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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052

2010

For calendar year 2010, or tax year beginning , 2010, and ending , 20						, 20					
G	heck	all that apply.	X Initial return		Initial return	of a former	public chari	ty	Final retu	rn	
			Amended retui	rn [Address	change	∏Na	ame change ¯	ne change		
Nan	ne of	foundation						A Emplo	A Employer Identification number		
Al	exa	andria Civ	ic Improvem	ent Co	uncil,	Inc.		72-0988177			
			x number if mail is not deli				e B Teleph	B Telephone number (see instructions)			
		3ox 5734							487-19		
		wn, state, and ZIP of	code							is pending, check here	
			71307-5734					1 '		ations, check here	
		type of organizatio		c)(3) exempt	private four	ndation		2. Fore:	ign organizatio	ons meeting the 85% and attach computation	
			empt charitable trust			ate foundatio	n	E If priva	te foundation	on status was	
		rket value of all ass		Accounting i			Accrual		ated under : (1)(A), chec		
		om Part II, col. (c), I		Other (sp		Casii _	Accida			s in a 60-month	
▶ \$	יוו) וגם:	oni rait ii, coi. (c), i	, i	art I, column		on cook had	no)	- termina	ation under (1)(B), chec	section	
Pa	e 11	Analysis of Reven		art i, column	(a) must be	On Cash bas	515.]	307(b)((T)(B), Criec		
Ta	11.1	The total of amoun		(a) Reve		(b) Net in	rvestment	(c) Adjus	sted net	(d) Disbursements for charitable	
			ecessarily equal the		ses per	inco	ome	inco		purposes	
	<u> </u>	amounts in column Contributions, gifts, gr	(a) (see instructions))	boo)KS					(cash basis only)	
	1			ļ		ļ	·····	ļ	······		
	2	Check ► X to attach	undation is not required h Sch. B					4	<u></u>		
	3	Interest on savings and	d temp cash investments		<u> </u>		3,603				
	4	Dividends and inte	erest from securities								
		Gross rents									
	b	Net rental income or (loss)									
R	6 a	Net gain/(loss) from sa	ale of assets not on line 10								
v	b	Gross sales price for all assets on line 6a									
E	7		e (from Part IV, line 2), ,				0				
N	8	Net short-term cap	oital gain						0		
U E	9	Income modificatio	ons						0		
=	10 a	Gross sales less rtns. & allowances	0								
	b	Less Cost of					****************				
	С	_	ss) (attach schedule)	<u> </u>	·····	·	······				
	11	• •	ach schedule)					1			
	12	•	through 11		0	 	3,603		0		
0	13	Compensation of offici	ers.		0			<u> </u>			
P E	14		alanes and wages					1	شونة شونة سنت	7	
R	15	Pension plans, em	•		 	 		SECEN	JED.	1	
A		, ,	schedule)				- 	RLUE		2	
T			ittach schedule) #.1		225	 	- ,			01	
Ņ			fees (attach sche#2		5	-	<u> 2 </u>	APR 0 3	5 2011 -	이 양	
₽G &		· ·		<u> </u>			 	MIN		<u> ~ </u>	
-&	17			<u></u>	0.1	-	- 17	OGDE	NI III		
, A	18		ule) (see instruction#3	<u> </u>	81	<u> </u>		OGUE	14, 0 ;		
DM	19	-	h sch.) and depletion			ļ		-			
1						ļ				 	
N	21		s, and meetings					<u> </u>			
E	22		ations					ļ			
X P	23	•	ttach schedule).#4		2,303			ļ			
E	24	Total operating ar									
Ņ		expenses. Add lin	es 13 through 23		2,614		0	<u> </u>	0	0	
N S E S	25	Contributions, gifts	, grants paid		2,000					2,000	
S	26	Total exp. & disbursem	nents Add lines 24 and 25		4,614		0		0	2,000	
		Subtract line 26 fro							***************************************		
	а	Excess of revenue and disbursement	e over expenses ts		-4,614						
	b		COME (if neg., enter -0-)				3,603			***************************************	
		Adjusted net inco		 			•		0		

For Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2010)

D:	art II	Balance Sheets description column should be for	Beginning of year	End •	of year
+ 6	m7 % %}	end-of-year amounts only (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing	140,437	138,644	138,644
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶	,		,
		Less: allowance for doubtful accts. ▶			
	4	Pledges receivable ▶	,		
	1	Less: allowance for doubtful accts. ▶	==		
	5	Grants receivable			
A	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) Other notes and loans receivable (attach schedule)			
S		Less allowance for doubtful accounts	-		
S E T	8	Inventories for sale or use			
T S	9	Prepaid expenses and deferred charges			<u> </u>
3	10a	Investments U S. and state govt. obligations (attach schedule)			
		Investments corporate stock (attach schedule)	_		
	11	Investments corporate bonds (attach schedule)			
	12	Investments mortgage loans			· · · · · · · · · · · · · · · · · ·
	13	Investments other (attach schedule)			
	14	Land, buildings, and equipment basis Less accumulated depreciation			
	4-	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers see the	140,437	138,644	138,644
_	17	Instructions. Also, see page 1, item i)	140,437	130,044	130,044
į		Accounts payable and accrued expenses			-
I A B I	18	Grants payable			-
Ī	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·		-{
L	20	Loans from officers, directors, trustees, and other disqualified persons			-
T	21	Mortgages and other notes payable (attach schedule)			-{
Ė	22	Other liabilities (describe			4
5	23	Total liabilities (add lines 17 through 22)	0	0	4
	•	Foundations that follow SFAS 117, check here.			
_N F	l	and complete lines 24 through 26 and lines 30 and 31.	140 405	120 644	
	24 25	Unrestricted	140,437	138,644	-
ָר וְי	25	Temporarily restricted			4
A S B	26	Permanently restricted	· · · · · · · · · · · · · · · · · · ·		-
A B A L	4	Foundations that do not follow SFAS 117, ck. here			
E L T A		and complete lines 27 through 31.			
T A S N	27	Capital stock, trust principal, or current funds	-· - -		
C D R R S	28	Paid-in or capital surplus, or land, bldg., and equipment fund			4
RS		Retained earnings, accumulated income, endowment, or other funds	140 407	120 644	4
	30	Total net assets or fund balances (see the instructions)	140,437	138,644	4
	31	Total liabilities and net assets/fund balances (see the inst.)	140,437	138,644	<u> </u>
	ut III			tub.	T
1		net assets or fund balances at beginning of year Part II, colum	• •	1	140 405
_		of-year figure reported on prior year's return)			140,437
_		r amount from Part I, line 27a			-4,614
3		r increases not included in line 2 (itemize) ► See attachm		3	2,821
4		lines 1, 2, and 3			138,644
5		eases not included in line 2 (itemize) ▶		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), line	30 6	138,644

instructions

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	see th	ıe Instru	ıctic	ons)				
1 a	Exempt operating foundations described in section 4940(d)(2), check here▶ and enter "N/A" on line 1								
	Date of ruling or determination letter (attach copy of letter if necessary see inst.)		İ						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	L			72_			
	here and enter 1% of Part I, line 27b				***************************************				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%		İ						
	of Part I, line 12, col. (b).								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .	2				0			
3 Add lines 1 and 2									
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4									
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0	5				72			
6	Credits/Payments		İ						
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a								
b	Exempt foreign organizations tax withheld at source								
С	Tax paid with application for extension of time to file (Form 8868)								
d	Backup withholding erroneously withheld								
7	Total credits and payments. Add lines 6a through 6d	7				0			
8	Enter any penalty for underpayment of estimated tax. Check here	8				_			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				72			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10							
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶	11							
	t VIIA Statements Regarding Activities								
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it partic	•	<u> </u>		Yes	No			
	Intervene in any political campaign?		_	la	N/A				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instruction				L- /-				
	definition)?			lb	N/A				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published.	olished							
	or distributed by the foundation in connection with the activities		-		L_,_#				
	Did the foundation file Form 1120-POL for this year?	• • • • •	1	lc	N/A				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.								
	(1) On the foundation > \$ 0 (2) On foundation managers > \$		<u> </u>						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed								
	on foundation managers . \$ 0			_ ;	1	37			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		···	2	 	X			
_	If "Yes," attach a detailed description of the activities.				1				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		ŀ	_ ;	L. /				
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		_		N/A N/A	····			
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				N/A				
	If "Yes," has it filed a tax return on Form 990-T for this year?		· · · · —		N/A				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		···	5	14/1				
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:								
	By language in the governing instrument, or By state legislation that offectively amende the governing instrument on that no mandatory directions that								
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		İ	6	x				
7	conflict with the state law remain in the governing instrument?		_		N/A				
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), &	ran x	'v.	<u></u>	M/A	:			
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)								
L	► NONE If the angular is "Ves" to line 7, has the foundation furnished a conjust Form 200. DE to the Atternov Congret (or		— <u> </u>						
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or		1.) -	λτ / λ				
•	designate) of each state as required by General Instruction G? If "No," attach explanation	• • • • •	├-	3b	N/A	-			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	00 mar- 1 -			#				
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see Instructions for Part XIV)? If "Yes," of Part XIV				NT / 3				
10	Part XIV		··· ⊢'	9	N/A				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their na		,		M / M				
1)/2	and addresses		Form 9 9		N/A	2010			
JVA	10 990PF4 TWF 39331 Copyright Forms (Software Only) - 2010 TW		LOHU 2		(2	_U IU)			

Alexandria Civic Improveme 72-0988177

Page 4

Forn	1990-PF(2010) Alexandria Civic Improveme 72-0988177		Pa	age 5
Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
	Website address ►N/A			
14	The books are in care of ▶See attachment #7 Telephone no. ▶			
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 Check here			
	and enter the amount of tax-exempt interest received or accrued during the year▶ 15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the			
	foreign country ▶			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	,		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	L	Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	rf the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	ļ	X
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,		1	
	that were not corrected before the first day of the tax year beginning in 2010?	1c	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2010?			
	If "Yes," list the years ▶ 20 _ , 20 _ , 20 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			ŧ
	to all years listed, answer "No" and attach statement see instructions.)	2b	ļ	ļ
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	▶ 20 <u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation			l
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			1
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			ŧ
•	If the foundation had excess business holdings in 2010.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			!
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	I	ΙX

		-PF (2010)Alexandria Civic Im -B Statements Regarding Acti			Required (continued	4)	Page 6
5a		ing the year did the foundation pay or incu		TOTAL 4720 May be	riequii eu (continuec	<i>-1)</i>	
J u		Carry on propaganda, or otherwise attem	•	on (section 4945(a)\?	Yes 🗓 t	Vo.	
		Influence the outcome of any specific put			[] (60		
	1-/	on, directly or indirectly, any voter registra			Yes 🕅 N	No.	
	(3)				<u> </u>		
	(4)	Provide a grant to an organization other the			[]		
	177	in section 509(a)(1), (2), or (3), or section		_	Yes 🖾	No	
	(5)	Provide for any purpose other than religion					
	(-,	educational purposes, or for the prevention			Yes X	No	
b	If a	ny answer is "Yes" to 5a(1)-(5), did any of					1
		gulations section 53 4945 or in a current no				'A 5b	ĺ
		ganizations relying on a current notice regal					
С		ne answer is "Yes" to question 5a(4), does	_			」	
_		cause it maintained expenditure responsibil			N/A Tyes T	No	
		Yes," attach the statement required by Regi			, 🚨		
6a		the foundation, during the year, receive ar		• •			
		a personal benefit contract?	•		Yes XI	No	
b		the foundation, during the year, pay premi				6b	X
		Yes" to 6b, file Form 8870.	. ,	•			
7a	At a	any time during the tax year, was the found	ation a party to a proh	bited tax shelter transact	ion? 🗌 Yes 🛛 I	No	
		Yes," did the foundation receive any procee					X
Par	rt V	III Information About Officers,	Directors, Truste	es, Foundation Ma	nagers, Highly Pa	aid Emplo	yees,
		and Contractors	·	•		•	
1	List	t all officers, directors, trustees, foundat	lana manamana amal Alba	.l			
			on managers and the	ur compensation (see in	nstructions).		
			(b) Title, and avg.	(c) Compensation	(d) Contributions to	(e) Expens	e account,
		(a) Name and address					e account, owances
See	e a		(b) Title, and avg. hours per week	(c) Compensation	(d) Contributions to employee benefit plans		
See	e a	(a) Name and address	(b) Title, and avg. hours per week	(c) Compensation	(d) Contributions to employee benefit plans		
See	e a	(a) Name and address	(b) Title, and avg. hours per week	(c) Compensation	(d) Contributions to employee benefit plans		
See	e a	(a) Name and address	(b) Title, and avg. hours per week	(c) Compensation	(d) Contributions to employee benefit plans		
See	e a	(a) Name and address	(b) Title, and avg. hours per week	(c) Compensation	(d) Contributions to employee benefit plans		
See	e a	(a) Name and address	(b) Title, and avg. hours per week	(c) Compensation	(d) Contributions to employee benefit plans		
See	e a	(a) Name and address	(b) Title, and avg. hours per week	(c) Compensation	(d) Contributions to employee benefit plans		
See	e a	(a) Name and address	(b) Title, and avg. hours per week	(c) Compensation	(d) Contributions to employee benefit plans		
See		(a) Name and address	(b) Title, and avg. hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp.		
	Coi	(a) Name and address	(b) Title, and avg. hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp.		
2	Cor If n	(a) Name and address attachment #8 mpensation of five highest-paid employed to the content of th	(b) Title, and avg. hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp. ee Instructions).	other alle	DWANCES
2	Cor If n	(a) Name and address attachment #8 mpensation of five highest-paid employed to be and address of each employee paid	(b) Title, and avg. hours per week devoted to position ees (other than those (b) Title, and avg.	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp. ee Instructions). (d) Contributions to employee benefit	(e) Expens	e account,
2	Cor If n	(a) Name and address attachment #8 mpensation of five highest-paid employed to the content of th	(b) Title, and avg. hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp. ee Instructions).	(e) Expens	DWANCES
2 (a	Cor If n	(a) Name and address attachment #8 mpensation of five highest-paid employed to be and address of each employee paid	(b) Title, and avg. hours per week devoted to position ees (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp. (d) Contributions to employee benefit plans and deferred	(e) Expens	e account,
2 (a	Cor If n	(a) Name and address attachment #8 mpensation of five highest-paid employed to be and address of each employee paid	(b) Title, and avg. hours per week devoted to position ees (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp. (d) Contributions to employee benefit plans and deferred	(e) Expens	e account,
2	Cor If n	(a) Name and address attachment #8 mpensation of five highest-paid employed to be and address of each employee paid	(b) Title, and avg. hours per week devoted to position ees (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp. (d) Contributions to employee benefit plans and deferred	(e) Expens	e account,
2 (a	Cor If n	(a) Name and address attachment #8 mpensation of five highest-paid employed to be and address of each employee paid	(b) Title, and avg. hours per week devoted to position ees (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp. (d) Contributions to employee benefit plans and deferred	(e) Expens	e account,
2 (a	Cor If n	(a) Name and address attachment #8 mpensation of five highest-paid employed to be and address of each employee paid	(b) Title, and avg. hours per week devoted to position ees (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp. (d) Contributions to employee benefit plans and deferred	(e) Expens	e account,
2 (a	Cor If n	(a) Name and address attachment #8 mpensation of five highest-paid employed to be and address of each employee paid	(b) Title, and avg. hours per week devoted to position ees (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp. (d) Contributions to employee benefit plans and deferred	(e) Expens	e account,

Form 990-PF (2010) Alexandria Civic Improveme	72-0988177	Page /
Part VIII Information About Officers, Directors, Trustees, I	Foundation Managers, High	ly Paid Employees,
and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see	the Instructions) If none onto II	NONE 7
3 Five highest-paid independent contractors for professional services (see		
NONE	(b) Type of service	(c) Compensation
HOND		
	1	
Total number of others receiving over \$50,000 for professional services		>
Fart IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant		Expenses
of organizations and other beneficiaries served, conferences convened, research papers produc	ed, etc.	·
1		
None		
2		
	<u> </u>	
3		
4		
Part IX-B Summary of Program-Related Investments (see the	e instructions)	
Describe the two largest program-related investments made by the foundation of		Amount
1		
None		
2		
-		
All other program-related investments. See the instructions.		
3See attachment #9		

Total. Add lines 1 through 3

PB	Minimum Investment Return (All domestic foundations must complete this part. Foreign found see the instructions.)	lations	ı
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	138,644
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	138,644
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	138,644
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	the instructions)	4	2,080
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	136,564
6	Minimum Investment return. Enter 5% of line 5	6	6,828
Pa	Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	6,828
2a	Tax on investment income for 2010 from Part VI, line 5 2a 72		
b	Income tax for 2010. (This does not include the tax from Part VI)]	
C	Add lines 2a and 2b	2c	72
3	Distributable amount before adjustments. Subtract line 2c from line 1,	3	6,756
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,756
6	Deduction from distributable amount (see the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	6,756
Pa	Qualifying Distributions (see the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,000
b	Program-related investments total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	•
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	,
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,000
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	ne four	
	qualifies for the section 4940(e) reduction of tax in those years.		
JVA	10 990PF8 TWF 39335 Copyright Forms (Software Only) - 2010 TW		Form 990-PF (2010

1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7				6,756
2	Undistributed income, if any, as of the end of 2010		,		
a	Enter amount for 2009 only		}		
t	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2010		,		
a	From 2005				
t	From 2006				
c	From 2007		>		
c	From 2008		,		
	From 2009				
	Total of lines 3a through e	0	•		
4	Qualifying distributions for 2010 from Part XII,				
•	line 4 ▶ \$ 2,000		,		
			1 ,	1	
	Applied to 2009, but not more than line 2a	······································			
	Applied to undistributed income of prior years				
	(Election required see the instructions)		-		
C	Treated as distributions out of corpus				
	(Election required see the instructions)		<u> </u>		
	Applied to 2010 distributable amount		<u> </u>	ļ	
•	Remaining amount distributed out of corpus		/		
5	Excess distributions carryover applied to 2010		<u> </u>		
	(If an amount appears in column (d), the same		$1 + 1 \wedge \dots$	1 []	
	amount must be shown in column (a).)		+ A II A A	I	
6	Enter the net total of each column as		1/4/////		
	Indicated below:			T	
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		1		
t	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
•	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
c	Subtract line 6c from line 6b. Taxable	······································			
	amount see the instructions				
•	Undistributed income for 2009. Subtract				
-	line 4a from line 2a. Taxable amount		1		
	see the instructions				
	Undistributed income for 2010. Subtract				
•	lines 4d and 5 from line 1. This amount				
	i i		1		6 756
~	must be distributed in 2011		ļ,u		6,756
7	Amounts treated as distributions out of		,		
	corpus to satisfy requirements imposed		1 3		
	by section 170(b)(1)(F) or 4942(g)(3) (see				1
	the instructions)		i		
8	Excess distributions carryover from 2005		,		
	not applied on line 5 or line 7 (see the				
	ınstructions)				
9	Excess distributions carryover to 2011.		,		
	Subtract lines 7 and 8 from line 6a		<u> </u>		
10	Analysis of line 9:				
а	Excess from 2006				
	Excess from 2007				
	Excess from 2008				,
	Excess from 2009				
	Excess from 2010		1		

	1990-PF (2010) Alexandria 1 XIV Private Operating Found					Page
	If the foundation has received a ruling or					
	foundation, and the ruling is effective for	2010, enter the da	ate of the ruling	▶	N	/A
b	Check box to indicate whether the found	ation is a private o	perating foundation d	escribed in section	4942(J)(3) or	4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) rotai
	year listed	_				
b	85% of line 2a [
c	Qualifying distributions from Part XII, line 4 for each year listed	·				
d	Amounts included in line 2c not used directly for active conduct exempt act					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:			\sim 0		-
а	"Assets" alternative test enter		1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/			
	(1) Value of all assets		/ 			-
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test enter 2/3 of min. investment return shown in					_
_	Part X, line 6 for each year listed "Support" alternative test enter:	<u> </u>				+
C	• •					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a) (5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3) (B)(III)					·
	(3) Largest amount of support from an exempt organization	<u>-</u>				
Pa	Supplementary Information at any time during the year Information Regarding Foundation Mar	ar see the		the foundation	had \$5,000 or	more in asse
а 	List any managers of the foundation who close of any tax year (but only if they have None	have contributed e contributed mor	e than \$5,000). (See s	ection 507(d)(2).)		
	List any managers of the foundation who of a partnership or other entity) of which to None	he foundation has	s a 10% or greater inte	rest.	lly large portion of t	the ownership
2	Information Regarding Contribution, G Check here ▶ ☐ if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	makes contributions gifts, grants, etc	ons to preselected cha	ntable organizations) to individuals or or	rganizations under	other conditions,
AI	The name, address, and telephone number exandria Civic In	D. Counc	il-POBOX	5044- Ale	ex La 7130-	Vivan. 318 481
<u>Le</u>	The form in which applications should be not of operation -			•		College of
-	Na					

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See attachment #10 2,000 Approved for future payment none ▶ 3b **Total**

Form 990-PF (2010) Alexandria Civic Improveme 72-0988177

Page 12

Part XVI-	A Analysis of Income-Produ	cing Activi	ties				
Enter gross a	mounts unless otherwise indicated.	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)	
		(a)	(a) (b)		(d)	Related or exempt function income	
		Business	Amount	Excl.	Amount	(See the	
1 Program	service revenue	code		code		instructions.)	
a							
b							
c				ļ l			
d							
e							
f							
g Fees	& contracts from government agencies		•				
2 Members	ship dues and assessments						
3 Interest on	savings and temporary cash investments		\cap \cap				
4 Dividend	s and interest from securities		1100				
5 Net renta	ll income or (loss) from real estate:						
a Debt-	financed property		<u> </u>	T			
b Not de	ebt-financed property						
	ncome or (loss) from personal property						
7 Other inv	restment income						
	ss) from sales of assets other than inventory						
9 Net incor	me or (loss) from special events						
10 Gross pro	ofit or (loss) from sales of inventory .						
11 Other rev	venue`a	-					
b							
c							
d			-				
е							
12 Subtotal.	Add columns (b), (d), and (e)		0		0	0	
	dd line 12, columns (b), (d), and (e)				13	0	
	eet in line 13 instructions to verify calcula						
	B Relationship of Activities		omplishment of E	xempt F	Purposes		
Line No.	Explain below how each activity for v					tantly to the	
▼ .	accomplishment of the foundation's	exempt purpos	ses (other than by provi	ding funds	s for such purposes). (S	see the instructions.)	

na

Part	XVII	Information I Exempt Orga		ansfers To and Tra	ansactions	s and Relation	onships With Noi	ncharit	able	
1 D	id the or			age in any of the following	g with any of	ther organization	described in section	Γ	Yes	No
		-)(3) organizations) or in se		-				
				noncharitable exempt org			J			l
								1a(1)		x
								1a(2)		Х
•	-	sactions								
			nchantable exem	pt organization				1b(1)]	X
(2				le exempt organization .				1b(2)	-	Х
(3				assets				1b(3)		х
(4		bursement arrange	•					1b(4)		х
(5	•	_						1b(5)	†	X
•				or fundraising solicitation				1b(6)		X
•	•			other assets, or paid emp				1c	†	X
g	oods, ot	her assets, or serv	ices given by the	emplete the following sche reporting foundation. If the the value of the goods, o	he foundatio	n received less t	han fair market value i	ket value n any tra	e of the) on
(a) Line	no. (b)	Amount involved	(c) Name of no	ncharitable exempt organ	nization (d)	Description of trans	fers, transactions, and sha	ring arran	gements	5
se	ection 50	o1(c) of the Code (other than sectio	d with, or related to, one in 501(c)(3)) or in section				Ye	es X	No.
b If		omplete the follow		(h) Tura of auro			(a) December of rel	-t		
		Name of organiza		(b) Type of orga			(c) Description of rela			
Sign	Under belief	penalties of perjury, i , itns true, correct, and	declare that I have I complete. Declarat	examined this return, including tion of preparer (other than tax	g accompanyin payer or fiduci	g schedules and sta ary) is based on all i	tements, and to the best o nformation of which prepa	r my know rer has an	y knowl	adge.
Here	1 4	Vivin 1	. Benne	the	113/	24/11	Treasurer			
		gnature of officer		<u> </u>	1/ D.	ate/	Title			
Paid Prepa	FOE	Print/Type preparer Annie G Firm's name ▶ Of	s name	Preparer's signature	Iles	Date 3/24/1	Check if / self-employed Firm's EIN ▶ 4.3 ~/	PTIN Pool	077	 7/1
Use C	Ink 🛏	irm's address > W			OCK TER 117	MACAR	Phone no. (318)	<u> 445-</u>	-755	5
JVA	10 990			orms (Software Only) - 2010 T		PERCENT	1 - 7	m 990 -		

990 SCHEDULE OF ACCOUNTING FEES

Attachment 1: page 1 - 990-	PF Page 1, Page	art I, Line	16b	
Open to Public				
Inspection For calendar year 2010, or tax per Name of Organization	erroa beginning	, and	ending Employer Ide	ntification Number
Alexandria Civic Improvemen	t Council I	nc	72-0988	
	1 1	Net Investment	Adjusted	Disbursements for
Accounting Category	Amount	Income	Net Income	Charity
H & R Block	225			
				}
				•
				٠
Total:	225			
	<u> </u>			40 FORECR25

990 SCHEDULE OF OTHER PROFESSIONAL FEES

Attachment	2: page 1 - 990-	PF Page 1, Pa	art I, Line	16c		
Open to Public						
Inspection	For calendar year 2010, or tax per	nod beginning	, and	ending		
Name of Organizati				Employer Identification Number		
Alexandria	a Civic Improvemen	t Council, II		72-0988		
	Category	Amount	Net Investment	Adjusted	Disbursements for	
<u></u>			Income	Net Income	Chanty	
Secretary	or State	5				
	İ					
	1					
	İ					
			•			
				}		
				1		
				1		
	,					
	Total:	5		 		
	iotai:	3			10 FOREGRAP	

990 SCHEDULE OF TAXES PAID

Attachment 3: page 1 - 990-	PF Page 1,	Part I, Line	18	
Open to Public Inspection For calendar year 2010, or tax pe Name of Organization	nod beginning	, and	ending Employer Ide	ntification Number
Name of Organization Alexandria Civic Improvemen	t Council, I	nc.	72-0988	177
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity
IRS federal excise tax	81	mioonii o		
				-
				· ·
Total:	81			

990 OTHER EXPENSES SCHEDULE

Attachment 4: page 1 990-PF	Page 1, Par	t I, Line 23	<u>.</u>	
Open to Public				
Inspection For calendar year 2010, or tax per Name of Organization	iod beginning	, and e		ntification Number
Alexandria Civic Improvement	Employer Identification Number 72 - 0988177			
•	Revenue and	Net Investment	Adjusted	Disbursements for
Description of Activity	Expenses	Income	Net Income	Charity
PO box and safe deposit box				
rental	115			
Sams Club dues	38		· 	
Advertisment	124			
Sympathy, Illness and Death Housing Councils Records	125 360			
Outback Steak House	684			
Office Workshop for members				
Supples from Sams	579			
TIPPET TO THE TOTAL				
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x				
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Total:	2,303	· · · · · · · · · · · · · · · · · · ·		<u> </u>

990 SCHEDULE OF OTHER INCREASES Attachment 5: page 1 - 990- PF Page 2, Part III, Line 3				
Attachment 5: page 1 - Open to Public	990- PF Page 2, Part 11.	l, Line 3	<u> </u>	
Inspection For calendar year 2010,	or tax period beginning	, and ending	,	
Name of Organization Alexandria Civic Improv	rement Council, Inc.		Employer 72 - 098	dentification Number
	Description of Increase			Total Amount
Adjustment to balance				2,821
			İ	
	•			
:				
				•
•				
•				

990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	achment 6: pag	ge 1 - 990-PF Page	3, Part I	V, line 1		
		r year 2010 or tax period beginning	l	, and ending		
Name	e of Organization	Improvement Counc	· -	, 3	Employer Identifi	
		be the Kind(s) of Property Sold (e.g.		(b) How Acquired		(d) Date Sold
		arehouse; or Common Stock, 200 s		P Purchase D Donation	(mo., day, yr.)	(mo , day, yr.)
1	none					
	(e) Gross Sales Price	(f) Depreciation Allowed	(g) Cost or O	T T	(h) Gain o	
1		(or allowable)	Plus Expe	nse of Sale	(e) Plus (f) Mınus (g)
	none					
	Complete only for assets s	howing gain in column (h) and owi			(I) Gains (Col. (
	(I) F.M.V. as of 12/31/69	(j) Adjusted Basis	(k) Excess			Less Than -0-) or
1	none	as of 12/31/69	Over Col	. (j), if Any	Losses (fro	om col. (h))
				ļ		

1,4

990 BOOKS ARE IN CARE OF

Attachment	<u>7 - 990-PF Page 5, Part VII-</u>	A, Line 14	
Open to Public			
Inspection	For calendar year 2010, or tax period beginning	, and ending	<u> </u>
Name of Organization	on		Employer Identification Number
Alexandria	Civic Improvement Council, I	nc.	72-0988177
Part VII-A - Line 1	4		
	. — ——————————————————————————————————		
		<u>Vivian Bennett</u>	
or			
Business Name:			
	·		
			
Street Address		P O Boy 5044	
Sileer Address		3607 10th Stree	<u> </u>
		3007 Iden Belev	
U.S. Address:			
Zıp code	71303-5044 City Alexandria	St	ate LA
or	Oity		<u></u>
Foreign Address			
3			
City	· ····		
Province or	State		
	•		
Country ,			<u> </u>
Postal code	•••••		
			(24.0) 4.05 4.040
Phone Num	ber		(318) 487-1942
·			
rax Number			

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 8: page 1 - 990-PF Page 6, Part VIII							
Open to Public							
Inspection For calendar year 2010, or tax period beginning , and ending .							
Name of Organization Employer Identification Number							
Alexandria Civic Improvem		Inc.	72-09881				
(A) Name and Address	(B) Title and Average	(C) Compensation (If	(D) Cont. to Employee	(E) Expense Account			
	Hrs per Week	not paid, enter 0)	Ben. Plans & Def. Comp.	& Other Allowances			
Delores Perry	Record						
	Secretary						
Alexandria, LA 71303	10.00	0	0	0			
Mrs. J. B. Josus	President						
3830 Hudson Street	10.00						
Alexandria, LA 71301		0	0	0			
Vivian Bennett	Treasurer						
	10.00						
Alexandria, LA 71307		o	0	0			
			:				
				•			
•							

990 SUMMARY OF PROGRAM-RELATED INVESTMENTS

Attachment 9: page 1 - 990-PF Page 7, Part IX-B, Line 3					
Open to Public					
	ending .				
Name of Organization Alexandria Civic Improvement Council, Inc.	Employer Identification Number 72 - 0988177				
Other Program-Related Investments	Amount				
N O N E					
	-				
	1				
	}				
	1				
	1				
· · · · · · · · · · · · · · · · · · ·	Total:				

990 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Attachment 10: page 1 990	-PF Page 11.	Part X	V Line 3a		
Open to Pu Inspection For calendar year 2010, or tax	<u> </u>		, and ending		
Name of Organization Alexandria Civic Improvement Council, Inc.			Employer Identification Number 72-0988177		
Recipient	If Recipient is an Individual, Show any Relationship to Any Foundation Manager	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount	
Name and Address (home or business) Northwestern State University	or Substantial Contributor None		Schlorship		
Kerry Bayoune Natchitoches, La. 71497				1,000	
Northwestern State University Kimbley Granule	None		Schlorship		
Natchitoches, La. 71497				1,000	
.					
				,	
-					
				,	
	<u> </u>		<u> </u>	2 000	

2,000 Total:

Free: 877-289-2

www.thetowntalk.com



building constant quitness con. Homefinder

crossword puzzle!

for todavs new

When to Call

Monday through Fnday Please call 877-289-2216. Our phones are open 8:00 a m. until 5:30 p m Deadline for tomorrow's edition is 5 pm

compose your ad right over the phone - we'll Just call 877-289-2216 and we'll help you even read it back to you for accuracy! Our Best Deals Deliver!

3. Fax it. Our fax number is (318) 487-2971

We'll call to confirm

Payment is expected at time of ad placement We accept all major credit cards and check by phone Minimum ad size-3 lines

indicate your daytime phone number for

confirmation)

www.thetowntalk.com

Place your ad online 24-7:

. Phone it: Please call 877-289-2216_ classified@thetowntalk.com (please

E-mail it Send e-mail to us at

Place an Ad

(must call by expiration date of ad) If you haven't sold your stuff, more days for just \$3 00

call us. We'll run it three

5 Lines, 7 Days

SELL YOUR STUFF

FAST MONEY Anything under \$200 CHEAP STUFF 3 lines, 3 days

Anything under \$500 3 lines, 4 days

WHEEL DEAL

Cars, Trucks, Boats & RV's 4 lines, 10 days

ş

Announcements

L.P.A. Classifieds ·

companion PIs help me find him 765-9733 or 729-6772 Cash Re-ward, no questions Collie,

Job Info

fear Apply at 1-866 175-4911 (LA-SCAN)

109

plies furnished 1 778-7617(LA-SCAN)

Found small dog in Deville area 318-451-7627 Call to identify

LPA Classrfieds

AIRLINES ARE HIRING Train for high
paying Avvation
reer, FAA approved
program Financial aid
iff qualified Job placement assistance

Miscellaneous

he Alexandria Inc. books are spection by any zen at 3607 10th Civic Improve concerned citi ment Councit available dur ing business hours for in .

1287 will make due 1287 1287 will make due due strums thereof to said overning Authority, and NOTICE IS BY KATHY WIL-LIAMS (12) 22, (1) 6 **EXHIBIT A** NOTICE OF SPECIAL ELECTION Pursuant to the provi Public Notices

REBY FURTHER

the Louisiana Statutes of

· Fire District #10 29 - Plainview High chool, 10935 Hwy 112, Station, 1/ 112, Union ı, 16 Mo Hıneston

sioners, respectively, shall be those persons designated according

mmissioners-

be held in ac

N09 - Kees Park Com-munity Center, 2450 Hwy 28 East, Pineville (IN PART)

C14 - N Bayou Rapides

ě

is00 England Dr.,

Pineville (IN PART

200

Public Notices

200

Public Notices

200

Public Notices

Public Notices

Public Notices

N10 · J I Barron Ele mentary School, 3655 Trinity Church Drive,

Rosenthat

Montessori School, 1951 Monroe Street, Alexan dria (IN PART)

Frinity Church Dri

N11 - Pineville Middle Schoo!, 501 Edgewood Drive, Pineville (IN

Elementary School, 4203 Lisa Street, Alex-andria (IN PART)

Martin Park

221AK

municipalities in the Parish on the following percentage basis and administration) to be allocated and divid ed between the Parish incorporated ties in the The polling places set forth above are hereby designated as the polling places at which to old the said election

C21LE - Martin Park Elementary School, 4203 Lisa Street, Alex-andria (IN PART) C22 · Louisiana State University-Alexandria, 8100 Hwy 71 South, ii) 6 1211% to Town of

N13 - Pineville Middle School, 501 Edgewood Drive, Pinevilla / IN

N12 - J I Barron Ele-mentary, 3655 Trinity Church Drive, Pineville (IN PART)