

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>The Arlington-Alexandria Coalition for the Homeless</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3103 9th Road, North</b> City, town, or post office, state, and ZIP code <b>Arlington, VA 22201</b>	<b>D</b> Employer identification number <b>54-1368484</b> <b>E</b> Telephone number <b>703-525-7177</b> <b>G</b> Gross receipts \$ <b>1,669,646.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) / (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>F</b> Name and address of principal officer: <b>Michael J. O'Rourke</b> same as C above
<b>J</b> Website:   <a href="http://www.aachhomeless.org">www.aachhomeless.org</a>		<b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>VA</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>Aid the homeless towards permanent self-sufficiency and independence through homeless</b>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>15</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>15</b>
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>		<b>25</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>		<b>325</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0.</b>
Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>1,650,558.</b>	<b>Prior Year</b>	<b>1,647,078.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>Current Year</b>	<b>0.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,631.</b>		<b>2,219.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-2,688.</b>		<b>0.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 000	<b>1,649,501.</b>		<b>1,649,297.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>443,899.</b>		<b>480,996.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>		<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>910,872.</b>		<b>1,011,585.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>36,669.</b>		<b>43,000.</b>
	b Total fundraising expenses (Part IX, column (D), line 25)	<b>72,433.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>127,603.</b>		<b>188,771.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,519,043.</b>		<b>1,724,352.</b>
19 Revenue less expenses. Subtract line 18 from line 12 0000000000000000	<b>130,458.</b>		<b>-75,055.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<b>954,309.</b>	<b>Beginning of Current Year</b>	<b>888,568.</b>
	21 Total liabilities (Part X, line 26)	<b>123,097.</b>	<b>End of Year</b>	<b>135,715.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 0000000000000000	<b>831,212.</b>		<b>752,853.</b>

**Part II Signature Block**

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

Sign  Signature of officer Date \_\_\_\_\_  
Here  **Michael J. O'Rourke, Executive Director**  
 Type or print name and title

Print/Type preparer's name <b>Stephen G Travis, CPA</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00158766</b>
Firm's name <b>Kositzka, Wicks and Company</b>	Firm's EIN <b>54-1342298</b>		Phone no. <b>(703) 642-2700</b>	
Firm's address <b>5270 Shawnee Road, Suite 250 Alexandria, VA 22312</b>				

May the IRS discuss this return with the preparer shown above? (see instructions) 000000000000 0000000  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III 00000000000000000000000000000000

1 Briefly describe the organization's mission: Aid the homeless towards permanent self-sufficiency and independence through homeless prevention, providing shelter and post-shelter transitional support.

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

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

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 \$ 520,460. including grants of \$ 12,531.) (Revenue \$ ) Sullivan House is an apartment-style shelter that services homeless families and single women. Services include case management, financial counseling, children services advocacy and linkages with our Adopt-a-Family transitional housing program with community resources. Referrals come from the Arlington County Department of Human Services Crisis Assistance Bureau. The average length of stay is approximately five to six months.

4b (Code: ) (Expenses \$ 683,433. including grants of \$ 341,913.) (Revenue \$ ) Adopt-a-Family Arlington is a transitional housing program from the homeless families in private rental housing in Arlington, Va. Provides rental assistance, financial assistance training and education courses for clients who can best benefit from them.

4c (Code: ) (Expenses \$ 248,005. including grants of \$ 126,552.) (Revenue \$ ) Adopt-a-Family Alexandria is a transitional housing program from the homeless families in private rental housing in Alexandria, Va. Provides rental assistance, financial assistance training and education courses for clients who can best benefit from them.

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

4e Total program service expenses 1,451,898.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i> .....	X	
12b	.....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 0000000000		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
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> .....		X
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 25</i> .....		X
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
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> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
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> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
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> .....		X
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> .....		X
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> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
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> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O 00000000000000000000000000000000	X	



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent ..... 15		
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 <u>employee</u> ? .....		X
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? .....		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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 <u>body</u> ?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing <u>body</u> ?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	governing <u>body</u> ? .....	X	
b	Each committee with authority to act on behalf of the governing <u>body</u> ? .....	X	
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 00000000000000000000		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? .....		X
b	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?	X	
b	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 .....	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
13	Did the organization have a written whistleblower <u>policy</u> ? .....	X	
14	Did the organization have a written document retention and destruction <u>policy</u> ? .....		X
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?		
a	The organization's CEO, Executive Director, or top management official .....	X	
b	Other officers or key employees of the organization .....		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxab entity during the <u>year</u> ?		X
b	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? 00		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ▶ VA

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

Check if Schedule O contains a response to any question in this Part VII 00000000000000000000000000000000

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter '0' in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mark Guadian Director	2.00	X						0.	0.	0.
(2) Sandy Burke Director	2.00	X						0.	0.	0.
(3) Kopp Michelotti Director	2.00	X						0.	0.	0.
(4) Gregg Siegal Director	2.00	X						0.	0.	0.
(5) Wray Sexson Director	2.00	X						0.	0.	0.
(6) Janice Haub Director	2.00	X						0.	0.	0.
(7) Cindy Fagnoni Director	2.00	X						0.	0.	0.
(8) David Sklar Director	2.00	X						0.	0.	0.
(9) Patrick Leonard Director	2.00	X						0.	0.	0.
(10) LaDonna Coley Director	2.00	X						0.	0.	0.
(11) Ingrid Harris Herbert Director	2.00	X						0.	0.	0.
(12) William Brydges President	2.00	X		X				0.	0.	0.
(13) Anthony Stamilio Vice President	2.00	X		X				0.	0.	0.
(14) James Watson, Esq. Treasurer	2.00	X		X				0.	0.	0.
(15) Alecia Schmuhl Secretary	2.00	X		X				0.	0.	0.
(16) Michael O'Rourke Executive Director	40.00			X				103,081.	0.	2,281.





Form 990 (2012)

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII 00000000000000000000000000000000

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 33,369.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 1,155,794.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 457,915.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ .....	54,663.				
	<b>h Total.</b> Add lines 1a-1f 000000000000000000 00-	1,647,078.				
	Program Service Revenue	<b>2 a</b> Business Code				
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f 000000000000000000 00-						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	00-	2,219.		2,219.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	00-				
	<b>5</b> Royalties 000000000000000000000000 00-					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental expenses .....					
	<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) 0000000000000000 00-					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....					
	<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) 000000000000000000 00-					
	<b>8 a</b> Gross income from fundraising events (not including \$ 33,369. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 20,349.				
	<b>b</b> Less: direct expenses .....	<b>b</b> 20,349.				
<b>c</b> Net income or (loss) from fundraising events 000000 00-		0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities 000000 00-					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory 000000 00-					
Miscellaneous Revenue		Business Code				
<b>11 a</b>						
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....	00-					
<b>12 Total revenue.</b> See instructions. 000000000000 00-		1,649,297.	0.	0.	2,219.	

The Arlington-Alexandria Coalition for  
the Homeless

Form 990 (2012)

**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 to any question in this Part IX 00000000000000000000000000000000

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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	480,996.	480,996.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,055.	44,042.	45,765.	21,248.
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	708,269.	665,631.	42,638.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,705.	32,528.	2,815.	362.
9 Other employee benefits	89,393.	78,240.	9,120.	2,033.
10 Payroll taxes	67,163.	58,346.	7,136.	1,681.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	43,000.			43,000.
f Investment management fees	141.		141.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	18,804.		18,804.	
12 Advertising and promotion	525.		525.	
13 Office expenses	8,099.	5,260.	2,839.	
14 Information technology				
15 Royalties				
16 Occupancy	6,965.	4,403.	2,562.	
17 Travel	3,385.	792.	1,480.	1,113.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,870.	35.	2,835.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,722.		7,722.	
23 Insurance	16,232.	3,509.	12,723.	
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 Donated materials	53,642.	53,642.		
b Other expenses	27,971.	9,267.	18,704.	
c Repairs and maintenance	19,407.	9,719.	9,688.	
d Program administration	14,026.	1,537.	9,493.	2,996.
e All other expenses	8,982.	3,951.	5,031.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,724,352.</b>	<b>1,451,898.</b>	<b>200,021.</b>	<b>72,433.</b>
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  if following SOP 98-2 (ASC 958-720)

The Arlington-Alexandria Coalition for  
the Homeless

Form 990 (2012)

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**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X 00000000000000000000000000000000

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash - non interest bearing .....		7,575.	<b>1</b>	8,635.
	<b>2</b>	Savings and temporary cash investments .....		335,778.	<b>2</b>	291,687.
	<b>3</b>	Pledges and grants receivable, net .....		58,622.	<b>3</b>	25,990.
	<b>4</b>	Accounts receivable, net .....		5,395.	<b>4</b>	4,715.
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b>	Inventories for sale or use .....			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges .....		17,485.	<b>9</b>	21,744.
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>	531,855.		
	<b>b</b>	Less: accumulated depreciation .....	<b>10b</b>	114,160.	<b>10c</b>	417,695.
	<b>11</b>	Investments - publicly traded securities .....			<b>11</b>	
	<b>12</b>	Investments - other securities. See Part IV, line 11 .....		110,059.	<b>12</b>	109,473.
	<b>13</b>	Investments - program related. See Part IV, line 11 .....			<b>13</b>	
	<b>14</b>	Intangible assets .....			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 .....		8,758.	<b>15</b>	8,629.
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) 0000000000		954,309.	<b>16</b>	888,568.	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses .....		114,339.	<b>17</b>	127,086.
	<b>18</b>	Grants payable .....			<b>18</b>	
	<b>19</b>	Deferred revenue .....			<b>19</b>	
	<b>20</b>	Tax exempt bond liabilities .....			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D .....			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties .....			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties .....			<b>24</b>	
	<b>25</b>	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 .....		8,758.	<b>25</b>	8,629.
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 00000000000000000000		123,097.	<b>26</b>	135,715.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets .....		780,672.	<b>27</b>	680,573.
	<b>28</b>	Temporarily restricted net assets .....		50,540.	<b>28</b>	72,280.
	<b>29</b>	Permanently restricted net assets .....			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds .....			<b>30</b>	
	<b>31</b>	Paid in or capital surplus, or land, building, or equipment fund .....			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds .....			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> .....		831,212.	<b>33</b>	752,853.	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> 0000000000000000		954,309.	<b>34</b>	888,568.	

Form **990** (2012)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI 00000000000000000000000000000000

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,649,297.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,724,352.
3	Revenue less expenses. Subtract line 2 from line 1	3	-75,055.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	831,212.
5	Net unrealized gains (losses) on investments	5	-3,304.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	752,853.

**Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII 00000000000000000000000000000000

- 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 0000000000000000

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





Part III Support Schedule for Organizations Described in Section 509(a)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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. [Series of zeros]

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) [Series of zeros] 15 %
16 Public support percentage from 2011 Schedule A, Part III, line 15 [Series of zeros] 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10, column (f) divided by line 13, column (f)) [Series of zeros] 17 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17 [Series of zeros] 18 %

19a 33 1/3% support tests - 2012. 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 [Series of zeros]

b 33 1/3% support tests - 2011. 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 [Series of zeros]

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [Series of zeros]

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Pilo- Attach to Form 990. Pilo- See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization The Arlington-Alexandria Coalition for the Homeless

Employer identification number 54-1368484

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and impermissible private benefit.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 101.
4 Number of states where property subject to conservation easement is located 101.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 101.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 101.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X



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

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

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

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? 000000000000  Yes  No

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

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII 000000000000

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

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

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

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations **3a(i)**
- (ii) related organizations **3a(ii)**

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

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

**Part VI Land, Buildings, and Equipment.** 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
<b>1a</b> Land .....		313,390.		313,390.
<b>b</b> Buildings .....		126,139.	39,695.	86,444.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		68,240.	50,379.	17,861.
<b>e</b> Other 00000000000000000000		24,086.	24,086.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 000000000000 ▶				417,695.

**Part VII Investments - Other Securities.** 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) Morgan Stanley Smith		
(B) Barney common stock	109,473.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	109,473.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	00000000000000000000000000000000

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Residents' deposits	8,629.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	00000 8,629.

2. FIN 48 (ASC 740) Footnote. 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 000000

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,763,440.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		-3,304.
<b>b</b>	Donated services and use of facilities	<b>2b</b>		117,588.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	114,284.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	1,649,156.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		141.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	141.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,649,297.

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,841,799.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		117,588.
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	117,588.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	1,724,211.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		141.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	141.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	1,724,352.

**Part XIII Supplemental Information**

Complete this part to 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.

Part X, Line 2: AACH is exempt from income taxes under Section

501(c)(3) of the Internal Revenue code and is classified as an organization other than a private foundation under 170(b)(1)(A)(vi) of the Internal Revenue Code. The organization adopted the provisions in FASB ASC 740-10.



Schedule G (Form 990 or 990-EZ) 2012

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 (add col. (a) through col. (c))
		Kickball Tournament (event type)	(event type)	None (total number)	
Revenue	<b>1</b> Gross receipts .....	49,612.			49,612.
	<b>2</b> Less: Contributions .....	33,369.			33,369.
	<b>3</b> Gross income (line 1 minus line 2) 0000	16,243.			16,243.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses .....	20,349.			20,349.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 20,349 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-4,106.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through (c))
		<b>1</b> Gross revenue 0000000000000000			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses 0000000000				
	<b>6</b> Volunteer labor .....	<input type="radio"/> Yes _____ % <input type="radio"/> No	<input type="radio"/> Yes _____ % <input type="radio"/> No	<input type="radio"/> Yes _____ % <input type="radio"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....				00000000000000000000	

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  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 operate 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 operated 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 10- \_\_\_\_\_

Address 10- \_\_\_\_\_

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 10- \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party 10- \$ \_\_\_\_\_ .

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

Name 10- \_\_\_\_\_

Address 10- \_\_\_\_\_

16 Gaming manager information:

Name 10- \_\_\_\_\_

Gaming manager compensation 10- \$ \_\_\_\_\_

Description of services provided 10- \_\_\_\_\_

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 10- \$ \_\_\_\_\_

**Part IV** Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: iRainmakers

(i) Address of Fundraiser:

1200 N Vietch Street, Ste. 1201, Arlington, VA 22201

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**

**Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization **The Arlington-Alexandria Coalition for  
the Homeless**

**Employer identification number**  
**54-1368484**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~~~~ **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~~~~~ | \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table ~~~~~ | \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Rental assistance and emergency assistance for utilities, food, etc.	400	480,996.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Name of the organization **The Arlington-Alexandria Coalition for  
the Homeless** Employer identification number  
**54-1368484**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	1	1,021.	Fair market value
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 <u>Taxidermy</u> .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>Progam materi</u> )	X	293	53,642.	Purchase price
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....	<b>29</b>	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		Yes No X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b	If "Yes," describe in Part II.		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization	The Arlington-Alexandria Coalition for the Homeless	Employer identification number	54-1368484
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Form 990, Part I, Line 1, Description of Organization Mission:  
prevention, providing shelter and post-shelter transitional support.

Form 990, Part VI, Section B, line 11: The Board of Directors receives a  
copy of Form 990 prior to filing and is able to review for any changes.

Form 990, Part VI, Section B, Line 12c: The conflict of interest policy is  
included in AACH's personnel manual and is reviewed at board meetings and  
staff meetings.

Form 990, Part VI, Section B, Line 15a: AACH's board of directors consulted  
with an independent executive search firm, used peer organizations, market  
realities and publically published salaries to determine the executive  
director's salary. It is reviewed on a annual basis by the board.

Form 990, Part VI, Section C, Line 19: The governing documents, conflict  
of interest policy and financial statements are available to the public  
upon request.

Form 990, Part XII, line 2c  
The Organization has not changed the process.

2012 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings														
2	BUILDING IMPROVEMENTS	10/27/00	SL	39.00	MM		1,058.				1,058.	316.		27.	343.
3	BUILDING	11/30/99	SL	39.00	MM	16	98,076.				98,076.	31,645.		2,515.	34,160.
4	BUILDING IMPROVEMENTS	10/01/01	SL	39.00	MM		2,080.				2,080.	626.		53.	679.
5	SHED	12/18/02	SL	7.00		16	1,829.				1,829.	1,829.		0.	1,829.
6	BUILDING IMPROVEMENTS	06/07/01	SL	39.00	MM		1,196.				1,196.	341.		31.	372.
33	AC Unit	12/01/11	SL	15.00		16	9,900.				9,900.	385.		660.	1,045.
34	Flooring for 932 Highland	12/01/11	SL	15.00		16	12,000.				12,000.	467.		800.	1,267.
	* 990 Page 10 Total Buildings						126,139.				126,139.	35,609.		4,086.	39,695.
	Furniture & Fixtures														
8	SAFE	05/28/91	SL	7.00		16	422.				422.	422.		0.	422.
9	DRAWER LTR FILE	04/11/96	SL	7.00		16	375.				375.	375.		0.	375.
10	(6) METAL GRAY DESKS	09/05/97	SL	7.00		16	1,320.				1,320.	1,320.		0.	1,320.
11	5 DRAWER BUREAUS	10/24/97	SL	7.00		16	661.				661.	661.		0.	661.
12	(2) OFFICE CHAIRS	06/19/01	SL	7.00		16	300.				300.	300.		0.	300.
13	OFFICE CABINET	06/19/01	SL	7.00		16	318.				318.	318.		0.	318.
14	(3) OFFICE DESKS	06/19/01	SL	7.00		16	1,110.				1,110.	1,110.		0.	1,110.
15	(2) TABLES	06/19/01	SL	7.00		16	120.				120.	120.		0.	120.

228111 05-01-12

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2012 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
16	VARIOUS FURNISHINGS	02/27/02	SL	7.00		16	6,749.				6,749.	6,749.		0.	6,749.
17	FURNITURE	04/17/03	SL	7.00		16	1,966.				1,966.	1,966.		0.	1,966.
18	OFFICE FURNITURE	02/13/05	SL	7.00		16	1,574.				1,574.	1,574.		0.	1,574.
19	TELEPHONE SYSTEM	02/22/05	SL	7.00		16	9,577.				9,577.	9,577.		0.	9,577.
20	CABLE BETWEEN BLDGS	02/22/05	SL	7.00		16	3,716.				3,716.	3,716.		0.	3,716.
21	COPIER	08/12/05	SL	7.00		16	8,424.				8,424.	8,222.		202.	8,424.
22	COLOR PRINTER	08/12/05	SL	7.00		16	699.				699.	683.		16.	699.
23	SmartBoard 680	11/16/08	SL	7.00		16	5,894.				5,894.	3,017.		842.	3,859.
35	Video conferencing system	03/27/13	SL	7.00		16	14,780.				14,780.			528.	528.
	* 990 Page 10 Total Furniture & Fixtures						58,005.				58,005.	40,130.		1,588.	41,718.
	Machinery & Equipment														
24	Network hardware	10/09/08	SL	5.00		16	380.				380.	285.		76.	361.
25	Server-PE2950	10/09/08	SL	5.00		16	1,700.				1,700.	1,275.		340.	1,615.
26	Server-PE2950	10/09/08	SL	5.00		16	1,200.				1,200.	900.		240.	1,140.
27	HP2300 w/DVD (12)	10/09/08	SL	5.00		16	1,800.				1,800.	1,350.		360.	1,710.
28	HP2250 w/DVD (2)	10/09/08	SL	5.00		16	300.				300.	225.		60.	285.
29	HP2300 w/CDROM (9)	10/09/08	SL	5.00		16	1,125.				1,125.	844.		225.	1,069.
30	Network hardware	10/22/08	SL	5.00		16	793.				793.	583.		159.	742.

228111 05-01-12

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2012 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	Network hardware	10/27/08	SL	5.00		16	318.				318.	234.		64.	298.
32	Computer	10/07/10	SL	5.00		16	2,620.				2,620.	917.		524.	1,441.
	* 990 Page 10 Total Machinery & Equipment						10,236.				10,236.	6,613.		2,048.	8,661.
	Transportation Equipment														
7	Van	02/25/99	SL	7.00		16	24,086.				24,086.	24,086.		0.	24,086.
	* 990 Page 10 Total Transportation Equipment						24,086.				24,086.	24,086.		0.	24,086.
	Land														
1	Land	11/30/99	L				313,390.				313,390.			0.	
	* 990 Page 10 Total Land						313,390.				313,390.	0.		0.	0.
	* Grand Total 990 Page 10 Depr						531,856.				531,856.	106,438.		7,722.	114,160.