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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 private foundations)
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 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALEXANDRA HOUSE INC		D Employer identification number 41-1309977
	Doing business as		E Telephone number (763) 656-1361
	Number and street (or P O box if mail is not delivered to street address) PO BOX 490039	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code BLAINE, MN 55449		G Gross receipts \$ 2,490,472
F Name and address of principal officer CONNIE MOORE PO BOX 490039 BLAINE, MN 55449		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.ALEXANDRAHOUSE.ORG	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1977	M State of legal domicile MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ALEXANDRA HOUSE'S MISSION IS TO EMPOWER VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE, AND INSPIRE SOCIAL CHANGE THROUGH EDUCATION, SUPPORT AND ADVOCACY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	71	
6 Total number of volunteers (estimate if necessary)	6	129	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,313,956	2,443,965
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,135	8,435
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,572	-16,110
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,310,519	2,450,999
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,612,360	1,728,896
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		118,635	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		669,730	722,028
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,282,090	2,450,924
19 Revenue less expenses Subtract line 18 from line 12	28,429	75	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,807,105	1,833,239
	22 Net assets or fund balances Subtract line 21 from line 20	302,462	261,469

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, it 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	2015-04-22 Date
	CONNIE MOORE EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name NICHOLE FAIRBANKS	Preparer's signature NICHOLE FAIRBANKS	Date 2015-04-29	Check <input type="checkbox"/> if self-employed	PTIN P00967515
	Firm's name HARRINGTON LANGER & ASSOCIATES			Firm's EIN 41-1532347	
	Firm's address 563 PHALEN BLVD SAINT PAUL, MN 55130			Phone no (651) 481-1128	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,307,667 including grants of \$) (Revenue \$)
 SHELTER PROGRAM WE OPERATE A 24-HOUR EMERGENCY SHELTER THAT CAN HOUSE UP TO 35 WOMEN AND CHILDREN AT A TIME ALTERNATIVE EMERGENCY SHELTER IS OFFERED TO MALE VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE ADVOCATES WORK CLOSELY WITH CLIENTS, PROVIDING ASSISTANCE IN PROTECTION PLANNING, SECURING SAFE PERMANENT, AFFORDABLE HOUSING, AND CONNECTING CLIENTS TO VALUABLE RESOURCES IN THEIR COMMUNITY ADVOCATES ALSO WORK WITH CHILDREN DURING THEIR STAY IN SHELTER, PROVIDING EDUCATION AND SUPPORT AROUND A RANGE OF ISSUES INCLUDING SAFETY PLANNING, DOMESTIC/FAMILY VIOLENCE, CHILD ABUSE, SELF-ESTEEM AND SEXUAL ABUSE ALEXANDRA HOUSE OFFERS SCHOOLING FOR CHILDREN IN GRADES K-12, AS WELL AS PRE-K EDUCATION, MADE POSSIBLE THROUGH A PARTNERSHIP WITH THE ANOKA-HENNEPIN SCHOOL DISTRICT IN 2014, ALEXANDRA HOUSE PROVIDED IN-HOME CASE MANAGEMENT AND ADVOCACY TO 125 FAMILIES PROVIDING A LIMITED NUMBER OF ONGOING RENTAL SUBSIDIES, FINANCIAL SUPPORT IN THE MANNER OF DAMAGE DEPOSITS, ONE MONTH RENTAL ASSISTANCE, AND APPLICATION FEE ASSISTANCE WE ASSIST CLIENTS IN GOING BACK TO SCHOOL, FINDING EMPLOYMENT, AND RE-ESTABLISHING OR REPAIRING THEIR CREDIT HISTORY ALEXANDRA HOUSE CURRENTLY OFFERS SEVEN SUPPORT GROUPS TO SHELTER RESIDENTS AND COMMUNITY MEMBERS THAT INCLUDE DOMESTIC AND SEXUAL VIOLENCE WALK-IN GROUP, HEALING THROUGH WRITING GROUP, WOMENS ISSUES, COFFEE AND CONVERSATIONS EDUCATIONAL SEMINARS, RESTORATIVE PARENTING, MINDFULNESS AND MEDITATION, AND SELF-ESTEEM SUPPORT GROUP CHILDREN AND TEENS STAYING IN THE SHELTER ARE ALSO OFFERED A WEEKLY SUPPORT GROUP IN 2014, WE PROVIDED SUPPORT GROUP SERVICES TO 350 WOMEN AND KIDS IN ADDITION, 68 VICTIMS BENEFITED FROM ONGOING THERAPY IN 2014, WE SHELTERED AND PROVIDED ADVOCACY AND SUPPORT SERVICES TO 575 WOMEN AND CHILDREN AND 2 MEN

4b (Code) (Expenses \$ 589,598 including grants of \$) (Revenue \$ 14,709)
 COMMUNITY PROGRAM MANY CLIENTS WHO HAVE EXPERIENCED DOMESTIC AND SEXUAL VIOLENCE DO NOT REQUIRE SHELTER, BUT DO NEED LEGAL ADVOCACY AND SUPPORT SERVICES, ESPECIALLY AS IT RELATES TO CIVIL AND CRIMINAL COURT MATTERS ALEXANDRA HOUSE HAS A SATELLITE OFFICE IN ANOKA, WHICH HOUSES OUR LEGAL, YOUTH SERVICES, AND HOSPITAL ADVOCACY PROGRAMS LEGAL ADVOCATES PARTNER WITH LOCAL LAW ENFORCEMENT AGENCIES SO THAT VICTIMS OF DOMESTIC VIOLENCE RECEIVE THE ASSISTANCE OF AN ADVOCATE IMMEDIATELY FOLLOWING A DOMESTIC ASSAULT OR DOMESTIC-RELATED CRIME IN 2014, ALEXANDRA HOUSE RECEIVED 669 REFERRALS FROM LAW ENFORCEMENT, OF THOSE REFERRALS, 343 VICTIMS WERE DETERMINED TO BE HIGH RISK AND DIRECTLY CONNECTED TO AN ADVOCATE THE REMAINING VICTIMS WERE CONTACTED BY ADVOCATES SHORTLY AFTER THE INCIDENT LEGAL ADVOCATES PROVIDED CRISIS INTERVENTION, ONGOING SUPPORT, AND CRIME VICTIM ADVOCACY THROUGHOUT CRIMINAL COURT PROCEEDINGS TO INCLUDE ACCOMPANYING VICTIMS TO COURT HEARINGS, SERVING AS A LIAISON TO PROSECUTORS, HELPING VICTIMS UNDERSTAND THE CRIMINAL COURT PROCESS AND CRIME VICTIM RIGHTS, AND ASSISTING THEM IN ACCESSING RESOURCES LIKE CRIME VICTIM ASSISTANCE, REPARATIONS, AND VICTIM NOTIFICATION IN 2014, LEGAL ADVOCATES ASSISTED 144 CLIENTS IN FILING PROTECTION ORDERS AND PROVIDED SUPPORT AND ADVOCACY TO PETITIONERS AT 189 PROTECTION ORDER HEARINGS, OFP PROJECT ATTORNEYS PROVIDED LEGAL REPRESENTATION TO 66 PETITIONERS THE COMMUNITY PROGRAM ALSO WORKS TO EDUCATE VICTIMS ON THEIR CIVIL LEGAL RIGHTS THROUGH THE FAMILY LAW LEGAL CLINIC OFFERED MONTHLY AND FACILITATED BY VOLUNTEER ATTORNEYS, VICTIMS ARE PROVIDED GENERAL INFORMATION RELATED TO FAMILY LAW ISSUES AND THEN GIVEN AN OPPORTUNITY TO MEET 1-1 WITH AN ATTORNEY TO DISCUSS AND OBTAIN LEGAL ADVICE ON THEIR SPECIFIC LEGAL ISSUE IN 2014, 30 VICTIMS BENEFITED FROM THIS SERVICE ALEXANDRA HOUSE ADVOCATES ALSO WORK WITH VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE IDENTIFIED BY HEALTH CARE PERSONNEL IN PARTNERSHIP WITH MERCY AND UNITY HOSPITALS AND SELECT ALLINA AFFILIATED CLINICS, ADVOCATES PROVIDE IN-PERSON, PATIENT FOLLOW-UP AT LOCAL HOSPITALS AND CLINICS TO VICTIMS OF DOMESTIC OR SEXUAL VIOLENCE 24-HOURS/DAY WHEN THE VICTIM HAS BEEN SEXUALLY ASSAULTED, WE ALSO WORK CLOSELY WITH THE SEXUAL ASSAULT NURSE EXAMINERS (SANE) PROGRAM TO SUPPORT THE VICTIM THROUGH THE EVIDENTIARY EXAM, ASSIST THEM IN REPORTING THE ASSAULT SHOULD THEY WISH TO FILE A POLICE REPORT, AND PROVIDE ONGOING EMOTIONAL SUPPORT AND REFERRALS TO THE VICTIM IN 2014, ADVOCATES RESPONDED TO 188 VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE AT OUR LOCAL HOSPITALS AND CLINICS COMMUNITY PROGRAM LEGAL ADVOCATES PROVIDE LEGAL ADVOCACY, SUPPORT, AND ASSISTANCE TO PRIMARY AND SECONDARY VICTIMS IN PERSON AND OVER THE PHONE AND IN 2014, REACHED OUT TO AND/OR FIELDLED CALLS FROM 4,956 CALLERS

4c (Code) (Expenses \$ 191,075 including grants of \$) (Revenue \$)
 YOUTH SERVICES PROGRAM OUR YOUTH SERVICES PROGRAM INTERVENES IN THE LIVES OF YOUTH WHO ARE EXPERIENCING ABUSE WITHIN A DATING RELATIONSHIP OR THEIR HOME, WHILE AT THE SAME TIME REACHES YOUTH BEFORE THE CYCLE EVER BEGINS YOUTH WHO ARE AT A CRITICAL STAGE IN THEIR LIVES, FORMING ATTITUDES AND BELIEFS THAT WILL AFFECT HOW THEY TREAT OR WILL BE TREATED BY DATING PARTNERS IN THE FUTURE ALEXANDRA HOUSE PARTNERS WITH SIX SCHOOL DISTRICTS IN ANOKA COUNTY TO PROVIDE ON-SITE, SCHOOL-BASED SUPPORT AND ADVOCACY SERVICES TO STUDENTS IMPACTED BY DATING VIOLENCE, SEXUAL VIOLENCE, AND DOMESTIC/FAMILY VIOLENCE IN ADDITION TO PROVIDING INDIVIDUAL ADVOCACY SESSIONS, ALEXANDRA HOUSE YOUTH SERVICES ADVOCATES FACILITATE SUPPORT GROUPS IN EACH OF THE HIGH SCHOOL PROGRAMS THEY ARE LOCATED WITHIN WHILE THE MAJORITY OF TIME SPENT IN THE HIGH SCHOOLS IS DEVOTED TO INTERVENING ONCE A STUDENT HAS BEEN IMPACTED BY VIOLENCE, ONE DAY EACH WEEK IS DEVOTED TO PROVIDING EDUCATION IN THE CLASSROOM SETTING AROUND THE ISSUE OF DATING VIOLENCE AND FOR THE PURPOSE OF MAKING STUDENTS AWARE OF AVAILABLE SERVICES AND HOW TO ACCESS THEM IN ORDER TO REACH YOUTH WHO MAY BE AT HIGHER RISK, YOUTH SERVICES ADVOCATES ALSO FACILITATE GROUPS AND EDUCATIONAL PRESENTATIONS WITH ADOLESCENT MALES AND FEMALES HOUSED AT THE LINO LAKES JUVENILE SECURE AND NON-SECURE FACILITIES IN 2005, THE YOUTH SERVICES PROGRAM LAUNCHED THE CENTERS FOR DISEASE CONTROLS (CDC) CHOOSE RESPECT CAMPAIGN, A PUBLIC AWARENESS INITIATIVE FOCUSED ON PREVENTING DATING VIOLENCE AND PROMOTING HEALTHY RELATIONSHIPS AMONG YOUTH TARGETING YOUTH AGED 11-14 YEARS, CHOOSE RESPECT INSPIRES YOUTH TO GIVE AND GET RESPECT IN ALL THEIR RELATIONSHIPS AND GUIDES THEM IN ATTAINING THE SKILLS NEEDED TO MAKE HEALTHY, POSITIVE DATING CHOICES THROUGHOUT THEIR LIVES YOUTH SERVICES PROGRAMMING EXTENDS INTO THE SUMMER MONTHS THROUGH PARTNERSHIPS DEVELOPED WITH LOCAL MOBILE HOME COMMUNITIES, LOCAL YMCAS, CHURCHES, LOCAL YOUTH INITIATIVES, AND OTHERS SERVICES PROVIDED INCLUDE A CHOOSE RESPECT SUMMER YOUTH GROUP AND FAMILY PROGRAMMING LOCATED ON-SITE AT SEVERAL MOBILE HOME COMMUNITIES IN ANOKA COUNTY THAT INCORPORATES A FAMILY MEAL, VIOLENCE PREVENTION EDUCATION, COMMUNITY RESOURCE SHARING, AND FAMILY FRIENDLY ACTIVITIES IN 2014, YOUTH SERVICES PROGRAM PROVIDED INDIVIDUAL ADVOCACY, SUPPORT GROUPS, CHOOSE RESPECT PROGRAMMING AND SUMMER OUTREACH ACTIVITIES TO 1369 CHILDREN, TEENS, AND PARENTS THEY ALSO GAVE 176 CLASSROOM PRESENTATIONS TO 7,294 STUDENTS AND TEACHERS FROM KINDERGARTEN THROUGH GRADE 12

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,088,340

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) <input checked="" type="checkbox"/>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I . . .</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . .</i>	27		No
28	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶DEB CORAZZO PO BOX 49039 BLAINE, MN 55449 (763) 780-2332

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See 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, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) LYNNE TELLERS BANKES CHAIR	1 00	X		X				0	0	0
(2) REV DR MARGARET GUELKER VICE CHAIR	1 00	X		X				0	0	0
(3) MARY ARNESON SECRETARY	1 00	X		X				0	0	0
(4) JANE CAMPE TREASURER	1 00	X		X				0	0	0
(5) DAVE BARTHOLOMAY BOARD MEMBER	1 00	X						0	0	0
(6) TONI CRAFT BOARD MEMBER	1 00	X						0	0	0
(7) ANNETTE GOFF BOARD MEMBER	1 00	X						0	0	0
(8) ANDRE KOEN BOARD MEMBER	1 00	X						0	0	0
(9) PAIGE SWENSON BOARD MEMBER	1 00	X						0	0	0
(10) DYLAN WARKENTIN BOARD MEMBER	1 00	X						0	0	0
(11) RANDALL WARREN MD BOARD MEMBER	1 00	X						0	0	0
(12) CONSTANCE MOORE EXECUTIVE DI	40 00			X				106,403	0	12,876

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		106,403	12,876

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	131,928				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	1,667,907				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	644,130				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	2,443,965				
Program Service Revenue	2a	TRAINING AND SPEAKERS	14,709	14,709			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	14,709				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	8,435			8,435	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			Less rental expenses				
			Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			Less cost or other basis and sales expenses				
			Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ 131,928 of contributions reported on line 1c) See Part IV, line 18	18,315				
	b	Less direct expenses b	39,473				
	c	Net income or (loss) from fundraising events	-21,158				
	9a	Gross income from gaming activities See Part IV, line 19					
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
		b					
		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME		5,048	5,048			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	5,048					
12	Total revenue. See Instructions	2,450,999	19,757		8,435		

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	121,756	73,056	24,351	24,349
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,324,510	1,130,070	148,748	45,692
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,589	13,551	4,518	4,520
9	Other employee benefits	155,026	140,028	14,280	718
10	Payroll taxes	105,015	87,513	12,540	4,962
11	Fees for services (non-employees)				
a	Management				
b	Legal	9,564	8,108	555	901
c	Accounting	11,996	10,734	480	782
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	146,893	131,434	5,889	9,570
12	Advertising and promotion	3,934	1,868	69	1,997
13	Office expenses	81,606	67,984	5,169	8,453
14	Information technology				
15	Royalties				
16	Occupancy	77,287	71,657	3,519	2,111
17	Travel	59,006	58,230	465	311
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,130	2,755	219	156
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	91,380	77,699	8,198	5,483
23	Insurance	16,248	14,136	1,259	853
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PROGRAM ACTIVITIES	76,495	76,495		
b	FOOD	54,734	54,734		
c	REPAIRS AND MAINTENANCE	44,802	39,417	3,366	2,019
d	STAFF DEVELOPMENT	10,986	10,161	352	473
e	All other expenses	33,967	18,710	9,972	5,285
25	Total functional expenses. Add lines 1 through 24e	2,450,924	2,088,340	243,949	118,635
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	7,079	1	4,287
	2 Savings and temporary cash investments	674,629	2	755,962
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	311,696	4	255,121
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		9	2,186
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,686,997		
	b Less accumulated depreciation	10b 1,928,829	813,701	10c 758,168
	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		15	57,515
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,807,105	16	1,833,239
Liabilities	17 Accounts payable and accrued expenses	107,236	17	87,680
	18 Grants payable		18	
	19 Deferred revenue	93,083	19	105,128
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	102,143	25	68,661
	26 Total liabilities. Add lines 17 through 25	302,462	26	261,469
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,492,976	27	1,571,770
	28 Temporarily restricted net assets	11,667	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	1,504,643	33	1,571,770	
34 Total liabilities and net assets/fund balances	1,807,105	34	1,833,239	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,450,999
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,450,924
3	Revenue less expenses Subtract line 2 from line 1	3	75
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,504,643
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	67,052
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,571,770

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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	Yes	
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?	Yes	
3b 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	

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization ALEXANDRA HOUSE INC

Employer identification number 41-1309977

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
f Enter the number of supported organizations
g Provide the following information about the supported organization(s)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,173,701	1,993,968	2,249,274	2,313,956	2,443,965	11,174,864
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,173,701	1,993,968	2,249,274	2,313,956	2,443,965	11,174,864
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						11,174,864

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,173,701	1,993,968	2,249,274	2,313,956	2,443,965	11,174,864
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,437	4,441	2,254	2,135	8,435	26,702
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,769	6,665	2,686	6,877	5,048	24,045
11 Total support. Add lines 7 through 10						11,225,611
12 Gross receipts from related activities, etc. (see instructions)					12 38,072	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.550 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	99.500 %

16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

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

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 24,045

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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 value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 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 Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items; 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items; 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 (ASC 958) relating to these items.

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 XIII

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 XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		103,660		103,660
b Buildings		1,021,620	993,471	28,149
c Leasehold improvements		664,268	462,079	202,189
d Equipment		865,788	446,535	419,253
e Other		31,661	26,744	4,917
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				758,168

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,461,672
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	13,073	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	13,073
3	Subtract line 2e from line 1		3	2,448,599
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	2,400	
c	Add lines 4a and 4b		4c	2,400
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,450,999

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,461,597
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	13,073	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	13,073
3	Subtract line 2e from line 1		3	2,448,524
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	2,400	
c	Add lines 4a and 4b		4c	2,400
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,450,924

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	INKINDS FOR SPECIAL EVENTS 2,400
SCHEDULE D, PAGE 4, PART XII, LINE 4B	INKINDS FOR SPECIAL EVENTS 2,400

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization ALEXANDRA HOUSE INC

Employer identification number

41-1309977

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

MN

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activities conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization
ALEXANDRA HOUSE INC

Employer identification number

41-1309977

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ALEXANDRA HOUSE PROVIDED IN-HOME CASE MANAGEMENT AND ADVOCACY TO 125 FAMILIES PROVIDING A LIMITED NUMBER OF ONGOING RENTAL SUBSIDIES, FINANCIAL SUPPORT IN THE MANNER OF DAMAGE DEPOSITS, ONE MONTH RENTAL ASSISTANCE, AND APPLICATION FEE ASSISTANCE. WE ASSIST CLIENTS IN GOING BACK TO SCHOOL, FINDING EMPLOYMENT, AND RE-ESTABLISHING OR REPAIRING THEIR CREDIT HISTORY. ALEXANDRA HOUSE CURRENTLY OFFERS SEVEN SUPPORT GROUPS TO SHELTER RESIDENTS AND COMMUNITY MEMBERS THAT INCLUDE DOMESTIC AND SEXUAL VIOLENCE WALK-IN GROUP, HEALING THROUGH WRITING GROUP, WOMENS ISSUES, COFFEE AND CONVERSATIONS EDUCATIONAL SEMINARS, RESTORATIVE PARENTING, MINDFULNESS AND MEDITATION, AND SELF-ESTEEM SUPPORT GROUP. CHILDREN AND TEENS STAYING IN THE SHELTER ARE ALSO OFFERED A WEEKLY SUPPORT GROUP. IN 2014, WE PROVIDED SUPPORT GROUP SERVICES TO 350 WOMEN AND KIDS. IN ADDITION, 68 VICTIMS BENEFITED FROM ONGOING THERAPY. IN 2014, WE SHELTERED AND PROVIDED ADVOCACY AND SUPPORT SERVICES TO 575 WOMEN AND CHILDREN AND 2 MEN.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>LEGAL ADVOCATES PROVIDED CRISIS INTERVENTION, ONGOING SUPPORT, AND CRIME VICTIM ADVOCACY THROUGHOUT CRIMINAL COURT PROCEEDINGS TO INCLUDE ACCOMPANYING VICTIMS TO COURT HEARINGS, SERVING AS A LIAISON TO PROSECUTORS, HELPING VICTIMS UNDERSTAND THE CRIMINAL COURT PROCESS AND CRIME VICTIM RIGHTS, AND ASSISTING THEM IN ACCESSING RESOURCES LIKE CRIME VICTIM ASSISTANCE, REPARATIONS, AND VICTIM NOTIFICATION. IN 2014, LEGAL ADVOCATES ASSISTED 144 CLIENTS IN FILING PROTECTION ORDERS AND PROVIDED SUPPORT AND ADVOCACY TO PETITIONERS AT 189 PROTECTION ORDER HEARINGS, OFF PROJECT ATTORNEYS PROVIDED LEGAL REPRESENTATION TO 66 PETITIONERS. THE COMMUNITY PROGRAM ALSO WORKS TO EDUCATE VICTIMS ON THEIR CIVIL LEGAL RIGHTS THROUGH THE FAMILY LAW LEGAL CLINIC OFFERED MONTHLY AND FACILITATED BY VOLUNTEER ATTORNEYS, VICTIMS ARE PROVIDED GENERAL INFORMATION RELATED TO FAMILY LAW ISSUES AND THEN GIVEN AN OPPORTUNITY TO MEET 1-1 WITH AN ATTORNEY TO DISCUSS AND OBTAIN LEGAL ADVICE ON THEIR SPECIFIC LEGAL ISSUE. IN 2014, 30 VICTIMS BENEFITED FROM THIS SERVICE. ALEXANDRA HOUSE ADVOCATES ALSO WORK WITH VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE IDENTIFIED BY HEALTH CARE PERSONNEL. IN PARTNERSHIP WITH MERCY AND UNITY HOSPITALS AND SELECT ALLINA AFFILIATED CLINICS, ADVOCATES PROVIDE IN-PERSON, PATIENT FOLLOW-UP AT LOCAL HOSPITALS AND CLINICS TO VICTIMS OF DOMESTIC OR SEXUAL VIOLENCE 24-HOURS/DAY. WHEN THE VICTIM HAS BEEN SEXUALLY ASSAULTED, WE ALSO WORK CLOSELY WITH THE SEXUAL ASSAULT NURSE EXAMINERS (SANE) PROGRAM TO SUPPORT THE VICTIM THROUGH THE EVIDENTIARY EXAM, ASSIST THEM IN REPORTING THE ASSAULT SHOULD THEY WISH TO FILE A POLICE REPORT, AND PROVIDE ONGOING EMOTIONAL SUPPORT AND REFERRALS TO THE VICTIM. IN 2014, ADVOCATES RESPONDED TO 188 VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE AT OUR LOCAL HOSPITALS AND CLINICS. COMMUNITY PROGRAM LEGAL ADVOCATES PROVIDE LEGAL ADVOCACY, SUPPORT, AND ASSISTANCE TO PRIMARY AND SECONDARY VICTIMS IN PERSON AND OVER THE PHONE AND IN 2014, REACHED OUT TO AND/OR FIELDED CALLS FROM 4,956 CALLERS.</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>THE MAJORITY OF TIME SPENT IN THE HIGH SCHOOLS IS DEVOTED TO INTERVENING ONCE A STUDENT HAS BEEN IMPACTED BY VIOLENCE, ONE DAY EACH WEEK IS DEVOTED TO PROVIDING EDUCATION IN THE CLASSROOM SETTING AROUND THE ISSUE OF DATING VIOLENCE AND FOR THE PURPOSE OF MAKING STUDENTS AWARE OF AVAILABLE SERVICES AND HOW TO ACCESS THEM IN ORDER TO REACH YOUTH WHO MAY BE AT HIGHER RISK, YOUTH SERVICES ADVOCATES ALSO FACILITATE GROUPS AND EDUCATIONAL PRESENTATIONS WITH ADOLESCENT MALES AND FEMALES HOUSED AT THE LINO LAKES JUVENILE SECURE AND NON-SECURE FACILITIES IN 2005, THE YOUTH SERVICES PROGRAM LAUNCHED THE CENTERS FOR DISEASE CONTROLS (CDC) CHOOSE RESPECT CAMPAIGN, A PUBLIC AWARENESS INITIATIVE FOCUSED ON PREVENTING DATING VIOLENCE AND PROMOTING HEALTHY RELATIONSHIPS AMONG YOUTH TARGETING YOUTH AGED 11-14 YEARS, CHOOSE RESPECT INSPIRES YOUTH TO GIVE AND GET RESPECT IN ALL THEIR RELATIONSHIPS AND GUIDES THEM IN ATTAINING THE SKILLS NEEDED TO MAKE HEALTHY, POSITIVE DATING CHOICES THROUGHOUT THEIR LIVES YOUTH SERVICES PROGRAMMING EXTENDS INTO THE SUMMER MONTHS THROUGH PARTNERSHIPS DEVELOPED WITH LOCAL MOBILE HOME COMMUNITIES, LOCAL YMCAS, CHURCHES, LOCAL YOUTH INITIATIVES, AND OTHERS SERVICES PROVIDED INCLUDE A CHOOSE RESPECT SUMMER YOUTH GROUP AND FAMILY PROGRAMMING LOCATED ON-SITE AT SEVERAL MOBILE HOME COMMUNITIES IN ANOKA COUNTY THAT INCORPORATES A FAMILY MEAL, VIOLENCE PREVENTION EDUCATION, COMMUNITY RESOURCE SHARING, AND FAMILY FRIENDLY ACTIVITIES IN 2014, YOUTH SERVICES PROGRAM PROVIDED INDIVIDUAL ADVOCACY, SUPPORT GROUPS, CHOOSE RESPECT PROGRAMMING AND SUMMER OUTREACH ACTIVITIES TO 1369 CHILDREN, TEENS, AND PARENTS THEY ALSO GAVE 176 CLASSROOM PRESENTATIONS TO 7,294 STUDENTS AND TEACHERS FROM KINDERGARTEN THROUGH GRADE 12</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 WILL BE PRESENTED TO THE FINANCE COMMITTEE. AFTER REVIEWING, THE FINANCE COMMITTEE WILL RECOMMEND THE 990 TO THE BOARD OF DIRECTORS FOR FULL BOARD APPROVAL BEFORE FILING

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION PARTICIPATES IN A BI-ANNUAL SALARY SURVEY WITH MINNESOTA COUNCIL OF NON-PROFITS AND COMPLETE AN ANNUAL REVIEW OF LIKE ORGANIZATIONS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ONLINE AT WWW GUIDESTAR.ORG

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INKINDS FOR SPECIAL EVENTS -2,400 INKINDS FOR SPECIAL EVENTS 2,400

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN ACCOUNTING PRINCIPAL 67,052 TO RECORD UMEMPLOYMENT SERVICE 0 TRUST ACCOUNT ON BALANCE SHEET 0

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

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

OMB No 1545-0172
2014
 Attachment
 Sequence No **179**

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Name(s) shown on return ALEXANDRA HOUSE INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 41-1309977
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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 instructions)	1	500,000
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	2,000,000
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 2013 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 2015 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 instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	96,262

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 2014	17	
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 2014 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	

Section C—Assets Placed in Service During 2014 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 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	96,262
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No
24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first)
(b) Date placed in service
(c) Business/investment use percentage
(d) Cost or other basis
(e) Basis for depreciation (business/investment use only)
(f) Recovery period
(g) Method/Convention
(h) Depreciation/deduction
(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)
43 Amortization of costs that began before your 2014 tax year
44 Total. Add amounts in column (f) See the instructions for where to report