

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)

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: ALEXANDRA HOUSE INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 10065 3RD ST NE
 City or town, state or province, country, and ZIP or foreign postal code: BLAINE, MN 55434

D Employer identification number: 41-1309977
E Telephone number: (763) 656-1361
G Gross receipts \$, 2,959,310

F Name and address of principal officer:
 CONSTANCE MOORE
 10065 3RD ST NE
 BLAINE, MN 55434

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.ALEXANDRAHOUSE.ORG

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

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 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	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	88
6 Total number of volunteers (estimate if necessary)	6	260
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,903,043	2,913,650
9 Program service revenue (Part VIII, line 2g)	2,609	1,150
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,740	847
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-31,977	-13,704
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,876,415	2,901,943
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
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)	2,289,297	2,168,504
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 243,268		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	893,610	949,040
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,182,907	3,117,544
19 Revenue less expenses. Subtract line 18 from line 12	-306,492	-215,601

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,625,505	1,426,243
21 Total liabilities (Part X, line 26)	201,239	217,578
22 Net assets or fund balances. Subtract line 21 from line 20	1,424,266	1,208,665

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: _____ Date: 2020-04-30
 CONSTANCE MOORE EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-04-30
 Check if self-employed PTIN: P00838472
 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

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 \$ 1,556,166 including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 1,009,513 including grants of \$) (Revenue \$ 1,150)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 2,565,679

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

		Yes	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>		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>		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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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.	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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. Own website, Another's website, Upon request, 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 10065 3RD ST NE BLAINE, MN 55434 (763) 780-2332

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	160,725		
	d Related organizations	1d			
	e Government grants (contributions)	1e	2,283,795		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	469,130		
	g Noncash contributions included in lines 1a - 1f: \$	1g	8,398		
	h Total. Add lines 1a-1f		2,913,650		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a TRAINING AND SPEAKERS		900099	1,150	1,150		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			1,150			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		847			847		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ 160,725 of contributions reported on line 1c). See Part IV, line 18	8a		33,501				
			b Less: direct expenses	8b	57,367			
			c Net income or (loss) from fundraising events		-23,866			
	9a Gross income from gaming activities. See Part IV, line 19	9a						
			b Less: direct expenses	9b				
			c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a MISCELLANEOUS INCOME	900099	10,162	10,162					
b								
c								
d All other revenue								
e Total. Add lines 11a-11d		10,162						
12 Total revenue. See instructions		2,901,943	11,312		847			

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	139,976	69,988	27,995	41,993
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	1,657,801	1,348,539	190,025	119,237
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	31,702	26,450	4,001	1,251
9 Other employee benefits	194,143	158,447	25,343	10,353
10 Payroll taxes	144,882	120,449	17,454	6,979
11 Fees for services (non-employees):				
a Management				
b Legal	7,065	7,065		
c Accounting	69,154	60,164	4,841	4,149
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)	157,617	140,575	5,679	11,363
12 Advertising and promotion	7,274	6,271	502	501
13 Office expenses	133,161	111,621	9,149	12,391
14 Information technology				
15 Royalties				
16 Occupancy	123,476	102,906	7,300	13,270
17 Travel	22,136	20,909	496	731
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,222	80,953	6,485	5,784
23 Insurance	18,072	15,586	2,068	418
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 OTHER CLIENT EXPENSES	159,741	159,741		
b FOOD	58,699	58,699		
c REPAIRS AND MAINTENANCE	38,329	36,689	1,640	
d DUES AND SUBSCRIPTIONS	12,189	10,676	752	761
e All other expenses	48,905	29,951	4,867	14,087
25 Total functional expenses. Add lines 1 through 24e	3,117,544	2,565,679	308,597	243,268
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	14,129	1	15,773
	2 Savings and temporary cash investments	370,286	2	389,215
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	337,602	4	218,773
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,955	9	19,614
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,328,093		
	b Less: accumulated depreciation	10b 1,580,276	810,499	10c 747,817
	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	47,034	15	35,051
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,625,505	16	1,426,243	
Liabilities	17 Accounts payable and accrued expenses	153,528	17	160,107
	18 Grants payable		18	
	19 Deferred revenue	14,850	19	29,700
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	32,861	25	27,771
	26 Total liabilities. Add lines 17 through 25	201,239	26	217,578
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,424,266	27	1,208,665
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,424,266	32	1,208,665	
33 Total liabilities and net assets/fund balances	1,625,505	33	1,426,243	

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	2,901,943
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,117,544
3	Revenue less expenses. Subtract line 2 from line 1	3	-215,601
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,424,266
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,208,665

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b 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:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 41-1309977

Name: ALEXANDRA HOUSE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

ALEXANDRA HOUSE PROGRAMS OFFER A CONTINUUM OF SERVICES TO VICTIMS/SURVIVORS OF DOMESTIC VIOLENCE, SEXUAL VIOLENCE, DATING VIOLENCE, AND ABUSE IN LATER LIFE. OUR EMERGENCY SHELTER OFFERS IMMEDIATE SAFETY, CRISIS INTERVENTION, AND SUPPORT TO VICTIMS FLEEING FROM ABUSIVE RELATIONSHIPS, WHILE OUR MANY OTHER PROGRAMS ARE DESIGNED TO ASSIST VICTIMS/SURVIVORS WHO ARE AT VARIOUS STAGES IN THEIR RECOVERY - ASSISTING THEM IN MOVING BEYOND THEIR IMMEDIATE CRISIS TO REGAIN HOPE FOR A BETTER FUTURE, ACHIEVE LONG TERM EMOTIONAL AND ECONOMIC STABILITY, LIVE FREE FROM VIOLENCE AND ABUSE, AND BECOME FULLY ENGAGED, PARTICIPATING MEMBERS OF THEIR COMMUNITY. IN 2019, ALEXANDRA HOUSE PROVIDED DIRECT SERVICES TO OVER 2,441 UNDUPLICATED VICTIMS/SURVIVORS- WOMEN, MEN AND YOUTH. THE ORGANIZATION'S PROGRAMS ARE AS FOLLOWS: HOUSING & SUPPORT SERVICES PROGRAM SHELTER SERVICES: 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, IN PARTNERSHIP WITH THE ANOKA HENNEPIN SCHOOL DISTRICT, OFFERS SCHOOL AT AN ALTERNATIVE SITE FOR CHILDREN IN GRADES K-12, ENSURING A SAFE AND NURTURING ENVIRONMENT. THIS PARTNERSHIP ALSO OFFERS PRE-K EDUCATION ON-SITE. IN 2019, WE SHELTERED AND PROVIDED ADVOCACY AND SUPPORT SERVICES TO 453 WOMEN, CHILDREN, AND MEN TOTALING 13,654 NIGHTS OF SAFETY. ADVOCATES FROM ALL PROGRAMS PROVIDED ADVOCACY AND SUPPORT TO 3,860 PRIMARY AND SECONDARY VICTIMS VIA OUR HELP LINE AND OVER THE PHONE. FOLLOW UP SERVICES: FOLLOW UP SERVICES ADVOCATES WORK WITH INDIVIDUALS AND FAMILIES TO EMPOWER AND SUPPORT THEM AS THEY WORK TOWARD THEIR GOALS OF SAFETY, HEALING, AND SELF-SUFFICIENCY. EACH CLIENT IS MET WITH IN A SAFE AND PERSONAL SETTING, USUALLY IN THEIR HOME. THE CLIENT EVALUATES WHERE THEY HAVE BEEN, BUT, MORE IMPORTANTLY, WHERE THEY WOULD LIKE TO BE. CLIENTS WORK WITH THEIR ADVOCATE TO IDENTIFY STRENGTHS AND NEEDS; AND GATHER TOOLS AND RESOURCES TO EQUIP THEM TO MAKE POSITIVE CHANGE. CLIENTS ARE PROVIDED HOUSING ASSISTANCE; GOAL SETTING (CLIENT DRIVEN AND CAN INCLUDE PARENTING, HEALTH, EDUCATION, DEBT, EMPLOYMENT, LEGAL, ETC.); HELP IN NAVIGATING SYSTEMS AND ACCESSING COMMUNITY RESOURCES; ASSISTANCE IN BUILDING PERSONAL SUPPORT NETWORKS; COORDINATION OF INTERNAL SERVICES (SUPPORT GROUPS, THERAPY, LEGAL ADVOCACY); AND FINANCIAL AND BASIC NEEDS ASSISTANCE TO INCLUDE APPLICATION FEES, DAMAGE DEPOSITS, UTILITIES, FOOD SHELF, HOUSEHOLD/PERSONAL CARE ITEMS, AND TRANSPORTATION. IN 2019, 129 HOUSEHOLDS PARTICIPATED IN THE FOLLOW UP PROGRAM. ABUSE IN LATER LIFE SERVICES: IN ADDITION TO CONDUCTING OUTREACH TO OLDER VICTIMS IN THE COMMUNITY, WE ALSO OFFER ONGOING, IN-HOME CASE MANAGEMENT AND SUPPORT SERVICES TO VICTIMS OF ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION IN ANOKA COUNTY. SERVICES OFFERED INCLUDE IN-HOME CASE MANAGEMENT, FINANCIAL ASSISTANCE, LEGAL ASSISTANCE, AND MORE. IN ADDITION, A 24-HOUR ABUSE IN LATER LIFE HELPLINE WAS IMPLEMENTED AND, IN COLLABORATION WITH ADULT PROTECTION, WE PARTNER ON CASES WHERE THE OLDER VICTIM IS/MAY BE A VULNERABLE ADULT. THIS PROGRAM SERVED 55 OLDER ADULT VICTIMS IN 2019. SUPPORT GROUP SERVICES: ALEXANDRA HOUSE CURRENTLY OFFERS SIX SUPPORT GROUPS TO SHELTER RESIDENTS AND COMMUNITY MEMBERS THAT INCLUDED: SUPPORT AND HEALING FOR SURVIVORS OF SEXUAL AND DOMESTIC VIOLENCE; HEALING THROUGH THE ARTS GROUP; SEXUAL VIOLENCE SUPPORT GROUP; CHILDREN AND TEEN SUPPORT GROUP FOR SHELTER CLIENTS; COFFEE AND CONVERSATIONS EDUCATIONAL SEMINARS; AND "ON OUR WAY" GROUP FOR WOMEN AGES 50+ AND OLDER. IN 2019, WE PROVIDED 578 SUPPORT GROUP SESSIONS TO 114 WOMEN AND KIDS.

Form 990, Part III, Line 4b:

COMMUNITY PROGRAM LEGAL ADVOCACY SERVICES: 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 ADVOCACY, HOSPITAL ADVOCACY, COMMUNITY EDUCATION, AND YOUTH SERVICES 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 2019, ALEXANDRA HOUSE RECEIVED 658 REFERRALS FROM LAW ENFORCEMENT; OF THOSE REFERRALS, 474 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 2019, LEGAL ADVOCATES ASSISTED 122 CLIENTS IN FILING PROTECTION ORDERS AND PROVIDED SUPPORT AND ADVOCACY TO PETITIONERS AT 145 PROTECTION ORDER HEARINGS; OFP PROJECT ATTORNEYS PROVIDED LEGAL REPRESENTATION TO 53 PETITIONERS. HOSPITAL ADVOCACY SERVICES: 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 4- 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 COMMUNITY EDUCATION: ALEXANDRA HOUSE UNDERSTANDS THAT EDUCATION IS CRITICAL TO CREATING SIGNIFICANT, LONG-TERM CHANGE. WE OFFER FREE PRESENTATIONS AND FACILITATED DIALOGUES TO COMMUNITY GROUPS AND INDIVIDUALS ON THE BASICS OF DOMESTIC AND/OR SEXUAL VIOLENCE, SIGNS, INTERVENTION, AND AWARENESS. THIS IS A NON-THREATENING WAY TO LEARN MORE ABOUT THE ISSUES AND TAKE A STAND THROUGH PARTNERSHIP WITH ALEXANDRA HOUSE. ALEXANDRA HOUSE ALSO OFFERS A WIDE VARIETY OF TRAININGS TAILORED FOR VARIOUS PROFESSIONAL GROUPS SUCH AS FIRST RESPONDERS, CUSTOMER SERVICE, CLERGY AND LAY LEADERS, AND IN CORPORATE SETTINGS. IN 2019, 6,129 COMMUNITY MEMBERS INCREASED THEIR AWARENESS AND KNOWLEDGE THROUGH COMMUNITY EDUCATION PRESENTATIONS, PROFESSIONAL TRAININGS, RESOURCE FAIRS, AND COMMUNITY EVENTS. YOUTH SERVICES: OUR YOUTH SERVICE PROGRAM INTERVENES IN THE LIVES OF YOUTH WHO ARE EXPERIENCING VIOLENCE IN A DATING RELATIONSHIP OR WITHIN THEIR HOMES. WE REMOVE BARRIERS YOUTH FACE IN ACCESSING SAFE, CONFIDENTIAL SERVICES BY PARTNERING WITH SIX LOCAL SCHOOL DISTRICTS AND THE LINO LAKES JUVENILE CORRECTIONAL FACILITY TO BRING SERVICES TO THEM. ADVOCATES SPEND ONE HALF DAY WEEKLY AT EVERY HIGH SCHOOL AND ALTERNATIVE PROGRAM IN ANOKA-HENNEPIN, SPRING LAKE PARK, CENTENNIAL, FRIDLEY, COLUMBIA HEIGHTS, AND ST. FRANCIS SCHOOL DISTRICTS. IN ADDITION TO MEETING INDIVIDUALLY WITH STUDENTS, ADVOCATES FACILITATE WEEKLY HEALTHY RELATIONSHIP GROUPS IN EACH OF THEIR SCHOOLS. ONE DAY EACH WEEK IS SET ASIDE TO PROVIDE EDUCATION IN THE CLASSROOM SETTING ON HEALTHY RELATIONSHIPS AND DATING/SEXUAL VIOLENCE AND MAKE STUDENTS AWARE OF AVAILABLE SERVICES AND HOW TO ACCESS THEM. WE ALSO PROVIDE SUPPORT GROUPS AND ADVOCACY DURING THE SCHOOL YEAR TO YOUTH WHO RESIDE IN ONE OF THREE PROGRAMS OF THE LINO LAKES JUVENILE CORRECTIONAL FACILITY. DURING SUMMER MONTHS, YOUTH SERVICES ADVOCATES WORK WITH FAMILIES IN TWO MOBILE HOME COMMUNITIES TO FOSTER PARENT/CHILD INTERACTION, BUILD RELATIONSHIPS, PROVIDE INFORMATION ABOUT OUR SERVICES, AND CONNECT FAMILIES TO COMMUNITY RESOURCES THROUGH FAIRS, WEEKLY SPEAKERS, AND SHARING EVENING MEALS. IN ADDITION, WE PARTNER WITH 10 SITES THROUGHOUT ANOKA COUNTY TO OFFER INTERACTIVE, EDUCATIONAL PRESENTATIONS ON HEALTHY RELATIONSHIPS AND BYSTANDER INTERVENTION TO MIDDLE SCHOOL AGE YOUTH. WE RAMP UP OUR WORK WITH THE JUVENILE FACILITY DURING SUMMER MONTHS, OFFERING TWO WEEKLY GROUPS IN EACH OF THEIR THREE PROGRAMS. IN 2019, THE YOUTH SERVICES PROGRAM PROVIDED INDIVIDUAL ADVOCACY, SUPPORT GROUPS, AND SUMMER PROGRAMMING TO 1,680 CHILDREN, TEENS, AND PARENTS. THEY ALSO PROVIDED 193 CLASSROOM PRESENTATIONS THAT REACHED 4,297 STUDENTS.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,567,557	3,088,294	3,490,341	2,903,043	2,913,650	14,962,885
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	2,567,557	3,088,294	3,490,341	2,903,043	2,913,650	14,962,885
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.						14,962,885

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . . .	2,567,557	3,088,294	3,490,341	2,903,043	2,913,650	14,962,885
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,820	2,036	2,562	2,831	847	10,096
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.). . . .						
11 Total support. Add lines 7 through 10						14,972,981
12 Gross receipts from related activities, etc. (see instructions)					12	142,230

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 2019 (line 6, column (f) divided by line 11, column (f))	14	99.930 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.880 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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)		

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and revenue/asset amounts.

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" on 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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" on 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 on 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:

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

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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" on 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		901,140	761,333	139,807
c Leasehold improvements		913,827	485,433	428,394
d Equipment		396,638	320,682	75,956
e Other		12,828	12,828	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				747,817

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	27,771

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,928,771
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	26,828	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	26,828
3	Subtract line 2e from line 1		3	2,901,943
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,901,943

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,144,372
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	26,828	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	26,828
3	Subtract line 2e from line 1		3	3,117,544
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		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,117,544

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	
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Part XIII **Supplemental Information (continued)**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on 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.

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

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" on 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... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

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 a Total row at the bottom.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		HOPE GALA (event type)	HOPEFEST (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	146,555	31,196	16,475	194,226
	2 Less: Contributions	118,850	25,400	16,475	160,725
	3 Gross income (line 1 minus line 2)	27,705	5,796		33,501
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	6,000			6,000
	6 Rent/facility costs	3,000			3,000
	7 Food and beverages	19,505			19,505
	8 Entertainment	3,290	6,706		9,996
	9 Other direct expenses	9,350	9,516		18,866
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				57,367
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-23,866	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| 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
Name of the organization
ALEXANDRA HOUSE INC

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

41-1309977

990 Schedule O, Organizational Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>ALEXANDRA HOUSE PROGRAMS OFFER A CONTINUUM OF SERVICES TO VICTIMS/SURVIVORS OF DOMESTIC VIOLENCE, SEXUAL VIOLENCE, DATING VIOLENCE, AND ABUSE IN LATER LIFE. OUR EMERGENCY SHELTER OFFERS IMMEDIATE SAFETY, CRISIS INTERVENTION, AND SUPPORT TO VICTIMS FLEEING FROM ABUSIVE RELATIONSHIPS, WHILE OUR MANY OTHER PROGRAMS ARE DESIGNED TO ASSIST VICTIMS/SURVIVORS WHO ARE AT VARIOUS STAGES IN THEIR RECOVERY - ASSISTING THEM IN MOVING BEYOND THEIR IMMEDIATE CRISIS TO REGAIN HOPE FOR A BETTER FUTURE, ACHIEVE LONG TERM EMOTIONAL AND ECONOMIC STABILITY, LIVE FREE FROM VIOLENCE AND ABUSE, AND BECOME FULLY ENGAGED, PARTICIPATING MEMBERS OF THEIR COMMUNITY. IN 2019, ALEXANDRA HOUSE PROVIDED DIRECT SERVICES TO OVER 2,441 UNDUPLICATED VICTIMS/SURVIVORS- WOMEN, MEN AND YOUTH. THE ORGANIZATION'S PROGRAMS ARE AS FOLLOWS: HOUSING & SUPPORT SERVICES PROGRAM SHELTER SERVICES: 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, IN PARTNERSHIP WITH THE ANOKA HENNEPIN SCHOOL DISTRICT, OFFERS SCHOOL AT AN ALTERNATIVE SITE FOR CHILDREN IN GRADES K-12, ENSURING A SAFE AND NURTURING ENVIRONMENT. THIS PARTNERSHIP ALSO OFFERS PRE-K EDUCATION ON-SITE. IN 2019, WE SHELTERED AND PROVIDED ADVOCACY AND SUPPORT SERVICES TO 453 WOMEN, CHILDREN, AND MEN TOTALING 13,654 NIGHTS OF SAFETY. ADVOCATES FROM ALL PROGRAMS PROVIDED ADVOCACY AND SUPPORT TO 3,860 PRIMARY AND SECONDARY VICTIMS VIA OUR HELP LINE AND OVER THE PHONE. FOLLOW UP SERVICES: FOLLOW UP SERVICES ADVOCATES WORK WITH INDIVIDUALS AND FAMILIES TO EMPOWER AND SUPPORT THEM AS THEY WORK TOWARD THEIR GOALS OF SAFETY, HEALING, AND SELF-SUFFICIENCY. EACH CLIENT IS MET WITH IN A SAFE AND PERSONAL SETTING, USUALLY IN THEIR HOME. THE CLIENT EVALUATES WHERE THEY HAVE BEEN, BUT, MORE IMPORTANTLY, WHERE THEY WOULD LIKE TO BE. CLIENTS WORK WITH THEIR ADVOCATE TO IDENTIFY STRENGTHS AND NEEDS; AND GATHER TOOLS AND RESOURCES TO EQUIP THEM TO MAKE POSITIVE CHANGE. CLIENTS ARE PROVIDED HOUSING ASSISTANCE; GOAL SETTING (CLIENT DRIVEN AND CAN INCLUDE PARENTING, HEALTH, EDUCATION, DEBT, EMPLOYMENT, LEGAL, ETC.); HELP IN NAVIGATING SYSTEMS AND ACCESSING COMMUNITY RESOURCES; ASSISTANCE IN BUILDING PERSONAL SUPPORT NETWORKS; COORDINATION OF INTERNAL SERVICES (SUPPORT GROUPS, THERAPY, LEGAL ADVOCACY); AND FINANCIAL AND BASIC NEEDS ASSISTANCE TO INCLUDE APPLICATION FEES, DAMAGE DEPOSITS, UTILITIES, FOOD SHELF, HOUSEHOLD/PERSONAL CARE ITEMS, AND TRANSPORTATION. IN 2019, 129 HOUSEHOLDS PARTICIPATED IN THE FOLLOW</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>UP PROGRAM. ABUSE IN LATER LIFE SERVICES: IN ADDITION TO CONDUCTING OUTREACH TO OLDER VICTIMS IN THE COMMUNITY, WE ALSO OFFER ONGOING, IN-HOME CASE MANAGEMENT AND SUPPORT SERVICES TO VICTIMS OF ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION IN ANOKA COUNTY. SERVICES OFFERED INCLUDE IN-HOME CASE MANAGEMENT, FINANCIAL ASSISTANCE, LEGAL ASSISTANCE, AND MORE. IN ADDITION, A 24-HOUR ABUSE IN LATER LIFE HELPLINE WAS IMPLEMENTED AND, IN COLLABORATION WITH ADULT PROTECTION, WE PARTNER ON CASES WHERE THE OLDER VICTIM IS/MAY BE A VULNERABLE ADULT. THIS PROGRAM SERVED 55 OLDER ADULT VICTIMS IN 2019. SUPPORT GROUP SERVICES: ALEXANDRA HOUSE CURRENTLY OFFERS SIX SUPPORT GROUPS TO SHELTER RESIDENTS AND COMMUNITY MEMBERS THAT INCLUDED: SUPPORT AND HEALING FOR SURVIVORS OF SEXUAL AND DOMESTIC VIOLENCE; HEALING THROUGH THE ARTS GROUP; SEXUAL VIOLENCE SUPPORT GROUP; CHILDREN AND TEEN SUPPORT GROUP FOR SHELTER CLIENTS; COFFEE AND CONVERSATIONS EDUCATIONAL SEMINARS; AND "ON OUR WAY" GROUP FOR WOMEN AGES 50+ AND OLDER. IN 2019, WE PROVIDED 578 SUPPORT GROUP SESSIONS TO 114 WOMEN AND KIDS.</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>COMMUNITY PROGRAM LEGAL ADVOCACY SERVICES: 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 ADVOCACY, HOSPITAL ADVOCACY, COMMUNITY EDUCATION, AND YOUTH SERVICES 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 2019, ALEXANDRA HOUSE RECEIVED 658 REFERRALS FROM LAW ENFORCEMENT; OF THOSE REFERRALS, 474 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 2019, LEGAL ADVOCATES ASSISTED 122 CLIENTS IN FILING PROTECTION ORDERS AND PROVIDED SUPPORT AND ADVOCACY TO PETITIONERS AT 145 PROTECTION ORDER HEARINGS; OFF PROJECT ATTORNEYS PROVIDED LEGAL REPRESENTATION TO 53 PETITIONERS. HOSPITAL ADVOCACY SERVICES: 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 4- HOURS/DAY. WHEN THE VICTIM HAS BEEN SEXUALLY ASSAULTED, WE ALSO WORK CLOSELY WITH THE SEXUAL ASSAULT NURSE EXAMINER (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 COMMUNITY EDUCATION: ALEXANDRA HOUSE UNDERSTANDS THAT EDUCATION IS CRITICAL TO CREATING SIGNIFICANT, LONG-TERM CHANGE. WE OFFER FREE PRESENTATIONS AND FACILITATED DIALOGUES TO COMMUNITY GROUPS AND INDIVIDUALS ON THE BASICS OF DOMESTIC AND/OR SEXUAL VIOLENCE, SIGNS, INTERVENTION, AND AWARENESS. THIS IS A NON-THREATENING WAY TO LEARN MORE ABOUT THE ISSUES AND TAKE A STAND THROUGH PARTNERSHIP WITH ALEXANDRA HOUSE. ALEXANDRA HOUSE ALSO OFFERS A WIDE VARIETY OF TRAININGS TAILORED FOR VARIOUS PROFESSIONAL GROUPS SUCH AS FIRST RESPONDERS, CUSTOMER SERVICE, CLERGY AND LAY LEADERS, AND IN CORPORATE SETTINGS. IN 2019, 6,129 COMMUNITY MEMBERS INCREASED THEIR AWARENESS AND KNOWLEDGE THROUGH COMMUNITY EDUCATION PRESENTATIONS, PROFESSIONAL TRAININGS, RESOURCE FAIRS, AND COMMUNITY EVENTS. YOUTH SERVICES: OUR YOUTH SERVICE PROGRAM INTERVENES IN THE LIVES OF YOUTH WHO ARE EXPERIENCING VIOL</p>

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FORM 990, PAGE 2, PART III, LINE 4B	<p>ENCE IN A DATING RELATIONSHIP OR WITHIN THEIR HOMES. WE REMOVE BARRIERS YOUTH FACE IN ACCE SSING SAFE, CONFIDENTIAL SERVICES BY PARTNERING WITH SIX LOCAL SCHOOL DISTRICTS AND THE LI NO LAKES JUVENILE CORRECTIONAL FACILITY TO BRING SERVICES TO THEM. ADVOCATES SPEND ONE HAL F DAY WEEKLY AT EVERY HIGH SCHOOL AND ALTERNATIVE PROGRAM IN ANOKA- HENNEPIN, SPRING LAKE PARK, CENTENNIAL, FRIDLEY, COLUMBIA HEIGHTS, AND ST. FRANCIS SCHOOL DISTRICTS. IN ADDITION TO MEETING INDIVIDUALLY WITH STUDENTS, ADVOCATES FACILITATE WEEKLY HEALTHY RELATIONSHIP G ROUPS IN EACH OF THEIR SCHOOLS. ONE DAY EACH WEEK IS SET ASIDE TO PROVIDE EDUCATION IN THE CLASSROOM SETTING ON HEALTHY RELATIONSHIPS AND DATING/SEXUAL VIOLENCE AND MAKE STUDENTS A WARE OF AVAILABLE SERVICES AND HOW TO ACCESS THEM. WE ALSO PROVIDE SUPPORT GROUPS AND ADVO CACY DURING THE SCHOOL YEAR TO YOUTH WHO RESIDE IN ONE OF THREE PROGRAMS OF THE LINO LAKES JUVENILE CORRECTIONAL FACILITY. DURING SUMMER MONTHS, YOUTH SERVICES ADVOCATES WORK WITH FAMILIES IN TWO MOBILE HOME COMMUNITIES TO FOSTER PARENT/CHILD INTERACTION, BUILD RELATION SHIPS, PROVIDE INFORMATION ABOUT OUR SERVICES, AND CONNECT FAMILIES TO COMMUNITY RESOURCES THROUGH FAIRS, WEEKLY SPEAKERS, AND SHARING EVENING MEALS. IN ADDITION, WE PARTNER WITH 1 0 SITES THROUGHOUT ANOKA COUNTY TO OFFER INTERACTIVE, EDUCATIONAL PRESENTATIONS ON HEALTHY RELATIONSHIPS AND BYSTANDER INTERVENTION TO MIDDLE SCHOOL AGE YOUTH. WE RAMP UP OUR WORK WITH THE JUVENILE FACILITY DURING SUMMER MONTHS, OFFERING TWO WEEKLY GROUPS IN EACH OF THE IR THREE PROGRAMS. IN 2019, THE YOUTH SERVICES PROGRAM PROVIDED INDIVIDUAL ADVOCACY, SUPPO RT GROUPS, AND SUMMER PROGRAMMING TO 1,680 CHILDREN, TEENS, AND PARENTS. THEY ALSO PROVIDE D 193 CLASSROOM PRESENTATIONS THAT REACHED 4,297 STUDENTS.</p>

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

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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.

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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.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE 990 IS AVAILABLE VIA GUIDESTAR (AN INFORMATION SERVICE SPECIALIZING IN REPORTING ON US NONPROFIT COMPANIES).