------------	--

Department of the Treasury

Internal Revenue Service

(Form 990)	
------------	--

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 Open to Public Inspection

Nam	e of the organization ACT FOR ALEXANDRIA		Emp	oloyer identification 26-43223	
Par		Funds or Other Similar Funds or /			
1 41	organization answered "Yes" on Form 990, Part IV, line 6		Noodai	Complete II ti	
		(a) Donor advised funds	(b) Fun	ds and other accou	nts
	Tabel south as all of a south		(b) i ui		20
1	Total number at end of year	2,914,894.		610	402.
2	Aggregate value of contributions to (during year)	1,652,305.			,402. ,934.
3	Aggregate value of grants from (during year)	19,916,976.			
4	Aggregate value at end of year			1,003	,355.
5	Did the organization inform all donors and donor advisors in wri	-		37	<u> </u>
_	are the organization's property, subject to the organization's ex			X Yes	No
6	Did the organization inform all grantees, donors, and donor adv				
	for charitable purposes and not for the benefit of the donor or d		•		
De	impermissible private benefit?			X Yes	No
Par			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, recreatio	n or education)	storically	important land area	ı
	Protection of natural habitat	Preservation of a ce	ertified his	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	conserva		
	day of the tax year.			Held at the End of th	e Tax Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		. 2b		
с	Number of conservation easements on a certified historic struct	ure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a historic structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, release		anization	during the tax	
	year ►				
4	Number of states where property subject to conservation easen	nent is located			
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it he	olds?		Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserva	tion ease	ments during the ye	ear
	▶				
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation	easemen [.]	ts during the year	
	▶\$				
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(h)(4)	(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	No No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense state	ement an	d	
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements	that desc	ribes the	
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Other	Simila	r Assets.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and b	alance sh	neet works	
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of p	oublic	
	service, provide in Part XIII the text of the footnote to its financia	al statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balar	nce sheet	works of	
	art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherar	nce of pul	olic service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$	
				\$	
2	If the organization received or held works of art, historical treasu)	
	the following amounts required to be reported under FASB ASC				
а	Revenue included on Form 990, Part VIII, line 1	-	►	\$	

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
10005	

Schedule D (Form 990) 2021

\$

Sche		ALEXANDRIA						26 - 43	2236	9 P	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Othe	r Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 I	Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how th	ey further th	ne organizatio	n's exer	npt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "	Yes" on	Form 99	0, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contribution	s or other ass	ets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
			-						Amoun	t	
с	Beginning balance						. 1c				
	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	unt liabil	ity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an			orm 990, Part	IV, line					
		(a) Current year	(b) P	rior year	(c) Two year	's back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	ed for th	ne organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fi	unds.							
Par	t VI Land, Buildings, and Equipm					Dent V	l'				
	Complete if the organization answere		-								
	Description of property	(a) Cost or o basis (investr			t or other (other)	• •	ccumulat preciatior		(d) Boo	k valu	е
1a	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment			1	3,752.				1	3,7	52.
	Other									<u> </u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part .</u>	X, colum	nn (B), line 1	0c.)			. 🕨 🗌	1	3,7	52.
								<u> </u>			

Schedule D (Form 990) 2021

	(Form 990) 2021			ALEXANDRI
Part VII	Investments -	Uther Se	curitie	es.

26-4322369 Page 3

Complete if the organization answered "Yes" ((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-vear 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.	
	Description	, ,	(b) Book value
(1)	•		()
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8) (9)			
	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightlity			(b) Book value
(1) Federal income taxes (2) DEFERRED RENT			1,559
			1,339
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			4 664
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1,559

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 ACT FOR ALEXANDRIA			26-	4322369	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Re	eturn.		
	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	8,866	,488.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	1,099,982.			
b	Donated services and use of facilities	2b	197,034.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	<u>1,297</u> 7,569	<u>,016.</u>
3	Subtract line 2e from line 1			3	7,569	<u>,472.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,269.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b	4c		<u>,269.</u>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,617	,741.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per I	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,990	,859.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	197,034.	_		
b	Prior year adjustments	2b		_		
С	Other losses	2c		_		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	197	<u>,034.</u>
3	Subtract line 2e from line 1			3	3,793	<u>,825.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,269.	_		
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u>,269.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,842	,094.
110	t 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.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States								OMB No. 1545-0047	
Department of the Treesury		Comp	lete if the organization	n answered "Yes" Attach to Fori		rt IV, line 21 or 22.			en to Public	
Department of the Treasury Internal Revenue Service			► Go to www.ir	s.gov/Form990 for		nation.		-	Inspection	
Name of the organization	ACT FOR A	LEXANDRIA						Employer identif	ication number -4322369	
Part I General Info	ormation on Grants a	nd Assistance								
criteria used to aw	ard the grants or assis	stance?	e amount of the grants					on X ו	/es 🗌 No	
			toring the use of grant				(N/ lise Of fear and		
		-	zations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Part	IV, line 21, for any	ý	
1 (a) Name and addi or gove	ress of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpos or assi	•	
AFRICAN COMMUNITIES 127 WEST 127TH STRF NEW YORK, NY 10027		46-1689772	501(C)(3)	30,000.	0.			PROGRAM SUPPO	RT	
ALDEN STREET FOUNDA 319 STANDISH DRIVE SYRACUSE, NY 13224	ATION INC.	26-0161734	501(C)(3)	15,000.	0.			PROGRAM SUPPO	RT	
ALEXANDRIA ARTS FOF 123 N ALFRED STREET ALEXANDRIA, VA 2231	r	35-2463862	501(C)(3)	15,000.	0.			PROGRAM SUPPO	RT	
ALEXANDRIA CITY PUE 2000 N BEAUREGARD S ALEXANDRIA, VA 2231	STREET		GOVERNMENT	6,000.	0.			PROGRAM SUPPO	RT	
ALEXANDRIA HOSPITAI 4320 SEMINARY ROAD ALEXANDRIA, VA 2230		51-0241913	501(C)(3)	8,000.	0.			PROGRAM SUPPO	RТ	
ALIVE INC 2723 KING STREET ALEXANDRIA, VA 2230	02	54-0914017	501(C)(3)	62,000.	0.			PROGRAM SUPPO		
2 Enter total number	of section 501(c)(3) a	nd government or	ganizations listed in the	e line 1 table					76.	
	of other organizations							►	4.	
LHA For Paperwork R	eduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (I	orm 990) 2021	

Part II Continuation of Grants and Other A	Assistance to Do (b) EIN	(c) IRC section	s and Domestic Go (d) Amount of	(School) (e) Amount of	edule I (Form 990), Pa (f) Method of	rt II.) (g) Description of	(h) Purpose of grant			
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance				
AMERICAN RED CROSS										
123 N ALFRED STREET										
ALEXANDRIA, VA 22314	53-0196605	501(C)(3)	15,000.	0.			PROGRAM SUPPORT			
ART LEAGUE, INC.										
LO5 N UNION STREET										
ALEXANDRIA, VA 22314	54-0833818	501(C)(3)	10,000.	0.			PROGRAM SUPPORT			
BETH EL HEBREW CONGREGATION										
3830 SEMINARY ROAD										
ALEXANDRIA, VA 22304	54-0681891	501(C)(3)	10,000.	0.			PROGRAM SUPPORT			
MEANDRIA, VA 22304	54-0001091	501(0)(3)	10,000.	۰.			FROGRAM SOFFORI			
CAMPAGNA CENTER										
PO BOX 25228										
ALEXANDRIA, VA 22313	54-0534609	501(C)(3)	15,000.	0.			PROGRAM SUPPORT			
CAPITAL YOUTH EMPOWERMENT PROGRAM										
1315 DUKE STREET										
ALEXANDRIA, VA 22314	80-0290878	501(C)(3)	20,400.	0.			PROGRAM SUPPORT			
CARPENTER'S SHELTER										
5701-D DUKE STREET ALEXANDRIA, VA 22304	54-1571849	501(C)(3)	10,000.	0.			PROGRAM SUPPORT			
ILEANDRIA, VA 22304	54-15/1049	501(0)(3)	10,000.	۰.			FROGRAM SOFFORI			
CASA CHIRILAGUA										
109 MT VERNON AVENUE										
ALEXANDRIA, VA 22305	27-4575777	501(C)(3)	7,000.	0.			PROGRAM SUPPORT			
,										
CENTER FOR ALEXANDRIA'S CHILDREN										
1900 N BEAUREGARD STREET, SUITE 200										
ALEXANDRIA, VA 22311	20-5295944	501(C)(3)	30,000.	0.			PROGRAM SUPPORT			
CHILD AND FAMILY NETWORK CENTERS										
3700 WHEELER AVENUE	F4 450000			-						
ALEXANDRIA, VA 22304	54-1589809	501(C)(3)	27,000.	0.			PROGRAM SUPPORT			

Pa	art II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt II.)
	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV,	(g) non-o

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST CHURCH							
118 N WASHINGTON STREET, STE 301							
ALEXANDRIA, VA 22314	54-0506451	501(C)(3)	10,404.	0.			PROGRAM SUPPORT
CITY OF ALEXANDRIA							
201 N. UNION STREET, SUITE 110							
ALEXANDRIA, VA 22314	54-6001103	501(C)(3)	46,502.	٥.			PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF NOVA INC							
PO BOX 3512							
ALEXANDRIA, VA 22302	46-3063331	501(C)(3)	10,870.	0.			PROGRAM SUPPORT
COMMUNITY LODGINGS, INC. 3912 ELBERT AVENUE, SUITE 108							
ALEXANDRIA, VA 22305	54-1428495	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
DEBRIS FREE OCEANS 2931 SW 30TH COURT UNIT 1							
MIAMI, FL 33133	46-4581532	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
DONORSCHOOSE.ORG 134 WEST 37TH STREET, 11TH FLOOR NEW YORK, NY 10018	13-4129457	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
DREAM PROJECT INC PO BOX 7419							
ARLINGTON, VA 22207	45-1869894	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
EDUCACION PARA NUESTRO FUTURO FOUNDED BY ESCUELA - 2300							
CLARENDON BLVD, STE 250 -							
ARLINGTON, VA 22201	54-1914671	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
ENDEPENDENCE CENTER OF NORTHERN VIRGINIA INC 2300 CLARENDON BLVD STE 250 - ARLINGTON, VA 22201	54-1302368	501(C)(3)	30,000.	0.			PROGRAM SUPPORT

ACT FOR ALEXANDRIA Schedule I (Form 990)

26-4322369

Page 1

ACT FOR ALEXANDRIA

Schedule I (Form 990) ACT FOR A							6-4322369 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	urt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRLINGTON UNITED METHODIST							
CHURCH - 3900 KING STREET -							
ALEXANDRIA, VA 22302		CHURCH	10,000.	0.			PROGRAM SUPPORT
			10,000.				FROMM BUILONI
FRANCIS PARKER SCHOOL							
5501 LINDA VISTA ROAD							
SAN DIEGO, CA 92111	95-1696720	501(C)(3)	53,725.	0.			PROGRAM SUPPORT
FRIENDS OF GUEST HOUSE, INC.							
, 1 E LURAY AVENUE							
ALEXANDRIA, VA 22301	51-0201327	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
RIENDS OF THE ALEXANDRIA							
OMMUNITY MENTAL HEALTH CENTER,							
INC - 720 N SAINT ASAPH STREET -							
ALEXANDRIA, VA 22314	54-1221085	501(C)(3)	7,000.	٥.			PROGRAM SUPPORT
HEARD							
418 PITT MEWS							
ALEXANDRIA, VA 22314	32-0592893	501(C)(3)	10,000.	٥.			PROGRAM SUPPORT
HOPEWELL FUND							
1828 L STREET NW							
ASHINGTON, DC 20036	47-3681860	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
VY HILL CEMETERY HISTORICAL							
PRESERVATION SOCIETY - 2823 KING							
TREET - ALEXANDRIA, VA 22302	20-4598691	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
UST CAPITAL FOUNDATION, INC.							
4 EAST 30TH STREET 11TH FLOOR		501 (0) (0)		_			
IEW YORK, NY 10016	36-4764467	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
IIICM NETCURODO MINICMRY							
JUST NEIGHBORS MINISTRY							
7630 LITTLE RIVER TURNPIKE SUITE 90		E01(0)(2)	15 000	_			
ANNANDALE, VA 22003	31-1813333	DUT(C)(3)	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990) ACT FOR ALEXANDRIA

(a) Name and address of

(a) Name and address of organization or government	(b) EIN	if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
KOINONIA FOUNDATION INC.							
PO BOX 30878							
ALEXANDRIA, VA 22310	54-0806221	501(C)(3)	12,000.	٥.			PROGRAM SUPPORT
MEDSTREET, INC							
7209 MARLAN DRIVE							
ALEXANDRIA, VA 22307	83-4054043	501(C)(3)	10,000.	٥.			PROGRAM SUPPORT
MENOKIN FOUNDATION							
4037 MENOKIN ROAD							
WARSAW, VA 22572	54-1735338	501(C)(3)	10,000.	٥.			PROGRAM SUPPORT
MOUNT VERNON LADIES ASSOCIATION OF							
THE UNION - PO BOX 110 - MOUNT							
VERNON, VA 22121	54-0564701	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
NEIGHBORHOOD HEALTH							
6677 RICHMOND HIGHWAY							
ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
NEO PHILANTHROPY							
45 W 36TH STREET 6TH FLOOR							
NEW YORK, NY 10018	13-3191113	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
NORTHERN VIRGINIA COMMUNITY							
COLLEGE - 3926 PENDER DRIVE, #135							
- FAIRFAX, VA 22030	51-0249730	501(C)(3)	27,472.	0.			PROGRAM SUPPORT
NORTHERN VIRGINIA FAMILY SERVICE							
4401 FORD AVENUE, SUITE 303							
ALEXANDRIA, VA 22302	54-0791977	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
OFFENDER AID AND RESTORATION OF			,				
ARLINGTON COUNTY OARA INC - 1400 N							
UHLE ST SUITE 704 - ARLINGTON, VA							
22201	54-1024562	501(C)(3)	10,000.	٥.			PROGRAM SUPPORT

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

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

(c) IRC section

(b) EIN

Schedule I (Form 990)

26-4322369 Page 1

(h) Purpose of grant

Schedule I (Form 990) ACT FOR ALEXANDRIA 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLD PRESBYTERIAN MEETING HOUSE							
323 S FAIRFAX STREET							
ALEXANDRIA, VA 22314	54-0506422	501(C)(3)	23,600.	0.			PROGRAM SUPPORT
ADEANIDKIA, VA 22514	54 0500422	501(0)(3)	23,000.	0.			FROGRAM SUFFORT
PARISH OF ST. ANDREW & ST.							
MARGARET OF SCOTLAND - 1607 DEWITT							
AVENUE - ALEXANDRIA, VA 22301	54-1112430	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
AVENUE - ALEXANDRIA, VA 22501	54-1112450	501(0)(3)	7,500.	0.			FROGRAM SUFFORI
RUNNINGBROOKE							
107 S WEST STREET, STE 545							
ALEXANDRIA, VA 22314	47-3346734	501(C)(3)	115,500.	0.			PROGRAM SUPPORT
	47 3340734	501(0)(3)	115,500.	0.			FROGRAM SUFFORT
SCAN OF NORTHERN VIRGINIA							
205 S WHITING STREET, SUITE 205							
ALEXANDRIA, VA 22304	54-1473693	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ADEXANDRIA, VA 22504	54 14/5055	501(0)(3)	15,000.	••			FROGRAM SUFFORT
SCHOLARSHIP FUND OF ALEXANDRIA							
(THE) - 3330 KING STREET -							
	20-0031464	$E_{01}(C)(2)$	20,000.	0.			PROGRAM SUPPORT
ALEXANDRIA, VA 22302-3001	20-0031464	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
SPACE OF HER OWN							
520 KING STREET SUITE 100							
	30-0572179	501(C)(3)	25 000	0.			PROGRAM SUPPORT
ALEXANDRIA, VA 22314	30-05/21/9	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CE ANGELMG ARREV COUDOL INC							
ST ANSELMS ABBEY SCHOOL INC							
4501 SOUTH DAKOTA AVE NE	E2 0106617	E01/(C)/(2)	100 000	^			DDOGDAM GUDDODM
WASHINGTON, DC 20017	53-0196617	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
מה אאסע'כ ווהעדסאא מעווסמע							
ST. MARK'S LUTHERAN CHURCH							
5800 BACKLICK ROAD			10 000	^			DDOGDAN GUDDODW
SPRINGFIELD, VA 22150		CHURCH	10,000.	0.			PROGRAM SUPPORT
ST. PAUL'S EPISCOPAL CHURCH							
228 S PITT STREET							
ALEXANDRIA, VA 22314-3797		CHURCH	12,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990) ACT FOR ALEXANDRIA 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENANTS AND WORKERS UNITED							
INQUILINOS Y TRABAJADORES UNIDOS -							
3801 MT VERNON AVENUE -							
ALEXANDRIA, VA 22305	54-1515305	501(C)(3)	11,887.	0.			PROGRAM SUPPORT
THE CATHOLIC DISTANCE UNIVERSITY							
300 S GEORGE STREET							
CHARLES TOWN, WV 25414	54-1251090	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CIARLES TOWN, WV 25414	54 1251050	501(0)(3)	10,000.	0.			FROGRAM SOFFORT
TOGETHER WE BAKE							
212 S WASHINGTON STREET							
ALEXANDRIA, VA 22314	47-2543526	501(C)(3)	32,000.	0.			PROGRAM SUPPORT
UNITED STATES HOLOCAUST MEMORIAL							
COUNCIL - 100 RAOUL WALLENBERG							
PLACE SW - WASHINGTON, DC 20024	52-1309391	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
INDAN ALLEANGE FOUNDATION INC							
URBAN ALLIANCE FOUNDATION, INC							
2030 Q STREET NW WASHINGTON, DC 20009	52-1938443	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
WASHINGTON, DC 20009	52-1936443	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
VIRGINIA CONGRESS OF PARENTS AND							
TEACHERS - PO BOX 16465 -							
ALEXANDRIA, VA 22302	54-0542801	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
· · · · · · · · · · · · · · · · · · ·							
VIRGINIA PUBLIC ACCESS PROJECT							
PO BOX 1472							
RICHMOND, VA 23218	54-1825691	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
VOICES FOR VIRGINIAS CHILDREN							
1606 SANTA ROSA ROAD, SUITE 109				-			
HENRICO, VA 23229	54-1726265	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
WASHINGTON JESUIT ACADEMY							
900 VARNUM STREET NE							
WASHINGTON, DC 20017	52-2336694	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
			10,000.	۰.			

ACT FOR ALEXANDRIA

(b) EIN	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
52, 2021840	E01 (0) (2)	18,000				PROGRAM SUPPORT
52-2031049	501(0)(3)	18,000.				FROGRAM SUFFORI
51-0155779	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
23-7011544	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
80-0930138	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
	23-7011544	51-0155779 501(C)(3) 23-7011544 501(C)(3)	51-0155779 501(C)(3) 7,000. 23-7011544 501(C)(3) 25,000.	52-2031849 501(C)(3) 18,000. 0. 51-0155779 501(C)(3) 7,000. 0. 23-7011544 501(C)(3) 25,000. 0.	52-2031849 501(C)(3) 18,000. 0. 51-0155779 501(C)(3) 7,000. 0. 23-7011544 501(C)(3) 25,000. 0.	52-2031849 501(C)(3) 18,000. 0. 51-0155779 501(C)(3) 7,000. 0. 23-7011544 501(C)(3) 25,000. 0.

Schedule I (Form 990) 2021

ACT FOR ALEXANDRIA

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	n required in Part I, lin	e 2; Part III, columr) (b); and any other ad	lditional information.	
ART I, LINE 2:					
	_				
ROUGHOUT THE GRANT PERIOD, ACT	'S CHIEF PR	OGRAM OFF:	ICER AND PR	OGRAM STAFF	

ARE IN REGULAR COMMUNICATION WITH THE GRANTEES 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 2021, ACT SERVED AS A PARTNER WITH THE CITY OF ALEXANDRIA TO DISTRIBUTE

AMERICAN RESCUE PLAN ACT FUNDS (ARPA) AND EARNED INCOME TAX CREDIT FUNDS TO

COMMUNITY PARTNERS. IN ADDITION, ACT WORKED WITH THE COMMONWEALTH OF

Schedule I (Form 990) ACT FOR ALEXANDRIA	26-4322369	Page 2
Part IV Supplemental Information		
VIRGINIA'S DEPARTMENT OF HEALTH TO PROVIDE GRANTS TO COMMUN	ITY PARTNERS	
ASSISTING IN PROVIDING COVID-19 VACCINATIONS TO THE PUBLIC.	FOR THOSE	
GRANTS, TOO, THERE WAS AN APPLICATION PROCESS AND A MEETING	OF HOW THE	
GRANTS WERE TO BE USED.		

SCHE	DULE J Compensation Information		OMB No. 15	45-0047
Form		est	200)1
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 23	204	
Departmen	t of the Treasury Attach to Form 990.	e 20.	Open to	
nternal Rev	Venue Service Go to www.irs.gov/Form990 for instructions and the latest information			
Name of	the organization			
Davit I	ACT FOR ALEXANDRIA	26-	203 Open to Inspect dentification 322369 1b 2 1b 2 4a 4b 4c 5a 5b 6a 6b 7	
Part I	Questions Regarding Compensation			
		E 000		Yes No
	eck the appropriate box(es) if the organization provided any of the following to or for a person listed on	i Form 990,		
Par	t VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel	•		
	Travel for companions			
	Tax indemnification and gross-up payments Health or social club dues or initiati			
	Discretionary spending account Personal services (such as maid, ch	nauffeur, chef)		
b If a	ny of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	or		
	nbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
	the organization require substantiation prior to reimbursing or allowing expenses incurred by all direct			
	stees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	
truc				
3 Ind	icate which, if any, of the following the organization used to establish the compensation of the organiz	ation's		
	D/Executive Director. Check all that apply. Do not check any boxes for methods used by a related orga			
	ablish compensation of the CEO/Executive Director, but explain in Part III.			
50	Compensation committee Written employment contract			
X				
	Form 990 of other organizations X Approval by the board or compensation	ation committee		
4 Dur	ing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	anization or a related organization:			
-	ceive a severance payment or change-of-control payment?		42	x
	ticipate in or receive payment from a supplemental nonqualified retirement plan?			X
	ticipate in or receive payment from an equity-based compensation arrangement?			X
	Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
On	ly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	ensation		
	Itingent on the revenues of:			
	e organization?		5a	X
	/ related organization?			X
	Yes" on line 5a or 5b, describe in Part III.			
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	ensation		
	Itingent on the net earnings of:			
	e organization?		6a	X
	/ related organization?			X
	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 pay	/ments		
	described on lines 5 and 6? If "Yes," describe in Part III		7	X
	re any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subje			
			8	X
	Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

26-4322369

Page **2**

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HEATHER PEELER	(i)	198,597.	0.	0.	14,454.	11,649.	224,700.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE O (Form 990)

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

26-4322369

OMB No. 1545-0047

ACT FOR ALEXANDRIA

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 THIS YEAR TO

DISBURSE AMERICAN RESCUE PLAN ACT FUNDING TO COMMUNITY PARTNERS

NONPROFIT ORGANIZATIONS AND SMALL BUSINESS OWNERS AFFECTED BY THE

GLOBAL PANDEMIC.

FORM 990, PART VI:

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 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

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
ACT FOR ALEXANDRIA	26-4322369
OR THE EXECUTIVE DIRECTOR) OR TO THE EXECUTIVE DIRECTOR (I	N THE CASE OF
CONCERNS RELATED TO MEMBERS OF THE STAFF) ANY AND ALL KNOWLEDGE OF ACTION	
OR CONDUCT THAT APPEARS CONTRARY TO THE CONFLICT OF INTEREST POLICY. BEFORE	
A MEMBER OR STAFF BEGINS SERVICE WITH ACT, THEY SHALL FILE WITH THE	
EXECUTIVE DIRECTOR A LIST OF THE MEMBER'S/STAFF'S PRINCIPAL BUSINESS	
ACTIVITIES, AS WELL AS INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS	
ORGANIZATIONS, VENDORS, AND OTHER ASSOCIATIONS THAT MIGHT PRODUCE A	
CONFLICT OF INTEREST. SUBSEQUENTLY, EACH MEMBER AND STAFF SHALL SIGN A	
STATEMENT THAT AFFIRMS THEIR UNDERSTANDING AND AGREEMENT WITH THE POLICY.	

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

THE EXECUTIVE COMMITTEE REVIEWED THE COMPENSATION OF ACT'S EXECUTIVE DIRECTOR, ACT'S PROGRAM DIRECTOR, AND OUTSIDE CONTRACTORS HIRED FOR SPECIFIC TASKS; REVIEWED AND ANALYZED THE COMPENSATION REQUIREMENTS OF OTHER CANDIDATES FOR THE POSITION WHO APPLIED IN RESPONSE TO THE BROADLY 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. THIS PAST YEAR, ACT ALSO CONSULTED A COMPENSATION CONSULTANT.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.