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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/1/2008 , and ending 6/30/2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization
THE ALEXANDRIA ASSOCIATION, INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 320711

City, town, or country State ZIP + 4
ALEXANDRIA VA 22320-4711

D Employer identification number
23-7046785

E Telephone number

F Group Exemption Number ►

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ►

H Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website ► NONE

J Organization type (check only one)-- ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 180,392

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	42,220
	2	Program service revenue including government fees and contracts		2	18,250
	3	Membership dues and assessments		3	
	4	Investment income		4	21,366
	5a	Gross amount from sale of assets other than inventory	5a 98,556		
	b	Less cost or other basis and sales expenses	5b 99,222		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	-666
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ►)		8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	81,170
Expenses	10	Grants and similar amounts paid (attach schedule)		10	57,725
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	1,278
	15	Printing, publications, postage, and shipping		15	4,520
	16	Other expenses (describe ► See attached statement)		16	18,789
	17	Total expenses. Add lines 10 through 16 ►		17	82,312
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,142
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	513,581
	20	Other changes in net assets or fund balances (attach explanation)		20	16,102
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	528,541

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	519,380	22	560,910
23 Land and buildings	879	23	612
24 Other assets (describe ► See attached statement)	3,606	24	2,895
25 Total assets	523,865	25	564,417
26 Total liabilities (describe ► See attached statement)	10,284	26	35,876
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	513,581	27	528,541

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

SCANNED JAN 12 2010

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9 G9

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? EDUCATION OF EARLY AMERICAN LIFE

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28 GRANTS TO HISTORIC PROPERTIES GRANTS WERE MADE TO TWO HISTORIC MUSEUMS IN ALEXANDRIA, VA ;TO UPGRADE WOODLAWN PLANTATION, RESTORATION OF A HISTORIC WELL AT GADSBY'S TAVERN,RESTORE RUINS 0F HISTORIC LEE HOME (Grants $ 57,725) If this amount includes foreign grants, check here ► ☐	28a	57,725
29 LECTURE MEETINGS ON HISTORIC PRESERVATION EIGHT MEETINGS ARE HELD EACH YEAR ALL MEMBERS ARE INVITED USUALLY 60-70 MEMBERS ATTEND EACH MEETING (Grants $ 0) If this amount includes foreign grants, check here ► ☐	29a	10,532
30 STUDY TOUR OF VIRGINIA NORTHERN NECK HISTORIC PROPERTIES 57 MEMBERS PARTICIPATED (Grants $ 0) If this amount includes foreign grants, check here ► ☐	30a	6,360
31 Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ► ☐	31a	268
32 **Total program service expenses.** (add lines 28a through 31a) ►	32	74,885

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name KAREN D PAUL Str 1111 PRINCE ST City ALEXANDRIA ST VA ZIP 22314	Title PRESIDENT Hr/WK 10 00	0	0	0
Name CATHERINE HOLLAI Str 806 DEVON PLACE City ALEXANDRIA ST VA ZIP 22314	Title VICE PRESIDENT Hr/WK 5 00	0	0	0
Name ROBERTA STEVENS Str 3432 AUSTIN CT City ALEXANDRIA ST VA ZIP 22310	Title SECRETARY Hr/WK 5 00	0	0	0
Name GEORGE E STEVEN Str 3432 AUSTIN CT City ALEXANDRIA ST VA ZIP 22310	Title TREASURER Hr/WK 10 00	0	0	0
Name RALPH WATSON Str 6108 HANOVER AVE City SPRINGFIELD ST VA ZIP 22150	Title ASST TREASURER Hr/WK 5.00	0	0	0
Name LARRY LUCAS Str PO BOX 954 City LORTON ST VA ZIP 22199	Title CORRESP SECTY Hr/WK 1 00	0	0	0
Name RICHARD KLINGENI Str 505 CAMERON ST City ALEXANDRIA ST VA ZIP 22314	Title CONSERVATOR Hr/WK 5 00	0	0	0
Name ROBIN BRENT Str 4952 SENTINEL DRI City BETHESDA ST MD ZIP 20816	Title DIRECTOR Hr/WK 1 00	0	0	0
Name OPAL BEVERLY Str 518 CANTERBURY City ALEXANDRIA ST VA ZIP 22314	Title DIRECTOR Hr/WK 1 00	0	0	0
Name WILLIAM ANDERSOI Str 313 WOLFE STREET City ALEXANDRIA ST VA ZIP 22314	Title DIRECTOR Hr/WK 1 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed ▶ VA			
42 a	The books are in care of ▶ Name GEORGE STEVENS Telephone no ▶ (703) 960-0464 Located at ▶ 3432 AUSTIN CT, City ALEXANDRIA ST VA ZIP + 4 ▶ 22310			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

Sign Here

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

▶ Signature of officer — Date: 12/30/09

▶ GEORGE E STEVENS — TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See instructions)
Douglas B. Stuart	12/19/2009	▶ [X]	P00437170

Firm's name (or yours if self-employed) address, and ZIP +4: DOUGLAS B STUART, CPA, 12240 ARROW PARK DRIVE , FORT WASHINGTON, MD 20744

EIN ▶ 52-1425823

Phone no ▶ (301) 292-5961

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: THE ALEXANDRIA ASSOCIATION, INC

Employer identification number: 23-7046785

Part I **Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total Add lines 1-3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						0

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14 0 00%
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15 0 00%

16a **33 1/3% support test–2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support test–2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances-test–2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test–2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐

18 Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions ► ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	33,670	34,745	38,480	50,553	42,210	199,658
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	16,215	103,387	13,650	12,825	18,250	164,327
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1-5	49,885	138,132	52,130	63,378	60,460	363,985
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)						363,985

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	49,885	138,132	52,130	63,378	60,460	363,985
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,464	22,592	24,209	24,328	22,080	115,673
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	22,464	22,592	24,209	24,328	22,080	115,673
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12)						479,658

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	75 88%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	76 05%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	24 12%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	24 99%

19a **33 1/3% support tests–2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [X]

b **33 1/3% support tests–2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [X]

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	6,460
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	5,760
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8	ANTIQUES IN ALEXANDRIA GRANT	8	30,000
9		9	
10		10	
11	Total	11	42,220

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	21
2	Dividends and interest from securities	2	21,345
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	21,366

PART I, LINE 2 - PROGRAM SERVICE REVENUE

1. SPRING EVENT	1.	12,975
2. STUDY TOUR	2.	6,275
3. TOTAL	3.	18,250

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE ALEXANDRIA ASSOCIATION, INC.

Employer identification number

23-7046785

ASSOCIATION TREASURER, WHO PERFORMS THIS DUTY ON A PART TIME VOLUNTEER BASIS HAD SURGERY AND SEVERE ILLNESS(KIDNEY FAILURE) AROUND THE END OF THE ASSOCIATION'S FISCAL YEAR. AS A RESULT, HE WAS UNABLE TO DEVOTE THE TIME NECESSARY TO PREPARE THE FINANCIAL RECORDS TO THE EXTENT THAT FORM 990 COULD BE PREPARED. IT WAS ONLY AFTER THE DUE DATE OF THE RETURN THAT IT WAS REALIZED THAT AN AUTOMATIC EXTENSION HAD NOT BEEN FILED. AN EXTENSION WAS FILED PROMPTLY WITH AN EXPLANATION OF THE FACTS. A COPY OF THE EXTENSION AND EXPLANATION IS ATTACHED

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE ALEXANDRIA ASSOCIATION, INC	990EZ	23-7046785

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	250,000

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		0
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9		0
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		0
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	0	

Note. *Do not use Part II or Part III below for listed property Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	268
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19	a 3-year property						
	b 5-year property						
	c 7-year property						
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs		S/L	
	h Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
	i Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20	a Class life					S/L	
	b 12-year			12 yrs		S/L	
	c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	268
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

Totals	Gross sales	Cost, other basis and expenses
Public Securities	98,556	99,222
Non-Public Securities	0	0
Other sales	0	0

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only) Cost	Donated value	Expense of sale and cost of improvements	Depreciation	Description of Basis Method
1	OPERATING FUND*	X				6/30/2007	PURCHASE	12/31/2008	6,467	6,520				
2	ENDOWMENT FUND*	X				6/30/2007	PURCHASE	12/31/2008	32,089	32,702				
3	CD REDEMPTION	X				3/26/2008	PURCHASE	3/31/2009	20,000	20,000				
4	CD REDEMPTION	X				3/26/2008	PURCHASE	3/31/2009	40,000	40 000				
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

* SALES REPORTED ARE MONTHLY REFUNDS OF PRINCIPAL FROM FNMA AND GNMA GUARANTEED MORTGAGE PASS-THRU CTFS POOLS. THERE ARE 22 POOLS IN THE ENDOWMENT FUND AND 6 POOLS IN THE OPERATING FUND. THESE SALES ARE SUMMARIZED BY THE FUNDS ABOVE. PROCEEDS OF SALES STAY WITHIN THE ASSOCIATION PORTFOLIO AND ARE USED TO FURTHER THE CHARITABLE MISSION OF THE ASSOCIATION.

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	NOT FOR PROFIT	LEE-FENDALL HOUSE MUSEU		614 ORONOCO STREET	ALEXANDRIA	VA	22314	
2	NOT FOR PROFIT	GADSBY'S TAVERN MUSEUM		134 N ROYAL STREET	ALEXANDRIA	VA	22314	
3	NOT FOR PROFIT	WOODLAWN PLANTATION		9000 RICHMOND HIGHWAY	ALEXANDRIA	VA	22309	
4	PRIVATE HISTORIC HOME	H TALMAGE DAY		113 NORTH FAIRFAX STREET	ALEXANDRIA	VA	22314	
5	NOT FOR PROFIT	MENOKIN FOUNDATION		PO BOX 1221	WARSAW	VA	22572	
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

57,725 0 0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
11,975	NONE							
15,000	NONE							
20,000	NONE							
750	NONE							
10,000	NONE							

Part I, Line 16 (990-EZ) - Other Expenses

18,789

1	Travel, Meals and Entertainment		
	a Travel	1a	2,009
	b Total meals and entertainment	1b	1,262
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	6,061
5	Depreciation, depletion, etc	5	268
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	Bank/investment service charge	11	150
12	Legal & accounting	12	1,185
13	Insurance	13	1,193
14	Study tour expense	14	6,360
15	Taxes, fees & licenses	15	162
16	Other management & general costs	16	139
17		17	
18		18	
19		19	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

16,102

	Description		Amount
1	Unrealized gain on investments	1	16,102
2		2	
3		3	
4		4	

Part II, Line 24 (990-EZ) - Other Assets

3,606 2,895

	Description	Beginning	End
1	Prepaid expenses	1,029	1,107
2	Interest receivable	2,502	1,788
3	Dues receivable	75	
4			
5			
6			

Part II, Line 26 (990-EZ) - Liabilities

10,284 35,876

	Description	Beginning	End
1	Accrued liabilities payable	114	41
2	Deferred revenue	170	85
3	Grants payable	10,000	35,750
4			
5			
6			
7			
8			
9			
10			

Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
DEPRECIATION OF EQUIPMENT USED IN LECTURE MEETINGS.	
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	268
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
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(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
Total 0	Total 268

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ [ ]

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

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	THE ALEXANDRIA ASSOCIATION, INC	23-7046785
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 320711	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ALEXANDRIA VA 22320-4711	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ GEORGE STEVENS 3432 AUSTIN CT, ALEXANDRIA VA 22310

Telephone No. ▶ (703) 960-0464 FAX No ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year _____ or

▶ [X] tax year beginning 7/1/2008 , and ending 6/30/2009

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.