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Form **990**

Department of the Treasury  
Internal Revenue Service

### 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)

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

OMB No 1545-0047

**2009**

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning** , and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C Name of organization**  
**ALEXANDRA HOUSE, INC.**  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**P.O. BOX 49039**  
 City or town, state or country, and ZIP + 4  
**BLAINE MN 55449**

**D Employer identification number**  
**41-1309977**

**E Telephone number**  
**763-780-2332**

**G Gross receipts \$** **2,179,252**

**F Name and address of principal officer**  
**CONNIE MOORE**  
**P.O. BOX 49039**  
**BLAINE MN 55449**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status**  501(c) ( **3** ) ◀ (insert no )  4947(a)(1) or  527

**J Website:** ▶ **WWW.ALEXANDRAHOUSE.ORG**

**K Type of organization**  Corporation  Trust  Association  Other ▶

**L Year of formation** **1977** **M State of legal domicile** **MN**

**H(c)** Group exemption number ▶

#### Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <b>ALEXANDRA HOUSE'S MISSION IS TO EMPOWER VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE, AND INSPIRE SOCIAL CHANGE THROUGH EDUCATION, SUPPORT AND ADVOCACY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>57</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>420</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>625,555</b>	<b>2,088,348</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3-4 and 7d)	<b>1,313,871</b>	<b>46,588</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d-8c, 9c, 10c, and 11e)	<b>17,948</b>	<b>15,456</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>51,235</b>	<b>-16,015</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,008,609</b>	<b>2,134,377</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,522,883</b>	<b>1,505,587</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>94,683</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>580,671</b>	<b>538,334</b>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,103,554</b>	<b>2,043,921</b>
Net Assets or Fund Balances	<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>-94,945</b>	<b>90,456</b>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,748,798</b>	<b>1,773,425</b>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>251,443</b>	<b>185,614</b>
		<b>1,497,355</b>	<b>1,587,811</b>

#### Part II Signature Block

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

**Sign Here**  
 Signature of officer: Connie Moore Date: 5/13/2010  
 Type or print name and title: Connie Moore, Executive Director

**Paid Preparer's Use Only**  
 Preparer's signature: Michal Pankavik Date: 4/26/10 Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4: HARRINGTON DANGER & ASSOCIATES  
563 PHALEN BLVD  
SAINT PAUL, MN 55130 Preparer's identifying number (see instructions): P00967515  
 EIN ▶ 41-1532347  
 Phone no ▶ 651-481-1128

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2009)

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**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

**ALEXANDRA HOUSE'S MISSION IS TO EMPOWER VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE, AND INSPIRE SOCIAL CHANGE THROUGH EDUCATION, SUPPORT AND ADVOCACY.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ **1,025,882** including grants of \$ ) (Revenue \$ **46,588** )

**SHELTER: WHILE WE ARE LOCATED IN ANOKA COUNTY, WE SERVE WOMEN FROM ALL OVER THE METRO AREA AND ALL OVER MINNESOTA. OUR SHELTER IS OPEN TO ANY WOMAN AND HER CHILDREN WHO NEED A PLACE OF SAFETY AND ESCAPE FROM DOMESTIC ABUSE. ALONG WITH PROVIDING EMERGENCY SHELTER FOR UP TO 45 DAYS, OUR ADVOCATES WORK CLOSELY WITH CLIENTS - WOMEN AND CHILDREN - PROVIDING ONGOING EMOTIONAL SUPPORT, ASSISTANCE IN PROTECTION PLANNING, SECURING SAFE PERMANENT, AFFORDABLE HOUSING OR RELOCATION, AND CONNECTING CLIENTS TO VALUABLE RESOURCES IN THEIR COMMUNITY. IN 2009, OUR SHELTER PROVIDED EMERGENCY SHELTER AND ADVOCACY SERVICES TO 819 WOMEN AND CHILDREN. OVER HALF OF OUR SHELTER RESIDENTS WERE CHILDREN. WE ANSWERED OVER 11,000 CALLS ON OUR 24-HOUR CRISIS LINE.**

**4b** (Code ) (Expenses \$ **501,437** including grants of \$ ) (Revenue \$ )

**COMMUNITY: MANY CLIENTS WHO ARE SUFFERING FROM ABUSE DO NOT REQUIRE SHELTER, BUT DO NEED ADVOCACY AND SUPPORT SERVICES, ESPECIALLY AS IT PERTAINS TO LEGAL PROCEEDINGS. THOUGH THESE SERVICES BEGAN IN THE MID-1980'S, IN 1999 ALEXANDRA HOUSE OPENED A SECOND SATELLITE OFFICE TO BETTER ASSIST VICTIMS OF DOMESTIC VIOLENCE IN FILING PROTECTION ORDERS AND NAVIGATING THE CRIMINAL COURT PROCESS. CRIME VICTIM, OR LEGAL, ADVOCATES PARTNER WITH LOCAL LAW ENFORCEMENT AGENCIES TO REACH OUT TO DOMESTIC VIOLENCE VICTIMS IMMEDIATELY FOLLOWING A VIOLENT INCIDENT. THEY CAN OFFER SUPPORT, ACCOMPANY THE CLIENT THROUGH THE COURT PROCEEDINGS, AND PROVIDE CRIME VICTIM ADVOCACY THROUGHOUT THE COURT PROCESS. (SEE SCHEDULE O FOR ADDITIONAL INFORMATION)**

**4c** (Code ) (Expenses \$ **141,203** including grants of \$ ) (Revenue \$ )

**VIOLENCE PREVENTION: TO REALIZE OUR MISSION OF BREAKING THE CYCLE OF DOMESTIC VIOLENCE, WE DEDICATE TWO FULL TIME STAFF TO COORDINATE PREVENTION AND INTERVENTION PROGRAMS IN FOUR SCHOOL DISTRICTS, INCLUDING ANOKA-HENNEPIN, ONE OF THE LARGEST IN THE STATE. PRESENTATIONS ARE OFFERED ON A VARIETY OF TOPICS INCLUDING HEALTHY RELATIONSHIPS, CHILD ABUSE, DATING VIOLENCE AND SAFETY PLANNING. EACH PRESENTATION IS TAILORED TO SPECIFIC AGE GROUPS. IN 2009, WE PROVIDED 179 CLASSROOM PRESENTATIONS TO 4,954 STUDENTS AND TEACHERS. (SEE SCHEDULE O FOR ADDITIONAL INFORMATION)**

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses ▶ 1,668,522**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
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		<b>X</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors 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		<b>X</b>
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		<b>X</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9	Did the organization report an amount in Part X, line 21, 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		<b>X</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
	<ul style="list-style-type: none"> <li>● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>● 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</li> <li>● 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</li> <li>● Did the organization report an amount for other assets related 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</li> <li>● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>● 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? If "Yes," complete Schedule D, Part X</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
		Yes	No
12A			<b>X</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<b>X</b>
14b			<b>X</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
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		<b>X</b>
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	<b>X</b>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>25b</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		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</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)?		<b>X</b>
<b>4b</b>	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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>TERRI NEELY TINKLENBERG</b> CHAIR	5.00	X		X				0	0	0
<b>DIANE FISCHER</b> TREASURER	5.00	X		X				0	0	0
<b>DAVE SALLMAN</b> BOARD MEMBER	1.00	X						0	0	0
<b>KIRSTEN GORSUCH</b> BOARD MEMBER	1.00	X						0	0	0
<b>REV. DR. MARGARET GUELKER</b> VICE CHAIR	5.00	X		X				0	0	0
<b>ANDRE KOEN</b> BOARD MEMBER	1.00	X						0	0	0
<b>LYNNE TELLERS BANKES</b> BOARD MEMBER	1.00	X						0	0	0
<b>TABATHA ERCK</b> SECRETARY	5.00	X		X				0	0	0
<b>LINDA ENGELS</b> BOARD MEMBER	1.00	X						0	0	0
<b>DON ILSE</b> BOARD MEMBER	1.00	X						0	0	0
<b>MARNIE OCHS-RALEIGH</b> BOARD MEMBER	1.00	X						0	0	0
<b>RANDALL WARREN, MD</b> BOARD MEMBER	1.00	X						0	0	0
<b>CONSTANCE MOORE</b> EXECUTIVE DIRECTOR	40.00			X				104,101	0	13,079



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 65,746					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,304,005					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 718,597					
	<b>g</b> Noncash contributions included in lines 1a-1f \$	7,120					
	<b>h Total.</b> Add lines 1a-1f		<b>2,088,348</b>				
<b>Program Service Revenue</b>	<b>2a</b> GOVERNMENT CONTRACTS		<b>Busn. Code</b>				
				<b>46,588</b>	<b>46,588</b>		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		<b>46,588</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			<b>15,456</b>		<b>15,456</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental exps						
	<b>c</b> Rental inc or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis & sales exps						
	<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)							
<b>8a</b> Gross income from fundraising events (not including \$ <b>65,746</b> of contributions reported on line 1c)							
	See Part IV, line 18	<b>a</b> 26,841					
	<b>b</b> Less direct expenses	<b>b</b> 44,875					
<b>c</b> Net income or (loss) from fundraising events			<b>-18,034</b>	<b>-18,034</b>			
<b>9a</b> Gross income from gaming activities See Part IV, line 19							
	<b>a</b>						
	<b>b</b> Less direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>a</b>						
	<b>b</b> Less cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> MISCELLANEOUS INCOME			<b>2,019</b>	<b>2,019</b>			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			<b>2,019</b>				
<b>12 Total Revenue.</b> See instructions			<b>2,134,377</b>	<b>30,573</b>	<b>0</b>	<b>15,456</b>	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>117,180</b>	<b>93,232</b>	<b>17,576</b>	<b>6,372</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>1,104,958</b>	<b>879,220</b>	<b>165,744</b>	<b>59,994</b>
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	<b>21,856</b>	<b>17,393</b>	<b>3,279</b>	<b>1,184</b>
<b>9</b> Other employee benefits	<b>163,010</b>	<b>146,613</b>	<b>10,310</b>	<b>6,087</b>
<b>10</b> Payroll taxes	<b>98,583</b>	<b>66,987</b>	<b>28,363</b>	<b>3,233</b>
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	<b>322</b>	<b>272</b>	<b>50</b>	
<b>c</b> Accounting	<b>7,835</b>	<b>6,624</b>	<b>1,211</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	<b>94,312</b>	<b>77,047</b>	<b>12,700</b>	<b>4,565</b>
<b>12</b> Advertising and promotion	<b>1,780</b>			<b>1,780</b>
<b>13</b> Office expenses	<b>97,089</b>	<b>81,832</b>	<b>13,709</b>	<b>1,548</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>34,534</b>	<b>34,534</b>		
<b>17</b> Travel	<b>27,335</b>	<b>22,727</b>	<b>4,100</b>	<b>508</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>3,131</b>	<b>3,037</b>		<b>94</b>
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>91,331</b>	<b>74,591</b>	<b>13,950</b>	<b>2,790</b>
<b>23</b> Insurance	<b>14,584</b>	<b>11,190</b>	<b>2,828</b>	<b>566</b>
<b>24</b> Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
<b>a</b> <b>FOOD</b>	<b>47,505</b>	<b>47,505</b>		
<b>b</b> <b>PROGRAM ACTIVITIES</b>	<b>34,101</b>	<b>34,101</b>		
<b>c</b> <b>UTILITIES</b>	<b>28,311</b>	<b>23,214</b>	<b>4,247</b>	<b>850</b>
<b>d</b> <b>REPAIRS AND MAINTENANCE</b>	<b>23,383</b>	<b>23,246</b>		<b>137</b>
<b>e</b> <b>HOUSEHOLD SUPPLIES</b>	<b>10,500</b>	<b>10,500</b>		
<b>f</b> All other expenses	<b>22,281</b>	<b>14,657</b>	<b>2,649</b>	<b>4,975</b>
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	<b>2,043,921</b>	<b>1,668,522</b>	<b>280,716</b>	<b>94,683</b>
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	697	1	697
	2	Savings and temporary cash investments	530,397	2	608,683
	3	Pledges and grants receivable, net	97,655	3	167,809
	4	Accounts receivable, net	8,846	4	4,035
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	73,416	9	12,278
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,508,076		
	b	Less accumulated depreciation	10b 1,531,356	1,034,584	10c 976,720
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,203	15	3,203
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,748,798	16	1,773,425	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	120,624	17	69,083
	18	Grants payable		18	
	19	Deferred revenue	67,064	19	68,687
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,667	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	57,088	25	47,844
	26	<b>Total liabilities.</b> Add lines 17 through 25	251,443	26	185,614
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,481,105	27	1,551,211
	28	Temporarily restricted net assets	16,250	28	36,600
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	1,497,355	33	1,587,811	
34	<b>Total liabilities and net assets/fund balances</b>	1,748,798	34	1,773,425	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		



**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,655,486	866,075	1,771,624	1,840,078	2,088,348	8,221,611
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,655,486	866,075	1,771,624	1,840,078	2,088,348	8,221,611
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						8,221,611

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	1,655,486	866,075	1,771,624	1,840,078	2,088,348	8,221,611
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,417	14,577	22,716	18,204	15,456	89,370
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						8,310,981
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	2,757,491
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.92 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	83.81 %
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ALEXANDRA HOUSE, INC.

Employer identification number

41-1309977

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... (Yes/No), 6 Did the organization inform all grantees...

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (checkboxes for various purposes), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... (2a-2d), 3 Number of conservation easements modified... during the taxable year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring... (Yes/No), 6 Staff and volunteer hours devoted to monitoring... during the year, 7 Amount of expenses incurred in monitoring... during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement...

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition... provide, in Part XIV, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition... provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

**b** If "Yes," explain the arrangement in Part XIV

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

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

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Term endowment ▶ \_\_\_\_\_ %

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		103,660		103,660
<b>b</b> Buildings		1,021,620	523,201	498,419
<b>c</b> Leasehold improvements		620,848	369,359	251,489
<b>d</b> Equipment		730,608	607,456	123,152
<b>e</b> Other		31,340	31,340	
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				976,720









**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>HOPE GALA</b> (event type)	<b>WALK FOR HOPE</b> (event type)	<b>NONE</b> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	61,732	22,430	84,162
	2	Less Charitable contributions	43,316	22,430	65,746
	3	Gross revenue (line 1 minus line 2)	18,416		18,416
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	9,649	385	10,034
	8	Entertainment	750		750
	9	Other direct expenses	10,810	13,868	24,678
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				-17,046

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities		
a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," Explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers?		
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?		

**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

<b>13a</b>		%
<b>13b</b>		%

	Yes	No
15a		
17a		

**14** Provide 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?

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

and the

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer     
  Employee     
  Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Employer identification number

41-1309977

**ALEXANDRA HOUSE, INC.****FORM 990, PART III, LINE 2**

**SEXUAL VIOLENCE SERVICES - BEGINNING OCTOBER 1, 2009, ALEXANDRA HOUSE BEGAN PROVIDING SERVICES TO VICTIMS OF SEXUAL VIOLENCE IN ANOKA COUNTY, ENHANCING AND EXPANDING SERVICES CURRENTLY AVAILABLE IN THE COUNTY. SERVICES TO SEXUAL VIOLENCE VICTIMS THAT WERE PREVIOUSLY COORDINATED THROUGH THE COUNTY ATTORNEY'S OFFICE VICTIM WITNESS PROGRAM ARE NOW COORDINATED BY ALEXANDRA HOUSE, AND BOTH AGENCIES WORKED IN COLLABORATION TO TRANSITION SERVICES. ALEXANDRA HOUSE ADVOCATES PROVIDE PATIENT FOLLOW-UP AT LOCAL HOSPITALS AND CLINICS WHEN THE PATIENT IS A VICTIM OF DOMESTIC OR SEXUAL VIOLENCE. WHEN THE VICTIM HAS BEEN SEXUALLY ASSAULTED, WE WORK WITH UNITY HOSPITAL'S SEXUAL ASSAULT NURSE EXAMINERS (SANE) PROGRAM TO SUPPORT THE VICTIM THROUGH THE EVIDENTIARY EXAM, ASSIST IN REPORTING THE ASSAULT SHOULD THE VICTIM WISH TO FILE A POLICE REPORT, AND PROVIDE ONGOING EMOTIONAL SUPPORT AND REFERRALS TO THE VICTIM. WE ALSO OFFER SUPPORT GROUPS FOR SEXUAL VIOLENCE VICTIMS - BOTH IN THE COMMUNITY AND IN LOCAL HIGH SCHOOLS. FROM OCTOBER-DECEMBER 2009, WE SUPPORTED/ASSISTED 19 VICTIMS OF SEXUAL VIOLENCE DURING AN EVIDENTIARY EXAM, AND SUPPORT/ASSISTED 15 VICTIMS OF SEXUAL VIOLENCE IN REPORTING THE ASSAULT TO LAW ENFORCEMENT.**

**FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT**

**THIS OFTEN INCLUDES FILING PROTECTION ORDERS ON BEHALF OF A CLIENT AND HER CHILDREN, AS WELL AS PARTNERING WITH THE COUNTY TO OBTAIN CHILD SUPPORT AT THE TIME THE PROTECTION IS GRANTED, SO A VICTIM CAN STILL FINANCIALLY PROVIDE FOR HER CHILDREN.**

**THIS PROGRAM ALSO PROVIDES COMMUNITY SUPPORT GROUPS TWICE A WEEK, PATIENT**

Name of the organization

ALEXANDRA HOUSE, INC.

Employer identification number

41-1309977

FOLLOW-UP TO VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE VICTIMS AT LOCAL HOSPITALS AND CLINICS, AND FAMILY LAW CLINICS.

LAST YEAR WE PROVIDED LEGAL ADVOCACY, SUPPORT, AND CRISIS INTERVENTION SERVICES TO 1023 WOMEN, MEN AND CHILDREN. 176 PROTECTION ORDERS WERE FILED ON BEHALF OF CLIENTS, AND WE PROVIDED REPRESENTATION TO 108 WOMEN AT 152 HEARINGS. FROM OCTOBER-DECEMBER, WE SUPPORTED 19 VICTIMS OF SEXUAL VIOLENCE THROUGH AN EVIDENTIAL EXAM AT LOCAL HOSPITALS.

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT

IN ADDITION TO OUR PREVENTION WORK, THIS PROGRAM PROVIDES TEEN ADVOCACY SERVICES FOR STUDENTS WHO HAVE EXPERIENCED VIOLENCE IN THEIR HOMES, AMONG PEERS OR IN DATING RELATIONSHIPS - IN 2009, WE ASSISTED 391 STUDENTS EXPERIENCE INTIMATE PARTNER OR FAMILY VIOLENCE.

IN 2005 WE LAUNCHED THE CENTERS FOR DISEASE CONTROL'S (CDC) CHOOSE RESPECT CAMPAIGN IN LOCAL MIDDLE SCHOOLS, INVOLVING YOUTH TO ACTIVELY ENCOURAGE THEIR PEERS TO CHOOSE RESPECT IN ALL RELATIONSHIPS. OUR IMPLEMENTATION OF THIS INITIATIVE RECEIVED RECOGNITION FROM THE CDC THAT HAS LED TO OUR PROGRAM BEING MODELED IN OTHER PROGRAMS NATIONWIDE. IN 2009, 170 MIDDLE SCHOOL YOUTH PARTICIPATED IN THE CHOOSE RESPECT PROGRAM.

IN THE SUMMER MONTHS, WE OFFER PROGRAMMING TARGETED TO YOUTH AND FAMILIES IN FOUR HIGHER-RISK AREAS, AND PARTNER WITH LOCAL AGENCIES TO OFFER PREVENTION-FOCUSED SERVICES AND ACTIVITIES. OUR ADVOCATES WORK WITHIN FOUR MANUFACTURED HOUSING COMMUNITIES, PROVIDING ACTIVITIES, SUPPORT AND 'FAMILY FUN NIGHTS'. OUR ADVOCATES ALSO CONTINUE TO RUN A SUMMER 'GIRLS GROUP' TARGETING MIDDLE SCHOOL GIRL AT THE LOCAL YMCA. FURTHER, WE OFFER THE CHOOSE RESPECT PROGRAM TO YOUTH WHO RESIDE AT TWO MANUFACTURED HOUSING COMPLEXES, AS WELL AS TO YOUTH IN PARTNERSHIP WITH ANOKA, ANDOVER AND

Name of the organization

**ALEXANDRA HOUSE, INC.**

Employer identification number

**41-1309977**

RAMSEY YOUTH FIRST SUMMER PROGRAMS. IN 2009, VIOLENCE PREVENTION SUMMER PROGRAMS REACHED 223 CHILDREN, YOUTH, AND PARENTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

SEXUAL VIOLENCE SERVICES - BEGINNING OCTOBER 1, 2009, ALEXANDRA HOUSE BEGAN PROVIDING SERVICES TO VICTIMS OF SEXUAL VIOLENCE IN ANOKA COUNTY, ENHANCING AND EXPANDING SERVICES CURRENTLY AVAILABLE IN THE COUNTY. SERVICES TO SEXUAL VIOLENCE VICTIMS THAT WERE PREVIOUSLY COORDINATED THROUGH THE COUNTY ATTORNEY'S OFFICE VICTIM WITNESS PROGRAM ARE NOW COORDINATED BY ALEXANDRA HOUSE, AND BOTH AGENCIES WORKED IN COLLABORATION TO TRANSITION SERVICES. ALEXANDRA HOUSE ADVOCATES PROVIDE PATIENT FOLLOW-UP AT LOCAL HOSPITALS AND CLINICS WHEN THE PATIENT IS A VICTIM OF DOMESTIC OR SEXUAL VIOLENCE. WHEN THE VICTIM HAS BEEN SEXUALLY ASSAULTED, WE WORK WITH UNITY HOSPITAL'S SEXUAL ASSAULT NURSE EXAMINERS (SANE) PROGRAM TO SUPPORT THE VICTIM THROUGH THE EVIDENTIARY EXAM, ASSIST IN REPORTING THE ASSAULT SHOULD THE VICTIM WISH TO FILE A POLICE REPORT, AND PROVIDE ONGOING EMOTIONAL SUPPORT AND REFERRALS TO THE VICTIM. WE ALSO OFFER SUPPORT GROUPS FOR SEXUAL VIOLENCE VICTIMS - BOTH IN THE COMMUNITY AND IN LOCAL HIGH SCHOOLS. FROM OCTOBER-DECEMBER 2009, WE SUPPORTED/ASSISTED 19 VICTIMS OF SEXUAL VIOLENCE DURING AN EVIDENTIARY EXAM, AND SUPPORT/ASSISTED 15 VICTIMS OF SEXUAL VIOLENCE IN REPORTING THE ASSAULT TO LAW ENFORCEMENT.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 WILL BE PRESENTED TO THE INTERNAL AFFAIRS COMMITTEE. AFTER REVIEWING, THE INTERNAL AFFAIRS COMMITTEE WILL RECOMMEND THE 990 TO THE BOARD OF DIRECTORS FOR FULL BOARD APPROVAL BEFORE FILING.

Name of the organization

**ALEXANDRA HOUSE, INC.**

Employer identification number

**41-1309977****FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**TRUSTEE, DIRECTOR, OFFICER AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO REVIEW THE CONFLICT OF INTEREST STATEMENT AND SIGN ACKNOWLEDGEMENT. THE BOARD CHAIR AND EXECUTIVE DIRECTOR REVIEW THE DISCLOSURE FORMS.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**THE ORGANIZATION PARTICIPATES IN A BI-ANNUAL SALARY SURVEY WITH MINNESOTA COUNCIL OF NON-PROFITS AND COMPLETE AN ANNUAL REVIEW OF LIKE ORGANIZATIONS.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.**

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172  
**2009**  
 Attachment Sequence No **67**

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

Name(s) shown on return **ALEXANDRA HOUSE, INC.** Identifying number **41-1309977**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**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 (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
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	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 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	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

**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 instr )**

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	91,637

**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 2009	17	0
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 ▶ <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	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	
i	Nonresidential real property		39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a	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	<b>Total.</b> 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 instructions	22	91,637
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)