# Form 990

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the 2	2023 calend	dar year, or tax year beginning OCT 1 , 2023, and endin	g se	ρ 30	, 20 2 4
В	Check if a	oplicable:	C Name of organization Alexandria Seaport Foundation		D Emplo	yer identification number
	Address c	hange	Doing business as		54-12	208614
$\Box$	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Teleph	none number
	Initial retu	-	P.O. Box 25036		(703)	778-0977
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended		Alexandria, VA 22313		G Gross	receipts \$ 718,418.
	Applicatio		F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? Yes X No
	Applicatio	ii poliding	Deb Roepke, P.O. Box 25036, Alexandria, VA 223			
	Tax-exem	ot status:	▼ 501(c)(3)			st. See instructions.
 J	Website:	·	Value Va	H(c) Group e		
			lexandriaseaport.org    Corporation	<del></del> ,		of legal domicile: VA
_	art I	Summa		1011. 1002	W Olate	or logar dominion v11
, i			cribe the organization's mission or most significant activities: Through t	the weedwarking and	hant huil	ding the Mouandria Connert
41	E .				poar pari	dind the wiexanoria seaborr
Governance			ion builds workforce skills, self-worth, and c			
Ë			connected youths. See Schedule O for additiona			
š			box if the organization discontinued its operations or disposed of		3 1	_
ၓ	1		voting members of the governing body (Part VI, line 1a)		3	7
οά	1		independent voting members of the governing body (Part VI, line 1b		4	7
ĕ	1		per of individuals employed in calendar year 2023 (Part V, line 2a)		5	32
Activities &	1		per of volunteers (estimate if necessary)		6	75
Ac	7a -	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrela	ted business taxable income from Form 990-T, Part I, line 11	<u>, , , , .</u>	7b	0.
				Prior Yea	r	Current Year
d)	8 (	Contributio	ons and grants (Part VIII, line 1h)	874,	986.	628,421.
Revenue	9 1	Program s	ervice revenue (Part VIII, line 2g)	4,	885.	6,306.
S.	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)	28,	897.	46,281.
ď	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		487.	26,750.
	1		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	255.	707,758.
			d similar amounts paid (Part IX, column (A), lines 1-3)	73.7	230.	
	1		aid to or for members (Part IX, column (A), line 4)			
	14- 4	•	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	580	012.	451,499.
ses	160		al fundraising fees (Part IX, column (A), line 11e)	300,	UIL.	401,400.
Expenses	16a		raising expenses (Part IX, column (D), line 25) 86,884.			
X	b ]			25.4	537.	275,045.
	17 '		enses (Part IX, column (A), lines 11a-11d, 11f-24e)			726,544.
	1	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	<del></del>	549.	
	19	Revenue II	ess expenses. Subtract line 18 from line 12		706.	-18,786.
Net Assets or Fund Ralances	<u> </u>			Beginning of Curr		
SSet	20		ts (Part X, line 16)	1,589,		1,605,003.
et A	21		ities (Part X, line 26)		407.	69,582.
Ż	22		or fund balances. Subtract line 21 from line 20	1,532,	186.	1,535,421.
	art II		ire Block			
Ur	nder penalt	ies of perjury	r, I declare that I have examined this return, including accompanying schedules and state. The Declaration of preparer (other than officer) is based on all information of which prepare	tements, and to the	e best of i	my knowledge and belief, it is
	ie, correct,	and complet	e. Decidiation of preparet former trial officers is based on an information of which prepare	el Has ally kilowick		
٠.					/13/2	.025
	gn	Signature of	officer	Date	ı	
He	ere	Hel	en Morris, Chair			
		Type or print	name and title			
Dr	aid	Print/Type	e preparer's name as S. Corey, CPA  Proparer's signature	Date	Check	
		Dougla	as S. Corey, CPA	05/13/2025	self-emp	P00635040
	eparer	Circula na		Firm's		54-1650356
US	se Only	Firm's ad				03)354-2900
Ma	v the IR		this return with the preparer shown above? See instructions			. ⊠Yes □No

Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Through the woodworking and boat building, the Alexandria Seaport
	Foundation builds workforce skills, self-worth, and community
	for disconnected youths. See Schedule O for additional information.
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.
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.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
42	(Code: ) (Expenses \$ 498, 925. including grants of \$ 0.) (Revenue \$ 0.)
74	Apprentice program - Provide young men and women, ages 18-23,
	with skills necessary to become independent, productive adults.
	This is a full-time paid program lasting approximately 8-10 months.
	This is a full-time pard program tasting approximately 6-10 months.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
<del>-</del> u	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses 498 925

Part!	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		^
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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		×
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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		×
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		×
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		×
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		×
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?			J
00-	If "Yes," complete Schedule G, Part III	19 20a		×
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		+^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part !	Checklist of Required Schedules (continued)		¥	A1 -
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>×</u>
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		×
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 24b		<u>×</u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
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		×
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		×
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		×
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		×
b c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b 28c		×
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	controlled entity 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? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Ilnes 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part		•	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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			١
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	7000707000	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	90 POPS 800 80 A PO
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	165601660	
9	Sponsoring organizations maintaining donor advised funds.	11 (3000) (4000)	(100-1000) (100-100-100)	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4		
11	Section 501(c)(12) organizations. Enter:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	- 40-	2000	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state?	I Ja		
	Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
a	the organization is licensed to issue qualified health plans			
		-		
C	Enter the amount of reserves on hand	14a	54 255 255	×
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	-	+
. b	If "Yes," has it filed a Form 720 to report these payments? If "No, provide an explanation of schedule of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		<b>†</b>
15	excess parachute payment(s) during the year?	15		×
		10		
	If "Yes," see the instructions and file Form 4720, Schedule N.	16	e samaa	×
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10	M (1921)	
٠.	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	4556000		A 1075-000
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
		''		
	If "Yes," complete Form 6069.	Perent Angle		

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Schedule O	See in:	struc	tions.
Section	on A. Governing Body and Management	<del></del>		
		124.25.25	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b 2	Enter the number of voting members included on line 1a, above, who are independent . Lib 7  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Х
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-		
a	The governing body?	8a 8b	×	├
9 b	Each committee with authority to act on behalf of the governing body?	9		×
Sacti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.	
3600	OH B. F Onoics (This Occitor B requeste information about periode increasing		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b	× × ×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	↓
b	Other officers or key employees of the organization	15b	×	10000000
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	trace in the text of the fellow a written arthur are not up and the propriet in to available its	IVA		Î
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed VA			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion	501(c)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	

civil dee (eae			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	isated Employees, an	a
	Independent Contractors		

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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	n nor any related	ı orga	at IIZ	atio (C	3) 3)	wihe	ıısd	ted any current	Jinooi, ancotoi,	J. 1140-001
(A) Name and title	(B) Average hours	box, t	ot ch unles	Posi eck s pe	ition more rson irect	than c is both or/trust	an ee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Helen Morris Chair	2.00	×		×				0.	0.	0
(2) Richard Bell Director		×						0.	0.	0
(3) Janet Blair-Fleetwood Treasurer		×		×				0.	0.	0
(4) Tracy Nickelsburg Secretary		×		×			ļ	0.	0.	0
(5) Harold Mangold Director		×						0.	0.	0
(6) Darrel Brown Director		×						0,	0.	0
(7) Robert Dugger Director		×						0.	0.	0
(8) Deb Roepke Executive Director		<u> </u>	_	×	×			119,218.	0.	0
(9) Louise Roseman Director		×		-			-	0,	0.	0
(10)			_							
(11)									All	
(12)										
(13)							_			
(14)										

Part \	Section A. Officers, Directors, T	rustees, l	Key E	Emp	oloy	/ee	s, an	d H	lighest Compe	nsated E	mplo	yees (continued)
	(A) Name and title	(B) Average hours per week	box, to	unles er and	eck s pe d a d	ition more rson lirect	than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reports compens from rel	ation	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-M 1099-N	ISC/	from the organization and related organizations
(15)												
(16)					-							-
(17)											***	
(18)											***	
(19)												
(20)			1									
(21)												
(22)			1									
(23)												
(24)												
(25)												
1b c d	Subtotal	VII, Section	on A				abov	e) v	119, 218. 119, 218. who received more	re than \$1	0. 0. 00,000	0. 0.
3	Did the organization list any former employee on line 1a? If "Yes," complete For any individual listed on line 1a, is th organization and related organizations individual.	officer, dir Schedule o	<i>l for</i> s eporta	uch ble	ina cor 0,00	<i>livi</i> a npe 0?	<i>lual</i> ensatio	on a	and other compe complete Sche	 Insation fi	om the	3 X
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe comp	ensa lete	tior Sc.	n fro hea	m an	y ur for	nrelated organiza such person	tion or inc		
Section 1	on B. Independent Contractors  Complete this table for your five hig compensation from the organization. Rep	hest comport compe	ensal nsatio	ted in fo	ind or th	lepe e ca	nden alenda	t c	ontractors that ear ending with o	received r within th	more e orga	than \$100,000 of nization's tax year.
	(A) Name and business ad	dress							(B) Description of ser	vices		(C) Compensation
_2	Total number of independent contract received more than \$100,000 of compens							o t	hose listed abor	ve) who		

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to a	iny line in this Pa			<u> Ll</u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	b	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants,				
ntribution d Other S		and similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$ 12,347				
မှု ပိ	h	Total. Add lines 1a-1f	628,421.	0.000		
		Business Code			-	
Program Service Revenue	2a b c d	Commission work - boats/other 230000	6,306.	6,306.	0.	0.
g.	f	All other program service revenue				
	<u>g</u> 3	Total. Add lines 2a-2f	1			
	4 5	other similar amounts)	44,127.	0.	0.	44,127.
		(i) Real (ii) Personal				
	6a b	Gross rents 6a Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory 7a (i) Securities (ii) Other				
evenue	b	Less: cost or other basis and sales expenses . 7b O.				
		Gain or (loss) 7c 2,154.	2.45		_	
i i		Net gain or (loss)	2,154.	0.	0.	2,154.
Other R	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 37, 410	_			
	b	Less: direct expenses 8b 10,660				
	c 9a	Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19 . 9a	26,750.		0.	26,750.
	b	Less: direct expenses 9b				
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances 10a				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory  Business Code				
Miscellaneous Revenue	11a	Business Code				
scellaneo Revenue	b					
Rev	Q C	All other revenue				
Σ	d e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions	707,758.	6,306.	0.	73,031.

Part	IN Statement at Functional Expenses				
ection	IX Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All d	other organizations	must complete colu	ımn (A).
	Check if Schedule O contains a response				. , , <u>,</u> . <u> </u>
Do no Bb, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	403,455.	290,593.	71,999.	40,863.
9	Other employee benefits	18,310.	16,918.	420.	972.
10	Payroll taxes	29,734.	21,466.	5,332.	2,936.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	4,079.	0.	4,079.	0,
C	Accounting	29,400.	10,050.	19,350.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	4 004		3 224	
f	Investment management fees	1,334.	0,	1,334.	0.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	56,839.	12,051.	21,388.	23,400.
12	Advertising and promotion	2,258.	2,244.	0.	14.
13	Office expenses	12,680.	1,691.	2,367.	8,622.
14	Information technology	5,250.	3,760.	995.	495.
15	Royalties	3,2001			
16	Occupancy	8,850.	6,786.	1,024.	1,040.
17	Travel	4,360.	3,982.	365.	13,
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	•			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	42,106.	41,813.	210.	83.
23	Insurance	42,088.	38,202.	2,938.	948.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
		25 52	04.464	0 401	1 000
a	Materials and supplies	25,591.	21,164.	2,431.	1,996.
b	Apprentice support services	7,368.	7,368.	0.	960.
C	Telephone/internet	5,812.	4,251.		
d	Entertainment	5,151. 21,879.	4,401. 12,185.		
9 25	All other expenses	726,544.	498, 925.	140,735.	· · · · · ·
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	120,344.	490, 323.	140,733.	00,004.
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

ŧΧ	Balance Sheet  Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u>
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing	200,341.	1	217,072.
	-	369,156.	2	799,466.
	· · ·	202,000.	3	120,617.
	•	4,369.	4	2,239.
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
		· · · · · · · · · · · · · · · · · · ·	8	
		7,306.	9	8,336.
_			200 E.S.	
Vu				
h		!	10c	247,566.
	2000. 4004.		_	147,851.
	· ·	100/0051	<b></b>	
		48.411	<del></del>	61,856.
	•		-	1,605,003.
				49,574.
		30,707.	<del></del>	45/5/11
	· •		_	8,158.
				0,1501
			<del>,</del>	
			21	
22	Loans and other payables to any current or former officer, director,			
	controlled entity or family member of any of these persons		000	
	•		<del></del>	
			1	~~
	Unsecured notes and loans payable to unrelated third parties		24	***************************************
25				
	,	§	0.5	11 050
			-	11,850.
26		57,407.	26	69,582.
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	209,564.	27	657,990.
28	Net assets with donor restrictions	1,322,622.	28	877,431.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
	Paid-in or capital surplus, or land, building, or equipment fund		30	
			31	
32	Total net assets or fund balances	1,532,186.	32	1,535,421.
				· · · · · · · · · · · · · · · · · · ·
	1 2 3 4 5 6 7 8 9 10a b 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1	1 Cash—non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 666, 806. 10b Less: accumulated depreciation 10a 666, 806. 11 Investments—publicly traded securities 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 12 Secured mortgages and notes payable to unrelated third parties 13 Secured mortgages and notes payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 10 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 10 Total liabilities of or restrictions 10 Net assets with donor restrictions 11 Net assets with donor restrictions 12 Net assets with donor restrictions 13 Net assets with donor restrictions 14 N	Cash—non-interest-bearing   200, 341.	1 Cash—non-interest-bearing 200, 341. 1 2 Savings and temporary cash investments 369, 156. 2 3 Peldges and grants receivable, net 202, 000. 3 4 Accounts receivable, net 4, 369, 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons controlled entity or family member of any of these persons defined under section 4958(n)(1)), and persons described in section 4958(s)(3)(6) 6 Notes and loans receivable, net 7, 306. 9 7 Notes and loans receivable, net 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 7, 306. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 666, 806. 10b 419, 240. 289, 671. 10c

_	-4	•
Page	ı	4

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	70	7,7	<u>58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	72	6,5	44.
3	Revenue less expenses. Subtract line 2 from line 1	-1	8,7	<u>86.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,53	2,1	<u>86.</u>
5	Net unrealized gains (losses) on investments	2	2,0	21.
6	Donated services and use of facilities			
7	Investment expenses			
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))	1,53	5,4	<u>21.</u>
⊃art	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 Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.	No.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	1000	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis	AL-		anseler -
b	Were the organization's financial statements audited by an independent accountant?	2b	×	894,6275
	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.			
	·			
·c	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	8440940909	PER CHICK	50041603.03
C	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on	20		
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			\$445 <del>-</del> 848.
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	]	
	REV 09/17/24 PRO	Form	990	(2023)
				. ,

### **SCHEDULE A** (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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

**Total** 

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

54-1208614 Alexandria Seaport Foundation Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🗵 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported organization other support (see listed in your governing support (see (described on lines 1-10 instructions) document? above (see instructions)) instructions) No Yes (A) (B) (C) (D) (E)

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

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

Section	on A. Public Support			T			45 100
Calend	lar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	647,002.	563 <b>በ</b> 35	1,166,705.	874,986.	665, 831,	3,917,559.
_		647,002.	202,032.	1,100,703.	074, 500.	003/0311	<u> </u>
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total, Add lines 1 through 3	647,002.	563,035.	1,166,705.	874,986.	665,831.	3,917,559.
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					5.0	3,917,559.
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	647,002.	563,035.	1,166,705.	874,986.	665,831.	3,917,559.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			5,298.	22,914.	44,127.	72,339.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1		33,960,	36,355.	35,210.	
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First 5 years. If the Form 990 is for the organization, check this box and stop he	e organization'	s first, second	d, third, fourth,	, or fifth tax ye	12 ar as a section	4,095,423. on 501(c)(3)
04	on C. Computation of Public Suppo						
	Public support percentage for 2023 (line	6 column /ft c	lividad hv lina	11 column (A)		14	95.66%
14	Public support percentage for 2023 (inter- Public support percentage from 2022 Sc					15	74.07%
15 16a	331/3% support test—2023. If the organ box and stop here. The organization qui	nization did not alifies as a pub	check the bo licly supported	ox on line 13, a d organization	nd line 14 is 3:	31/3% or more,	check this
þ	331/3% support test – 2022. If the organization this box and stop here. The organization	n qualifies as a	publicly supp	orted organizat	ion		🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization in Part VI how the organization meets the organization	neets the facts facts-and-circ	-and-circums cumstances te	tances test, ch est. The organi	eck this box a zation qualifies	and <b>stop here</b> s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizati in Part VI how the organization meets the organization	on meets the f ne facts-and-ci	acts-and-circurcumstances f	umstances test test. The organ	, check this bo ization qualifie 	ox and <b>stop he</b> is as a publicly	ere. Explain supported
18	Private foundation. If the organization instructions	did not check	a box on lin	e 13, 16a, 16b	o, 17a, or 17b,	, check this b	ox and see

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

Support Softcadio for Organizations Described in Section 1997, 7
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

section	on A. Public Support		·				
Calend	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		-				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			•			
	unrelated trade or business under section 513						
4	Tax revenues levied for the	ı				-	
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_	-						
6 7a	<b>Total.</b> Add lines 1 through 5						
ra	received from disqualified persons .		]				
b	Amounts included on lines 2 and 3		<u> </u>				
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						-
Secti	on B. Total Support	_					
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						<del></del>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources				<b>_</b>		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business					:	
	activities not included on line 10b, whether or not the business is regularly carried on						
40							
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.)			1			
14	First 5 years. If the Form 990 is for the	organization	's first, second	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	1.100.00					· · · · □
Secti	on C. Computation of Public Suppo	rt Percentaç	ge				
15	Public support percentage for 2023 (line						%
16	Public support percentage from 2022 Sc			· · · · ·		16	<u>%</u>
	ion D. Computation of Investment In			hulina 10 anl	mn (fl)	17	%
17	Investment income percentage for 2023						<del>%</del>
18	Investment income percentage from 202 331/3% support tests—2023. If the organ	∠ ounequie A, pization did no	raii iii, iiiile 17 t check the ho		 Ind line 15 is n	nore than 331a	
19a	17 is not more than 331/2%, check this box	and stop here	. The organizat	ion qualifies as	a publiciv supr	orted organizat	
h	33 <sup>1</sup> / <sub>18</sub> % support tests – 2022. If the organi						
b	line 18 is not more than 331/3%, check this	hox and ston	here. The organ	nization qualifie	s as a publicly s	supported organ	nization .
20	Private foundation. If the organization d						
20	TIVALE IOUTICATION II THE ORGANIZATION OF	THE THAT OFFICERS C	. ~ ~ ~ ~ ~	,		1110111	

Part IV S	upporting Organia	zations

(Complete only if you checked a box on line 12 of 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	on A. All Supporting Organizations		Vaa	Na
	the companies of the constant annualization. Bated by name in the organization's governing		Yes	No
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.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	40		
5а	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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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.	9a		
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 <b>Part VI</b> .	9b		
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.	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Part	V Supporting Organizations (continued)		
	Has the organization accepted a gift or contribution from any of the following persons? 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	No
С	A family member of a person described on line 11a above?  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.	11b	
Secti	on B. Type I Supporting Organizations	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	
Secti	on 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	NO
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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	
Sect	ion E. Type III Functionally Integrated Supporting Organizations		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity		
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
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 <b>Part VI identify those supported organizations and explain</b> 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.	2a	
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3à and 3b below</i> .  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi	trus izati	st on Nov. 20, 1970 (e <i>xpl</i> e ons must complete Sect	ions A through E.
Secti	on 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		
88	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(D) Oursent Voor
Sect	on 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	<u></u>	
Ç	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-function (see instructions).	ally	integrated Type III suppo	orting organization

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continued	d)	
Section	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppo	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			7	:
7	<b>Total annual distributions.</b> Add lines 1 through 6. Distributions to attentive supported organizations to which	a the organization is res	nonsive	-	
8	(provide details in <b>Part VI</b> ). See instructions.	Title Organization to rec	pondivo	8	
	Distributable amount for 2023 from Section C, line 6			9	
9				10	
10	Line 8 amount divided by line 9 amount		(ii)		(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2023	าธ	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				- Company and the company and
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e			See no	
g	Applied to underdistributions of prior years			8009800	
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.			W6598	
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				Na San
a	Excess from 2019				
<u>~</u>	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Part VI

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.)
Pt II	Ln 10: Other Income Part II, Line 10 Description: Program service 2021:
7871.	2022: 4885. 2023: 6306. Description: Fundraising 2021: 16015. 2022: 25487.
2023:	26750. Description: Investment gain 2021: 10074. 2022: 5983. 2023: 2154.
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<del></del>	

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

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

**Employer identification number** 

Name of the organization 54-1208614 Alexandria Seaport Foundation Organization type (check one): Filers of: Section: **⊠** 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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 

Name of organization
Alexandria Seaport Foundation

Employer identification number 54-1208614

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Richard Bell  1712 Stonebridge Road  Alexandria VA 22304	<b>\$</b> 109,350.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Joseph E. and Marjorie B. Jones Foundation PO Box 6677  Annapolis MD 21401	\$60,000.	Person 🔀 Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Clarke-Winchole Foundation 7501 Wisconsin Avenue, Suite 710E Bethesda MD 20814	\$ 50,000.	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	City of Alexandria		Person ⊠ Payroll □
	4850 Mark Center Drive  Alexandria VA 22311	\$ 30,335.	Noncash (Complete Part II for noncash contributions.)
(a) No.		\$ 30,335.  (c)  Total contributions	Noncash (Complete Part II for
	Alexandria VA 22311 (b)	(c)	Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4  William and Karin Banks Foundation  2205 Big Lonely Lane	(c) Total contributions	Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person  Payroll  Noncash  (Complete Part II for

Name of organization
Alexandria Seaport Foundation

Employer identification number 54-1208614

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
7	The Morris and Gwendolyn Cafritz Foundation 1825 K Street, NW, Suite 1400 Washington DC 20006	\$20,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	Brinkman Jacobs Family Fund 2909 Richmond Lane Alexandria VA 22305	\$ 15,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	Rhodes Family Foundation  1055 Broadway Blvd., Suite 130  Kansas City MO 64105	\$ 13,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person  Payroli  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization
Alexandria Seaport Foundation

Employer identification number

54-1208614

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

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

ahadula 🛭 Æ	Form 990) (2023)		Page 4
lame of org			Employer identification number
•	ria Seaport Foundation		54-1208614
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the	e year from any one contribu s completing Part III, enter the ear. (Enter this information onc	ns described in section 501(c)(7), (8), or tor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc., see instructions.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, and 2	(IP + 4 Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a	(e) Transfer of gift ZIP + 4 Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and a	ZiP + 4 Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

Relationship of transferor to transferee

## SCHEDULE D (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Part I Organizations Maintaining Donor Advised Runds or Other Similar Funds or Accounts  Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  1 Total number at end of year.  2 Aggregate value of orithothons to (afuring year)  3 Aggregate value of grants from (during year)  4 Aggregate value of grants from (during year)  5 Aggregate value of grants from (during year)  6 Did the organization inform all grantees, choors, and donor advisors in writing that the assets held in donor advised funds are the organization from all grantees, choors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose consering impermissable private benefit?  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purposels) of conservation easements  Complete ines 2a through 2d if the organization held a qualified conservation of a historically important land area  Preservation of one space  2 Complete lines 2a through 2d if the organization held a qualified conservation in the form of a conservation easements  5 Total number of conservation easements  6 Total number of conservation easements  7 Total arrange restricted by conservation easements  8 Total number of conservation easements  9 Total arrange restricted by conservation easements  10 Total arrange restricted by conservation easements  10 Total arranger extricted by conservation easements  11 Total number of conservation easements is a certified historic structure lines as through 2d if the organization for education in the form of a conservation on a historic structure lines is included on line 2a qualified conservation extrements of conservation of conservation easements in certified historic structure lines are through 2d at the tend of the tax year  1 Total number of conservation easements in a certified historic structure lines are through 2d at the tend of the tax year  1 Total number of conservation easements in certi		the organization		F 4 1000 C1 4
Total number at end of year  Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Aggregate value of the donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit)  Conservation Easements  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Preservation of open space  Preservation of open space  Complete lines 2e through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Total number of conservation easements  Total acreage restricted by conservation easements.  Number of conservation easements included on tine 2c acquired after July 25, 2006, and not on a historic structure last of the tax year.  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  Number of states where property subject to conservation easements in last necessary and easements of the conservation easements in the preservation easements of the conservation easements in the representation of the property subject to property subject to the footnote to the organiza		andria Seaport Foundation		54-1208614
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of or	Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	as or Accounts
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c Number of conservation easements on a certified historic structure included on line 2a	b	Total acreage restricted by conservation easements	s	2b
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violations, and enforcement of the conservation easements it holds?		Does the organization have a written policy rec	arding the periodic monitoring, insp	pection, handling of
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Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspecting	a, handling of violations, and enforcing	conservation easements during the year
and section 170(h)(4)(B)(ii)?	•	Attribute of experience meaning in the meaning, in-present	g,	•
and section 170(h)(4)(B)(ii)?	8	Does each conservation easement reported on line	2d above satisfy the requirements of	section 170(h)(4)(B)(i)
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1	ıa	of ort historical transumes or other similar assets	hold for public exhibition, education	or research in furtherance of public
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1		of art, fistorical fleasures, of other similar assets	to its financial statements that describ	ne these items
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1		· •		
provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1	b	If the organization elected, as permitted under FA	SB ASC 958, to report in its revenue	statement and balance sneet works of
<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>				search in furtherance of public service,
<ul> <li>(ii) Assets included in Form 990, Part X</li></ul>		•		
<ul> <li>(ii) Assets included in Form 990, Part X</li></ul>		(i) Revenue included on Form 990, Part VIII, line 1		<i>.</i> \$
<ul> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.</li> <li>a Revenue included on Form 990, Part VIII, line 1</li></ul>		(ii) Assets included in Form 990, Part X		\$
a Revenue included on Form 990, Part VIII, line 1	2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
		- · · · · · · · · · · · · · · · · · · ·		
	а	Revenue included on Form 990, Part VIII, line 1 .		\$
	b			

Part	III Organizations Maintaining Co	ollections of Art	t, Histo	rical Tr	easures,	or Oth	ner Similar As	sets (cont	inued)_
3	Using the organization's acquisition, accollection items (check all that apply).	cession, and other	record	s, check	any of the	follow	ing that make s	ignificant u	se of its
а	☐ Public exhibition				r exchange				
b	Scholarly research		e [	] Other <sub>.</sub>					
C	☐ Preservation for future generations				6111			ant nurnon	o in Dort
4	Provide a description of the organization XIII.								a III ran
5	During the year, did the organization so assets to be sold to raise funds rather th	an to be maintaine	nations ed as pa	of art, h art of the	istorical tre organizatio	easures on's col	e, or other similal lection?	ar Ves	☐ No
Part	Complete if the organization at 990, Part X, line 21.	nswered "Yes" c							orm
1a	Is the organization an agent, trustee, coincluded on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Part	XIII and complete	the foll	owing tal	ble.			***	
							A	mount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e 1f	,		
f	Ending balance			 21 for or	· · ·			/2   Ves	□ No
2a	If "Yes," explain the arrangement in Part	VIII Chack hara ii	the ev	c i, ivi es nlanation	has heen i	nrovide	d in Part XIII		
	Endowment Funds	Alli. Officer field if	1110 07	pianation	TIGS DOOT	provide			
Fall	Complete if the organization a	nswered "Yes" o	on Forn	n 990. P	art IV. line	10.			
***		(a) Current year	(b) Prio		(c) Two year		(d) Three years bac	k (e) Four ye	ears back
1a	Beginning of year balance						_		
b	Contributions								
c	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		balance	(line 1g,	column (a)	)) held a	as:		
а	Board designated or quasi-endowment	%							
b	, 01111041104114	%							
C	Term endowment % The percentages on lines 2a, 2b, and 2c	should agual 100	\0 <u>/</u>						
3a	Are there endowment funds not in the			ation tha	t are held	and ad	ministered for th		es No
	organization by:							3a(i)	<u>es No</u>
	(-)							3a(ii)	
L.	(ii) Related organizations?							3b	
b 4	Describe in Part XIII the intended uses of					• •		0.0	
Par			<del>o onao</del>	minori io				·	
1 (1)	Complete if the organization a		on For	n 990. F	Part IV. line	e 11a.	See Form 990	, Part X, lir	ne 10.
	Description of property	(a) Cost or othe	r basis	(b) Cost o	r other basis her)	(c) /	Accumulated epreciation	(d) Book	
1a	Land	•	0.						0.
b	Buildings	•		20	06,602.		133,920.	7:	2,682.
C	Leasehold improvements								
d	Equipment				35,851.		260,967.	17	4,884.
<u>e</u>	Other	.	<u></u>		24,353.		24,353.	24.	0.
Total	. Add lines 1a through 1e. (Column (d) mu	st equal Form 990	, Part X	, iine 10d	:, coiumn (E	<i>≾∥</i>		24	7,566.

Part VII	Investments – Other Securities  Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	neld equity interests		
(3) Other			
(A)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	mn (b) must equal Form 990, Part X, line 12, col. (B))	-	
Part VIII	Investments – Program Related Complete if the organization answered "Yes" on For	rm 990. Part IV. lii	ne 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	ımn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
raitin	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. li	ne 11d, See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part X	umn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes" on Fo		
	line 25.		(A) Dook yok
1.	(a) Description of liability		(b) Book value
	ncome taxes		11,850
	of use liability		11,030
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Colu	ımn (b) must equal Form 990, Part X, line 25, col. (B))		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the footr	note to the organization	on's financial statements that reports the
organization	's liability for uncertain tax positions under FASB ASC 740. Chec	k here if the text of the	ne footnote has been provided in Part XIII 👝 🗵

Part	Reconciliation of Revenue per Audited Financial Statem			Return	
	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements	I all i	V, IIIIO 12.G.	4	1,045,309.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,		1,045,505.
	Net unrealized gains (losses) on investments	2a	22,021.		
	Donated services and use of facilities	2b	304,870.		
b	Recoveries of prior year grants	2c	30.70.0.		
d	Other (Describe in Part XIII.)	2d	10,660.		
	Add lines 2a through 2d			2e	337,551.
3	Subtract line 2e from line 1			3	707,758.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	<u> </u>	5	707,758.
Part				er Returi	n
	Complete if the organization answered "Yes" on Form 990,	Part	V, line 12a.		
1	total expenses and recess per deserve minimum			1	1,042,074.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 -	1		
а	Donated services and use of facilities	2a	304,870.		
. b	Prior year adjustments	2b			
C	Other losses	2c	10.000		
d	Other (Describe in Part XIII.)	2d	10,660.	-	315,530.
е	Add lines 2a through 2d			2e 3	726,544.
3	Subtract line 2e from line 1	i .		3	120,344.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIII.)	4b			
b C	Add lines 4a and 4b	<u> </u>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii			5	726,544.
Part	XIII Supplemental Information				/
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; F	art IV, lines 1b and 2b	; Part V,	line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to pr	ovide any additional ir	nformation	n.
D+ Y	I, Line 2d: Direct fundraising expenses				
Pt X	II, Line 2d: Direct fundraising expenses				
Pt X	, Line 2: The Foundation follows guidance of ASC	740,	Accounting		
Pt X	, Line 2: for Income Taxes, related to uncertaint	ies	in income		,
	, Line 2: taxes, which prescribes a threshold of				
Pt X	, Line 2: not for recognition and derecognition of	of ta	x positions		
	, Line 2: taken or expected to be taken in a tax				
Pt X	, line 2: taken of expected to be taken in a cax				
Pt X	, Line 2: no such uncertain tax positions for the	Fou	ndation for		
Pt X	, Line 2: the year ended September 30, 2024.				
	, Line 2: The Foundation's tax returns are subject				
Pt X	, Line 2: examination by taxing authorities. For	fec	eral income ta	x	<b>-</b>

Page :		Page	Ę
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Part XI	Supplemental Information (continued)
	Line 2: purposes, the tax returns essentially remain open for
Pt X,	Line 2: possible examination for a period of three years after the
Pt X,	Line 2: respective filing deadlines of those returns.
pr	

## **SCHEDULE G** (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

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

	the organization					Employer identific	ation number
	andria Seaport Foundat	ion				54-1208614	1
Part	Form 990-EZ filers are r	not required to	complete	this part.			line 17.
1	Indicate whether the organization	on raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
a	☐ Mail solicitations		е 🗀		on of non-governi		
b	Internet and email solicitation	ons	f [		ion of government		
С	☐ Phone solicitations		g∟	] Special f	fundraising events		
d	In-person solicitations				•		
2a b	Did the organization have a wri or key employees listed in Form If "Yes," list the 10 highest paid	n 990, Part VII) o d individuals or e	r entity in co entities (func	onnection v	with professional f	undraising services	' ∐ Yes ∐ No
	compensated at least \$5,000 b	y the organization	on.				
· · · · ·	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8						- China Alvi	
9							
10					The state of the s		
Total							
3	List all states in which the org registration or licensing.	anization is regi	stered or lic	ensed to	solicit contribution	s or has been notif	ed it is exempt from
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
*					++===========		
						,,	
			***				
					+ 4 ~ ~ 4 ~ ~ 4 ~ 4 ~ 4 ~ 4 ~ 4 ~ 4 ~ 4		
						.,,	

		gross receipts greater tha	(a) Event #1 Wine on the Water (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	37,410.			37,410.
œ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	37,410.			37,410.
	4	Cash prizes		***		- AND
	5	Noncash prizes				
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	9	Other direct expenses .	10,660.			10,660.
						10,660.
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if th	act line 10 from line 3, c le organization answe	olumn (d)		26,750.
	11	Net income summary. Subtra	act line 10 from line 3, c le organization answe	olumn (d)		26,750. or reported more than
	11	Net income summary. Subtra Gaming. Complete if th	act line 10 from line 3, c ie organization answe Z, line 6a. I	olumn (d) ered "Yes" on Form		26,750. or reported more than
Revenue 3	11	Net income summary. Subtra Gaming. Complete if th	act line 10 from line 3, c ie organization answe Z, line 6a. I	olumn (d)		26,750. or reported more that
Revenue	11 rt !!!	Net income summary. Subtraction Gaming. Complete if the \$15,000 on Form 990-E.	act line 10 from line 3, c ie organization answe Z, line 6a. I	olumn (d)		26,750. or reported more that
enses Revenue	11 rt III 1 2	Net income summary. Subtraction Gaming. Complete if the \$15,000 on Form 990-East Gross revenue	act line 10 from line 3, c ie organization answe Z, line 6a. I	olumn (d) ered "Yes" on Form  (b) Pull tabs/instant		26,750. or reported more than
enses Revenue	11 rt III 1 2	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-Each  Gross revenue	act line 10 from line 3, c ie organization answe Z, line 6a. I	olumn (d) ered "Yes" on Form  (b) Pull tabs/instant		26,750. or reported more than
Revenue	11 rt III 1 2 3	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-Ea  Gross revenue  Cash prizes  Noncash prizes	act line 10 from line 3, c le organization answe Z, line 6a.  (a) Bingo	olumn (d)  Pred "Yes" on Form  (b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19,	26,750.  or reported more that  (d) Total gaming (add col. (a) through col. (c))
enses Revenue	11 rt III 1 2 3 4	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-Each  Gross revenue	act line 10 from line 3, c ie organization answe Z, line 6a. I	olumn (d) ered "Yes" on Form  (b) Pull tabs/instant	990, Part IV, line 19,	26,750. or reported more that  (d) Total gaming (add col. (a) through col. (c))
enses Revenue	11 rt III 1 2 3 4 5	Gaming. Complete if the \$15,000 on Form 990-E.  Gross revenue	act line 10 from line 3, one organization answers.  Z, line 6a.  (a) Bingo  Yes%  No	olumn (d) ered "Yes" on Form  (b) Pull tabs/instant bingo/progressive bingo  Yes %  No	990, Part IV, line 19,	26,750. or reported more that  (d) Total gaming (add col. (a) through col. (c))
enses Revenue	11 rt III 1 2 3 4 5 6	Gaming. Complete if the \$15,000 on Form 990-E.  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	act line 10 from line 3, die organization answerz, line 6a.  (a) Bingo  Yes%  No  dd lines 2 through 5 in co	olumn (d)	990, Part IV, line 19, (c) Other gaming	26,750.  or reported more that  (d) Total gaming (add col. (a) through col. (c))

11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		
C	amount of gaming revenue retained by the third party \$		
	Name	*****	
	Address		
16	Gaming manager information:		
	Name	****	**********
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year , \$	(t-1)	,
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns of Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

Page 3

Schedule G (Form 990) 2023

## SCHEDULE O (Form 990)

## 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

54-1208614 Alexandria Seaport Foundation Pt VI, Line 11b: A draft of the Organization's 990 is reviewed by the Pt VI, Line 11b: executive director, treasurer, and audit committee. Pt VI, Line 11b: The final 990 is sent to the full board prior to filing. Pt VI, Line 12c: The board is advised annually of the conflict of Pt VI, Line 12c: interest policy. Board members will refrain from voting Pt VI, Line 12c: on any agenda item deemed a conflict. Pt VI, Line 15a: The board reviews and sets compensation for the Pt VI, Line 15a: executive director. Pt VI, Line 15b: There are no other compensation officers or key employees. Pt VI, Line 19: All documents are available upon written request. Pt III, Line 2: Organization description: Pt III, Line 2: Alexandria Seaport Foundation (Seaport) is a 501(c)(3) Pt VI, Line 2: organization that improves that lives of young people Pt III, Line 2: through mentorship, project-based learning, and the craft Pt III, Line 2: of wooden boat building. Founded in 1982 to preserve Pt III, Line 2: Alexandria's maritime heritage. ASF expanded in 1993 via Pt III, Line 2: our cornerstone job training program for at-risk young Pt III, Line 2: adults, the Apprentice Program. Since its inception, the Pt III, Line 2: Apprentice Program has impacted the lives of hundreds of Pt III, Line 2: young people. Pt III, Line 2: Apprentices enter our program as "disconnected youth" -Pt III, Line 2: young adults who are separated from education systems, the Pt III, Line 2: workforce, and/or their communities. They may have dropped Pt III, Line 2: out of school, been unable to find work, been involved in Pt III, Line 2: the criminal justice system, have mental or physical health

The state of the s	Employer identification number
Alexandria Seaport Foundation	54-1208614
Pt III, Line 2: challenges, come from unstable home environments, ar	nd/or
Pt III, Line 2: have family care-giving responsibilities. Seaport p	provides
Pt III, Line 2: Apprentices the capabilities needed to join the laborate	or force
Pt III, Line 2: or pursue more education and become long-term "conne	ected"
Pt III, Line 2: citizens who lead stable, healthy, economically secu	ıre
Pt III, Line 2: lives.	
Pt III, Line 2: Through mentoring, hands-on learning, carpentry and	the
Pt III, Line 2: craft of wooden boat building, Seaport provides your	ng
Pt III, Line 2: people the capabilities they need to secure and main	ntain
Pt III, Line 2: employment and break the cycle of dependency. Seapo	ort
Pt III, Line 2: works with local court service units, parole office	rs,
Pt III, Line 2: schools, alternative schools and social service prov	viders
Pt III, Line 2: to identify those youth most in need of its services	S.
Pt III, Line 2: Need:	
Pt III, Line 2: About 16% of Americans aged 16-23 are neither employ	yed nor
Pt III, Line 2: in school. Moreover, many lack the educational and	job
Pt III, Line 2: skills necessary to secure employment. Disconnected	d young
Pt III, Line 2: adults face significant risks of gang involvment, co	riminal
Pt III, Line 2: activity, substance abuse and/or homelessness. Prov	viding
Pt III, Line 2: young men and women opportunities to gain job and 1:	ife
Pt III, Line 2: skills is vital in empowering them to become product	
Pt III, Line 2: members of their communities.	
Pt III, Line 2: The majority of Seaport's apprentices face multi-fo	
Pt III, Line 2: challenges. Many have dropped out of school, been	
Pt III, Line 2: incarcerated, struggled with substance abuse, and/o	
Pt III, Line 2: suffered from anxiety/depression. Our staff work w	
Pt III, Line 2: apprentices to develop strategies for overcoming the	

Name of the organization Alexandria Seaport Foundation	54-1208614
Pt III, Line 2: challenges while they explore and pursue new caree	r/
Pt III, Line 2: education paths.	
Pt III, Line 2: After years of social isolation and emotional unre	st
Pt III, Line 2: resulting from the pandemic, more young people tha	n ever
Pt III, Line 2: are struggling to find meaning and purpose, howeve	r, they
Pt III, Line 2: are eager to do so. Seaport's success in transiti	oning
Pt III, Line 2: apprentice's lives is driving demand. Consequentl	у,
Pt III, Line 2: Seaport launched a capital campaign in 2019 to bui	ld a
Pt III, Line 2: second waterfront facility to meet this increase i	n demand.
Pt III, Line 2: Program description:	
Pt III, Line 2: Seaport builds skills, self-worth, and community f	or young
Pt III, Line 2: (ages 18-23) adults who need direction and support	•
Pt III, Line 2: Seaport serves this mission throug three program	
Pt III, Line 2: priorities:	
Pt III, Line 2: 1. Provide each apprentice woodworking and carpen	itry
Pt III, Line 2: skills to secure an entry-level job with the Carpe	enter's
Pt III, Line 2: Union or within the trades industry.	
Pt III, Line 2: 2. Ensure each apprentice masters general workpla	ce skills
Pt III, Line 2: by:	
Pt III, Line 2: - Increasing apprentices' ability to complete ass	essments
Pt III, Line 2: (GED, CareerSearch, etc.),	
Pt III, Line 2: - Mastering mathematics at a level needed to comp	olete a
Pt III, Line 2: basic woodworking project,	
Pt III, Line 2: - improving oral and written communications skill	s, and
Pt III, Line 2: - Strengthening relationship and interpersonal sk	ills
Pt III, Line 2: through stress management, anger management, dispu	ite
Pt III, Line 2: resolution, and teamwork, as well as life skills s	such as

Pt III, Line 2: planning, financial literacy, and community involvement.				
~~~~~~				
******				