Form 990								
Department of the Treasury Internal Revenue Service								

PUBLIC INSPECTION COPY

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



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

AF	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and	ending J	UN 30, 2013				
В	Check if applicable	Inc mington-mexandina Coantion io	r	D Employer identifie	cation number			
_=	Addre chang Name			1000404				
-=	-Initial	e Doing Business As		368484				
	Termir 	Number and street (or P.O. box if mail is not delivered to street address) 0- 3103 9th Road, North	E Telephone numbe 703-	<u>525-7177</u>				
=	Ameno	City, town, or post office, state, and ZIP code Arlington, VA 22201	G Gross receipts \$	1,669,646.				
_	Applic	H(a) Is this a group re	eturn					
	pendir	F Name and address of principal officer: MICHAEL J. O ROULK	e	for affiliates?	——Υes ——————————————————————————————————			
		same as C above $empt status: = 501(c)(3) = 501(c) () / (insert no.) = 4947(a)(1) (a)(1) / (a)(1)$			luded? —Yes —No			
<u> </u>	list. (see instructions)							
		ite: www.aachhomeless.org		H(c) Group exempti				
K	Eorm of	organization <u>Corporation</u> Trust <u>Association</u> Other	<u> </u>	of formation 1985	State of legal domicile VA			
_ P a	<u>art I</u>	Summary	. 1 1		1			
e	1	Briefly describe the organization's mission or most significant activities: Aid	the ho	meless towa	rds			
and		permanent self-sufficiency and independen	ce thr	ough homel	ess			
Activities & Governance		Check this box == if the organization discontinued its operations or disposed			ssets.			
200		Number of voting members of the governing body (Part VI, line 1a)			15			
ۍ ه		Number of independent voting members of the governing body (Part VI, line 1b) ,			15			
ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			25			
ivit		Total number of volunteers (estimate if necessary)		325				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990 ⁻ T, line 34 0000000	000000		0.			
			Prior Year	Current Year				
Revenue		Contributions and grants (Part VIII, line 1h)		1,650,558. 0.	<u>1,647,078.</u> 0.			
ven		Program service revenue (Part VIII, line 2g)		1,631.	2,219.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-2,688.	2,219.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		$\frac{-2,088}{1,649,501}$	1,649,297.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		443,899.	480,996.			
		Grants and similar amounts paid (Part IX, column (A), lines 1 ⁻³)		0.				
		Behefits paid to or for members (Part IX, column (A), line 4)		910,872.	1,011,585.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 510), Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	<u></u>	36,669.	43,000.			
pen	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	33	00,009.	10,000.			
Щ				127,603.	188,771.			
		Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e) Total expenses. Add lines 13 17 (must equal Part IX, column (A), line 25)		1,519,043.	1,724,352.			
		Revenue less expenses. Subtract line 18 from line 12 00000000000000		130,458.	-75,055.			
es	19	revenue less expenses. Subtract line 18 from line 12 000000000000000		ginning of Current Year				
lanc	20	Total assats (Part X, line 16)		954,309.	<u>End of Year</u> 888,568.			
Ass Ba	20	Total assets (Part X, line 16)	······	123,097.	135,715.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 00000000000		831,212.	752,853.			
_	art 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 Michael J. O'Rourke, E	Executive Director		Date							
	Type or print name and title										
B · I	Print/Type preparer's name Stephen G Travis, CPA	Preparer's signature	Date	Check if	PTIN P00158766						
Paid				self ⁻ employed							
Preparer	Firm's name 🔥 Kositzka, Wicks at			Firm's EIN	54-1342298						
Use Only	Firm's address 5270 Shawnee Ro	ad, Suite 250									
	📕 Alexandria, VA 22	Phone no. (70	03) 642-2700								
May the	IRS discuss this return with the preparer show	vn above? (see instructions) 000000	0000000	00000000	<u> </u>						
232001 12-	² 3 ² 00 ¹ ¹² - ¹ 0 ⁻¹² LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)										

See Schedule O for Organization Mission Statement Continuation

orm	The Arlington-Alexandria Coalition for the Homeless 54-1368484 P
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III 000000000000000000000000000000000
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?
	the prior Form 990 or 990 EZ? 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?
	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
4.0	revenue, if any, for each program service reported. (Code:) (Expenses \$520, 460. including grants of \$12, 531.) (Revenue \$
4a	(Code:)(Expenses \$J20,400. including grants of \$L2,J31.)(Revenue \$ Sullivan House is an apartment-style shelter that services homeless
	families and single women. Services include case management, financia
	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 <u>-Family Arlington is a transitional housing program from the</u>
	homeless families in provate rental housing in Arlington, Va. Provide
	rental assistance, financial assistance training and education course
	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 provate rental housing in Alexandria, Va. Provid
	rental assistance, financial assistance training and education course for clients who can best benefit from them.
	tor criencs who can best benefit from them.
4d	Other program services (Describe in Schedule O.)
4	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,451,898.
4e 1	Form 990
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10	212 786335 9647-001 2012.05030 The Arlington-Alexandria Co 9647-

The Arlington-Alexandria Coalition for the Homeless

Form	990 (2012) the Homeless 54-1368	484	Р	age 3
Pa	t IV Checklist of Required Schedules		<u></u>	
			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	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		X
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	4		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>	5		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? If "Yes," complete Schedule D, Part I	6		Х
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>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		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>	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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>	11b	Х	
с	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	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a	Х	
		12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	Х
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? If "Yes," complete Schedule F, Parts I and <u>IV</u>	14b		Х
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>	15		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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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</i> "Yes," <i>complete Schedule G, Part I</i>	17	Х	
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	18	Х	
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	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 0000000000	20b	1-21	11
_			990	(2012)

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The Arlington-Alexandria Coalition for

Form 990 (2012)	, th

e Homeless 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>	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		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>	24a		X
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	anytax exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 L</i>	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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</i> "Yes," <i>complete Schedule L, Part III</i>	27		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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 <u>owner?</u> <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part</i> <u>II</u>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701 ⁻ 2 and 301.7701 ⁻ 3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part <u>VI</u>	37		Х
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 00000000000000000000000000000000000	38	Х	
	True, An Form 550 mers are required to complete Schedule O 00000000000000000000000000000000000	1 30		

Form **990** (2012)

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The Arlington-Alexandria Coalition for

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Pa				
	Check if Schedule O contains a response to any question in this Part V 00000000000000000000000000000000000	0000	00	Ο
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ⁰ if not applicable		100	
b	Enter the number of Forms W2G 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			
U	(gambling) winnings to prize winners? 000000000000000000000000000000000000	1c	Х	
22	Enter the number of employees reported on Form W ³ , Transmittal of Wage and Tax Statements,	10		
2a				
b	filed for the calendar year ending with or within the year covered by this return	2b	Х	
b		20		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)	0-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990 T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Х
	financial account in a foreign country (such as a bank account, securities account, or other financial <u>account)?</u>	4a		
b	If "Yes," enter the name of the foreign country: J			
	See instructions for filing requirements for Form TD F 90 ^{22.1} , Report of Foreign Bank and Financial Accounts.			Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			57
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282? 000000000000000000000000000000000	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	,	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>A</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098°C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
		8		_
		9a	la ill	
		9b		
а	Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u> 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax exempt interest received or accrued during the year 000000 12b			
13	Section 501(c)(29) gualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	t e Er	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 0000000000	14b		1

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 1a 15	2		
	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 1b 15	2		
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?	2		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?	3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing <u>body?</u>	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
	persons other than the governing <u>body?</u>	7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	hegoverning <u>body?</u>	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
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?	10b	Х	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	21	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10	Х	
12a		<u>12a</u> 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	120	21	
С		10-	Х	
12	in Schedule O how this was done Did the organization have a written whistleblower <u>policy</u> ?	<u>12c</u> 13	X	
13 14	Did the organization have a written whisteblower <u>poncy</u> ?	14		X
15	Did the organization have a written document retention and destruction <u>portey</u> .	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IJa	taxab eentity during the <u>year?</u>	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IJa		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements? 000000000000000000000000000000000000	16b		-
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright VA			

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Form 990 (2012)

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter O 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.

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

(A)	(B)	(C)		(C)				-		(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated		
	hours per	box	, unles cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week							from	from related	other		
	(list any hours for	direc				pe		the organization	organizations (W ⁻ 2/1099 ⁻ MISC)	compensation from the		
	related	tee oi	lstee			ensate		(W ⁻ 2/1099 ⁻ MISC)	(((_, 10)) ((10)))	organization		
	organizations	al trus	nal tri		loyee	e comp				and related		
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) Mark Guadian	2.00	-	-	0	×	Ξē	ш					
Director		Χ						0.	0.	0.		
(2) Sandy Burke	2.00											
Director		Х						0.	0.	0.		
(3) Kopp Michelotti	2.00											
Director		Х						0.	0.	0.		
(4) Gregg Siegal	2.00											
Director		Х						0.	0.	0.		
(5) Wray Sexson	2.00											
Director		Х						0.	0.	0.		
(6) Janice Haub	2.00											
Director		Х						0.	0.	0.		
(7) Cindy Fagnoni	2.00									0		
Director		Х						0.	0.	0.		
(8) David Sklar	2.00									0		
Director		Х						0.	0.	0.		
(9) Patrick Leonard	2.00	v								0		
Director	0.00	Х						0.	0.	0.		
(10) LaDonna Coley	2.00	v							0	0		
Director	0.00	Х						0.	0.	0.		
(11) Ingrid Harris Herbert	2.00	X						0.	0	0		
Director	2.00	Л						0.	0.	0.		
(12) William Brydges	2.00	X		Х				0.	0.	0.		
President	2.00	Л		Λ				0.	0.	0.		
(13) Anthony Stamilio	2.00	X		Х				0.	0.	0.		
Vice President	2.00	Λ		Λ				0.	0.	0.		
(14) James Watson, Esq.	2.00	X		Х				0.	0.	0.		
Treasurer (15) Alecia Schmuhl	2.00	Λ		Λ				0.	0.	0.		
(15) Alecia Schmuhl Secretary	2.00	X		Х				0.	0.	0.		
(16) Michael O'Rourke	40.00	1		11				0.	0.	0.		
Executive Director				Х				103,081.	0.	2,281.		
Encourive Director									0.	_,		
								ļ				

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Form 990 (2012)

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The Arlington-Alexandria Coalition for the Homeless

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<u> </u>		гаре о

Form 990 (2012) the Home									54-13	<u>368</u>	484	Pa	age 8		
Part VII Section A. Officers, Directors, Trus	<u>stees, Key Em</u>	ploy	vees	<u>, an</u>	d Hi	ighe	st C	Compensated Employe	es (continued)						
(A)	(B)				C)	•		(D)	(E)			(F)			
Name and title	Average			Pos	itior			Reportable	Reportable			imate	d		
Name and the	hours per					than is bot			compensatio						
	week					or/trus		from	from related		amount of other				
	(list any	ctor						the	organization		comp		ion		
	hours for	dire				p		organization	(W ⁻ 2/1099 ⁻ MIS			m the			
	related	ee or	stee			nsate		$(W^2/1099^-MISC)$	(11 2/10) / 1110			nizati			
	organizations	Individual trustee or director	Institutional trustee		yee	aduuc						relate			
	below	idual	ution	5	oldma	est ci oyee	er				orgar				
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Form				e				
		1													
										\rightarrow					
		1													
	-									\rightarrow					
		-													
										$ \rightarrow $					
		1													
		1													
		1													
		1													
		{													
						<u> </u>		103,081.		0.	0	20	81.		
1b Sub-total											2	· , ∠ (<u>o I .</u>		
c Total from continuation sheets to Part V	II, Section A				<u></u>			0.		0.			0.		
d Total (add lines 1b and 1c) OOOOOOO	00000000)00	000	000	0			103,081.		0.		, Z	81.		
2 Total number of individuals (including but	not limited to	thos	e lis	ted a	abov	/e) w	ho	received more than \$100	0,000 of reportabl	le			-		
compensation from the organization \blacktriangleright										-					
												Yes	No		
3 Did the organization list any former officer	, director, or t	uste	e, k	ev e	mpl	ovee	, or	r highest compensated en	nployee on						
line 1a? If "Yes," complete Schedule J for s	such individual		, 				·	C 1			3		Х		
4 For any individual listed on line 1a, is the															
and related organizations greater than \$15											4		Х		
5 Did any person listed on line 1a receive or															
rendered to the organization? If "Yes," con											5		Х		
Section B. Independent Contractors					<i>p</i> c. c		50	000000000000000000000000000000000000000			5				
-	. 1.	1	1					1	¢100.000 €						
1 Complete this table for your five highest c	-	-								ipensa	tion ir	om			
the organization. Report compensation for	the calendar ye	ear e	endir	1 <u>g</u> w	ith (or wi	thi		year.						
(A) Name and busines	addross	M	ONI	c,				(B) Description of s	articos	C	(C) ompen				
	s address	INV		Ľ				Description of s	services		ompen	satioi	1		
2 Total number of independent contractors (a	including but r	ot 1	imit	ad to	the	ا مەر	eter	d above) who received "	ore than						
	-	iot fi	mu	Ju 10		0 0	5100	a above) who received h							
\$100,000 of compensation from the organ	iization 🖻					~					- ^	00 /2	012		
232008 12-10-12											Form 9	J U (2	2012)		

Part V	(III Statement of Revenue Check if Schedule O contains a response to	to any c	nuestion in this P	Part VIII 0000000	000000000000	00000000
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and Other Similar Amounts	a Federated campaigns 1a					
	b Membership dues 1b					
č i		369.				
	dRelated organizations1deGovernment grants (contributions)1e	701				
	- · · · · ·	194.				
	f All other contributions, gifts, grants, and	915				
	similar amounts not included above $1f 457$, g Noncash contributions included in lines $\frac{1}{2}a^{-1}f$. 54 ,	663				
	g Noncash contributions included in lines 1a-1f: \$ 24, h Total. Add lines 1a 1f 000000000000000000000000000000000		1,647,078.			
<u> </u> '		ss Code				
2		<u>33 0000</u>				
	b					
	c					
	d					
	e					
1	f All other program service revenue					
	g Total. Add lines 2a 2f 000000000000000000000000000000000	O 0 ⁰⁻				
3	Investment income (including dividends, interest, and		0 010			0.010
	other similar amounts)	F	2,219.			2,219.
4	Income from investment of tax exempt bond proceeds					
5	Royalties 000000000000000000000000000000000000					
		rsonal				
	a Gross rents					
	b Less: rental expenses c Rental income or (loss)					
	d Net rental income or (loss) OOOOOOOOOOOO	O 0 ⁰⁻				
	, , ,	Other				
' '	assets other than inventory					
	b Less: cost or other basis					
	and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) 00000000000000000000000000000000000	O 0 ⁰⁻				
8	a Gross income from fundraising events (not					
	including \$ 33,369. df					
	contributions reported on line 1c). See	240				
		349.				
		349.	0			
	c Net income or (loss) from fundraising events DOOOC	-00 C	0.			
9 8	a Gross income from gaming activities. See					
	Part IV, line 19 a					

00-

00-

9

Business Code

..... 00-

Total revenue. See instructions. 00000000000 00- 1,649,297.

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11 a b С

12 12-10-12

b Less: direct expenses b

and allowances a b Less: cost of goods sold b

Miscellaneous Revenue

10 a Gross sales of inventory, less returns

d All other revenue e Total. Add lines 11a-11d

c Net income or (loss) from gaming activities ODOOOO

c Net income or (loss) from sales of inventory 000000

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The Arlington-Alexandria Coalition for the Homeless

Part IX Statement of Functional Expenses

Form 990 (2012)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	00000000000000000000000000000000000000	(D) Fundraising
<u>, , ,</u> 1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	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. 9,120.	362
9	Other employee benefits	89,393.	78,240.	9,120.	362 2,033 1,681
0	Payroll taxes	67,163.	58,346.	7,136.	1,681
1	Fees for services (non ⁻ employees):				
а	Management				
b	Legal				
С	Accounting				
<u>d</u>		12 000			42.000
е	Professional fundraising services. See Part IV, line 17	43,000. 141.		1.4.1	43,000
f	Investment management fees	141.		141.	
g		10 004		10 004	
	column (A) amount, list line 11g expenses on Sch O.)	18,804. 525.		<u>18,804.</u> 525.	
12	Advertising and promotion		5 260		
13	Office expenses	8,099.	5,260.	2,839.	
14	Information technology				
15	Royalties	6,965.	4,403.	2,562.	
16	Occupancy	3,385.	- ,+03. 792.	1,480.	1,113
17	Travel	5,505.	194.	1,700.	1,110
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,870.	35.	2,835.	
19	Conferences, conventions, and meetings	2,070.		2,000.	
20	Interest				
21	Payments to affiliates	7,722.		7,722.	
22	Depreciation, depletion, and amortization	16,232.	3,509.	12,723.	
23		10,2021	0,0051	12,1201	
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.)	53,642.	53,642.		
<u>a</u>	Donated materials Other expenses	27,971.	9,267.	18,704.	
b	Donoira and maintonana	19,407.	9,207.	9,688.	
<u>c</u>	Drogram administration	19,407.	$\frac{9,719}{1,537}$	9,088.	2,996
d		8,982.	3,951.	5,031.	2,990
	All other expenses	1,724,352.	1,451,898.	200,021.	72,433
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,141,004.	1,101,090.	200,021.	14,700
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)				Form 990 (2012

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<u>Par</u>		2012) the Homeless Balance Sheet			1368484 Page 1
		Check if Schedule O contains a response to any question in this Pa	rt X 0000000000000	0000	0000000000000000
			(A) Beginning of year		(B) End of year
	1	Cash - non interest bearing	7,575.	1	8,635
	2	Savings and temporary cash investments	335,778.		291,687
	3	Pledges and grants receivable, net	58,622.	3	25,990
	4	Accounts receivable, net	5,395.	4	4,715
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
·	9	Prepaid expenses and deferred charges	17,485.	9	21,744
		Land, buildings, and equipment: cost or other	,		
	IVa	basis. Complete Part VI of Schedule D 10a 531,855.			
	h	Less: accumulated depreciation	410,637.	10c	417,695
	11	Investments - publicly traded securities	,	11	
	12	Investments - other securities. See Part IV, line 11	110,059.	12	109,473
	13	Investments - program related. See Part IV, line 11	,	13	,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,758.	15	8,629
	16	Total assets. Add lines 1 through 15 (must equal line 34) 000000000	954,309.	16	888,568
	17	Accounts payable and accrued expenses	114,339.	17	127,086
	18	Grants <u>payable</u>	,	18	,
	19	Deferred revenue		19	
	20	Tax exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
		Loans and other payables to current and former officers, directors, trustees,		21	
	~~	key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			-
		parties, and other liabilities not included on lines 17 ⁻ 24). Complete Part X of			
		Schedule D	8,758.	25	8,629
	26	Total liabilities. Add lines 17 through 25 00000000000000000000000000000000000	123,097.	26	135,715
		Organizations that follow SFAS 117 (ASC 958), check here 10. 🙆 and			, , , , , , , , , , , , , , , , , , ,
2		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	780,672.	27	680,573
	28	Temporarily restricted net assets	50,540.	28	72,280
;	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here f^{0} . O			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	1
	31	Paid in or capital surplus, or land, building, or equipment fund		31	14
	32	Retained earnings, endowment, accumulated income, or other funds		32	
, 1		Total net assets or fund balances	831,212.	33	752,853
:	33				

Form **990** (2012)

232011 12-10-12

The Arlington-Alexandria Coalition for the Homeless

Part XI Reconciliation of Net Assets 1,649,297. Total revenue (must equal Part VIII, column (A), line 12) 1 1,724,352. Total expenses (must equal Part IX, column (A), line 25) _____ 2 2 -75,055. 3 3 Revenue less expenses. Subtract line 2 from line 1 ______ 831,212. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) -3,304. Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 Investment expenses ______ 7 7 8 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 752,853. 10 Financial Statements and Reporting Ö Yes No Accounting method used to prepare the Form 990: **O**Cash Accrual 1 **O** Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a 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: O Separate basis • Consolidated basis • Both consolidated and separate basis Х **b** Were the organization's financial statements audited by an independent accountant? $\sim\sim\sim\sim\sim\sim\sim\sim$ 2b 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 O Consolidated basis O 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, Х 2c 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 Х Act and OMB Circular A⁻¹³³? _____ 3a **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2012)

3b

232012 12-10-12

Form 990 (2012)

SCHED (Form 99	OULE A 0 or 990-EZ)	c		Charity S							OMB No. 1545-0047
Department or Internal Rever	f the Treasury nue Service		-	4947(a)(1) no Form 990 or Fo	onexempt	charitabl	e trust.			•	Open to Public Inspection
Name of t	he organizati			ton-Alexa							$\frac{1}{4-1368484}$
Part I	Reason			tatus (All organi	zations mu	ist comple	te this par	t.) See ins	tructions.		
1 O 2 O 3 O	A church, co A school des A hospital or	nvention of c cribed in sec a cooperative	churches, or a tion 170(b)(1 e hospital ser	se it is: (For lines association of chur)(A)(ii). (Attach Sci vice organization ted in conjunction	ches descr hedule E.) described i	ribed in se in section	ction 170	(b)(1)(A)(i) (A)(iii).		i). Enter	the hospital's name,
5 O	city, and stat		for the barof	it of a college or u	nivorcity o	wood or o	paratad by	a govorn	montoluni	it docorib	ad in
50	-	(b)(1)(A)(iv). (-	inversity 0	when of 0	perated by	a governi	inentai un	it descrit	
6 O				governmental uni	t described	l in sectio	n 170(b)(1)(A)(v).			
									or from the	general	public described in
	section 170(
8 O	A community	y trust describ	ed in sectio	n 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 O	An organizat	ion that norm	ally receives	: (1) more than 33	1/3% of it	s support	from conti	ributions, i	membersh	ip fees, a	and gross receipts from
	activities rela	ated to its exe	mpt functior	s - subject to certa	in excepti	ons, and (2) no more	e than 33	1/3% of its	s support	from gross investme
	income and u	unrelated bus	iness taxable	income (less sect	ion 511 ta	x) from bu	isinesses a	cquired b	y the orga	nization	after June 30, 1975.
	See section	509(a)(2). (Co	omplete Part 1	III.)							
10 O	An organizat	ion organized	and operate	d exclusively to te	st for publ	ic safety.	See sectio	on 509(a)(4	4).		
										ry out th	e purposes of one or
				described in sectio							
			-	ization and comple							
	а О Туре I			-	ype III - Fu	-		c		e III - No	n ⁻ functionally integra
e O	• •		• •			-	-				d persons other than
				e or more publicly							
f		-		termination from th		-				()(-)	
-				x							
g				ation accepted any							
9				controls, either al							Yes N
				orted organization							
	-			scribed in (i) abov							
		-	-	on described in (i)							
h				it the supported org			•••••	•••••	•••••	•••••	119(11)
	Flovide the h	onowing into	anation abou	it the supported of g	gamzation	(5).					
.,	of supported inization	(ii) EIN	(des abo	ove or IRC section	(iv) Is the c in col. (i) lig governing		anizatio		(vi) Is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of moneta support
			(s	ee instructions))	Yes	No	Yes	No	Yes	No	
					1						
		1			1			1		1	

(i) Name of supported organization	(ii) EIN	(described on lines 1 ⁻ 9 above or IRC section	(iv) Is the organization (v) Did you notify the in col. (i) ligitatinong anization in col. governing document? (i) of your support?		u notify the on in col. r support?	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support	
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									m 000 or 000 EZ) 2012

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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The Arlington-Alexandria Coalition for

Schedule A (Form 990 or 990 EZ) 2012 the Homeless Part II Support Schedule for Organizations Dev

<u>uule A</u>	(FOIII 990 01 990 EZ) 2012 CITE TO	01 ±000101 Fag
rt II	Support Schedule for Organizations Described in Sections ¹⁷ 0(b)(¹)(A)(iv) and	¹⁷ 0(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 une	der Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)	

Se	ction A. Public Support			<u> </u>		······································	
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,461,399.	1,592,894.	1,600,261.	1,642,317.	1,575,400.	7,872,271.
2	Tax revenues levied for the organ						
	ization'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	1,461,399.	1,592,894.	1,600,261.	1,642,317.	1,575,400.	7,872,271.
	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 .						7,872,271.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	1,461,399.	1,592,894.	1,600,261.	1,642,317.	1,575,400.	7,872,271.
8		ĺ		1			
Ũ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,175.	2,542.	2,708.	1,799.	2,219.	11,443.
9	í	, , , , , , , , , , , , , , , , , , ,	, ,	,	,	,	,
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	Î					7,883,714.
	Gross receipts from related activities,	etc. (see instruction	n s)			12	132,533.
	First five years. If the Form 990 is for						
	organization, check this box and stor	-			-		000000
Se	ction C. Computation of Publ						000 00 . C
	Public support percentage for 2012 (lin			olumn (f))		14	99.85 %
	Public support percentage from 2011		•			15	99.79 %
	1 33 1/3% support test - 2012. If the o						
	stop here. The organization qualifies						
b	33 1/396 support test - 2011. If the o	organization did no	ot check a box on l	ine 13 or 16a. and	line 15 is 33 1/3%	or more, check th	is box
	and stop here . The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts and circumstances"			-	•	e e	
r	10% -facts-and-circumstances tes	-			-		
~	more, and if the organization meets the	-					
	organization meets the "facts and circ						
18	Private foundation. If the organization						
		and not check a	con on me 15, 10	, 100, 17 u , 01 17		dule A (Form 990	
							···///

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Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(4)

(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 gualify under the tests listed below, please complete Part II.)

<u>Sec</u>	tion A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 per- formed, 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 bus ⁻						
	iness under section 513 ~~~~~						
4	Tax revenues levied for the organ						
	ization'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 \sim						
6.	Total. Add lines 1 through 5 $\sim \sim \sim$						
	Amounts included on lines 1, 2, and						
1 a	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 ~~~~~~						
с	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
	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						
-	Add lines 10a and 10b <u>~~~~~</u> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on <u>~~~~~~</u>						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines ⁹ , ¹⁰ c, ¹¹ , and ¹² .)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here OOO	•			•		
Sec	tion C. Computation of Publ						
	Public support percentage for 2012 (I		-	column (f)) <u>~~~</u> ~	~~~~~~~~	15	%
16	Public support percentage from 2011	Schedule A. Part	III. line 15 OOC	000000000000000000000000000000000000000	00000000	16	%
	tion D. Computation of Inve						
	Investment income percentage for 20		-		~~~~~~	17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2011. If the	-					
	line 18 is not more than 33 1/3%, che	-					
20 F	Private foundation. If the organizati			-			
	23 12-04-12						0 or 990-EZ) 2012
				15			, , -=
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btal number at en ggregate contribu ggregate grants fr ggregate value at id the organization id the organization id the organization r charitable purp Dermissible Conserva prose(s) of cons Preservation Preservation O Preservation O Preservation O Preservation O Preservation O Preservation O Preservation O Preservation O Preservation O Preservation O Preservation O Preservation O Preservation O D Preservation O D Preservation O D Preservation O D Preservation O D Preservation O D Preservation O D Preservation O D Preservation O D Preservation O D D D D D D D D D D	d of year tions to (du om (during end of yea n inform al a's property n inform al oses and no private tion Ease ervation ease of land for natural hal of open sp hrough 2d	ring year) year) r Il donors ar y, subject to ll grantees, ot for the be benefit sements he public use bitat bace if the organ easements	nd donor advis o the organizat donors, and denefit of the do t? OOOOOOO . Complete if t eld by the organ (e.g., recreation nization held a	sors in writing tion's exclusive onor advisors onor or donor OOOOOOOOO the organization nization (check on or education a qualified con	g that the a ve legal <u>CC</u> s in writing · advisor, c OOOOOC on answer ck all that on)	assets held in d ontrol? g that grant fur or for any othe OOOOOOOOO ed "Yes" to Fo apply). Preservation Preservation a contribution i	lonor advised inds can be us r purpose co OOOOOOO rm 990, Part n of an histor n of a certific n the form o	d funds sed only nferring OOOOOOOOC IV, line 7. rically import ed historic str f a conservati	OYes DO OYes cant land area ructure ion easement of	O No O No O No
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Part XIII, descri	be how the	e organizati	ion reports cor	nservation eas	sements in	n its revenue a	nd expense s	statement, an	d balance shee	
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II Organiza	tions Ma	intaining	g Collectio	ns of Art, I	Historic	cal Treasur	es, or Oth	er Similar	Assets.	
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			-			n, or research in	n furtherance	of public ser	vice, provide, i	n Part XII
		ets held for	public exhibiti	ion, education	n, or resea	irch in furthera	nce of public	c service, pro	vide the follow	ing amour
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	nount of expense bes each conserva d section <u>170(h)(</u> Part XIII, descri clude, if applicab inservation easen Organization the organization of storical treasures, e text of the footr the organization of easures, or other s lating to these ite Revenues included the organization of e following amou evenues included in	nount of expenses incurred bes each conservation easen d section <u>170(h)(4)(B)(ii)?</u> Part XIII, describe how the clude, if applicable, the text inservation easements. Organizations Ma Complete if the organiz the organization elected, as storical treasures, or other si the organization elected, as easures, or other similar asse lating to these items: Revenues included in Form 9 the organization received or e following amounts require evenues included in Form 99	nount of expenses incurred in monitor bes each conservation easement report d section <u>170(h)(4)(B)(ii)?</u> Part XIII, describe how the organizat clude, if applicable, the text of the foo inservation easements. 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Organizations Maintaining Collectio Complete if the organization answered "Yes" to the organization elected, as permitted under SFAS 1 storical treasures, or other similar assets held for puble e text of the footnote to its financial statements that the organization elected, as permitted under SFAS 1 easures, or other similar assets held for public exhibit lating to these items: Revenues included in Form 990, Part X the organization received or held works of art, historic e following amounts required to be reported under SFAS evenues included in Form 990, Part VIII, line 1 essets included in Form 990, Part VIII, line 1	nount of expenses incurred in monitoring, inspecting, and enforcing best each conservation easement reported on line 2(d) above satisfy d section <u>170(h)(4)(B)(ii)?</u>	nount of expenses incurred in monitoring, inspecting, and enforcing conservation easement reported on line 2(d) above satisfy the required section 170(h)[4)(B)(ii)?	nount of expenses incurred in monitoring, inspecting, and enforcing conservation easement bese each conservation easement reported on line 2(d) above satisfy the requirements of sec d section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports conservation easements in its revenue a clude, if applicable, the text of the footnote to the organization's financial statements that inservation easements. Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" to Form 990, Part IV, line 8. the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev storical treasures, or other similar assets held for public exhibition, education, or research in e text of the footnote to its financial statements that describes these items. the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue assures, or other similar assets held for public exhibition, education, or research in e text of the footnote to its financial statements that describes these items. the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue assures, or other similar assets held for public exhibition, education, or research in furthera lating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of art, historical treasures, or other similar assets for e following amounts required to be reported under SFAS 116 (ASC 958) relating to these i evenues included in Form 990, Part X the organization received or held works of art, historical treasures, or other similar assets for e following amounts required to be reported under SFAS 116 (ASC 958) relating to these i evenues included in Form 990, Part X	nount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the best each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) d section 170(h)(4)[B)[(ii)? Part XIII, describe how the organization reports conservation easements in its revenue and expense is clude, if applicable, the text of the footnote to the organization's financial statements that describes the inservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" to Form 990, Part IV, line 8. the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement extorical treasures, or other similar assets held for public exhibition, education, or research in furtherance e text of the footnote to its financial statements that describes these items. the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement assures, or other similar assets held for public exhibition, education, or research in furtherance of public lating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of art, historical treasures, or other similar assets for financial ge following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: evenues included in Form 990, Part X 116 (ASC 958) relating to these items: evenues included in Form 990, Part X 116 (ASC 958) relating to these items: evenues included in Form 990, Part X 116 (ASC 958) relating to these items: evenues included in Form 990, Part X 116 (ASC 958) relating to these items: evenues included in Form 990, Part X 116 (ASC 958) relating to these items: evenues included in Form 990, Part X 116 (ASC 958) relating to these items: evenues included in Form 990, Part X 116 (ASC 958) relating to these items: evenues included in Form 990, Part X 116 (ASC 958) relating to th	nount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 101. \$ best each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) d section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, an clude, if applicable, the text of the footnote to the organization's financial statements that describes the organization nservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Complete if the organization answered "Yes" to Form 990, Part IV, line 8. the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance storical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, pro lating to these items: Revenues included in Form 990, Part VIII, line 1 10 ¹⁰¹ S Assets included in Form 990, Part X 10 ¹⁰¹ S 10 ¹⁰¹ S	d section <u>170(h)[4](B)[fi]?</u> OYes Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet clude, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting mervation easements. I Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works storical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, if e text of the footnote to its financial statements that describes these items. the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of an easures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the follow lating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X Assets included in Form 990, Part

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30	Tho

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	The Arl: <u>dule D</u> (Form 990) 2012 the Home t III Organizations Maintaining C			54-1	368484 Page 2
3	Using the organization's acquisition, accession				
3		on, and other records, check	any of the following that	t are a significant use of i	is conection items
-	(check all that apply):		T 1		
a	O Public exhibition		Loan or exchange progra		
b	O Scholarly research	e U	Other		
С	O Preservation for future generations				
4	Provide a description of the organization's co				art XIII.
5	During the year, did the organization solicit of	or receive donations of art, h	istorical treasures, or oth		
Par	to be sold to raise funds rather than to be TIV Escrow and Custodial Arran reported an amount on Form 990, Part	gements. Complete if the			Oyes ONo 7, line 9, or
1a	Is the organization an agent, trustee, custodia on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XIII				
-		and complete the following			Amount
с	Beginning balance			1c	7 milount
	Addit onsduring the <u>year</u>				
	-				
	Distributions during the <u>year</u>				
	Ending balance				
	Did the organization include an amount on Fo				· · · ·
	If "Yes," explain the arrangement in Part XIII				\mathbf{O}
Par	<u>t V</u> Endowment Funds. Complete in				=
		(a) Current year (b) P	rior year (c) Two year	s back (d) Three years bac	ck (e) Four years back
1a	Beginning of year balance				_
	Contributions				_
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the curre	ent year end balance (line 1)	g, column (a)) held as:		
а	Board designated or quasi endowment	%			
	Permanent endowment ►	%			
	Temporarily restricted endowment ►	%			
Ŭ	The percentages in lines 2a, 2b, and 2c shou				
30	Are there endowment funds not in the posses		t are hald and administer	ad for the organization	
Ja		ssion of the organization tha	a are nero and administer	eu for the organization	Yes No
	by:				
	(i) unrelated organizations				<u>3a(i)</u>
	(ii) related organizations <u></u>		11.50		<u>3a(ii)</u>
Ø	If "Yes" to 3a(ii), are the related organization				3b
 	Describe in Part XIII the intended uses of the				
<u>ra</u>	t VI Land, Buildings, and Equipm				(1) D 1 1
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
		basis (investment)	basis (other)	depreciation	212 200
	Land		313,390.		313,390.
b	Buildings	<u></u>	126,139.	39,695.	86,444.
С	Leasehold improvements				10 0.00
d	Equipment		68,240.	50,379.	17,861.
	Other 000000000000000000000000000000000000		24,086.	24,086.	0.
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, colun	nn (B), line 10(c).) 0000		417,695.

Schedule D (Form 990) 2012

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	The	Arlington-Alexandria	Coalition	for
Schedule D (Form 990) 2012	the	Homeless		

Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	d ⁻ of ⁻ year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) Morgan Stanley Smith	109,47	2 End-of-V	ear Market	Value
(B) Barney common stock	109,47	5. End-01-1	ear Market	value
(C)				
(D)				
(E)				
(F)				
(G)				
(H) (I)				
(I) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	109,47	3.		
Part VIII Investments - Program Related. See				
(a) Description of investment type	(b) Book value		aluation: Cost or end	d ⁻ of ⁻ year market value
(1)	(0) - 000 0000	(0)		
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets. See Form 990, Part X, line 1				Γ
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15) 0000000			
Part X Other Liabilities. See Form 990, Part X, lir				
1. (a) Description of liability	16 23.	(b) Book value		
(1) Federal income taxes				
(2) Residents' deposits		8,629.		
(3)		-,		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (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 tex		a annonination's financia		

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

Schedule D (Form 990) 2012

232053 12-10-12

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The Arlington-Alexandria Coalition for

Sche	dule D (Form 990) 2012 the Homeless			54-	1368484	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per F		n	•
1	Total revenue, gains, and other support per audited financial statements			1	1,763,	440.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	-3,304. 117,588.			
b	Donated services and use of facilities	2b	117,588.			
с	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	114,	284.
3	Subtract line 2e filtin e 1			3	1,649,	156.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	141.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		141.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 000	000	0000000000000000	5	1,649,	297.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts W	/ith Expenses per	Retu	Irn	
1	Total expenses and losses per audited financial statements		-	1	1,841,	799.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	117,588.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)					
	Add lines 2a through 2d			2e	117,	588.
3	Subtract line 2e filin e 1			3	1,724,	211.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	141.			
	Other (Describe in Part XIII.)	4b]		
	Add lines 4a and 4b			4c		141.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 00	000	0000000000000000	5	1,724,	352.
Pa	t XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4; Part IV, lines 1	b and 2	2b; Part V, line	4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	orovide	any additional information	tion.		
Pai	t X, Line 2: AACH is exempt from income ta	xes	under Secti	on		
		_				
501	(c)(3) of the Internal Revenue code and is	cl	assified as	an		
				<i>i</i>		
orc	<u>anization other than a private foundation</u>	und	er 170(b)(1)	(A)	(V1) OÍ	the
- .						_
<u>lnt</u>	ernal Revenue Code. The organization adop:	ted	<u>the provisi</u>	ons	in F'ASE	3
7 0 /	7 740 10					
ASC	2 740-10.					

Schedule D (Form 990) 2012

232054 12-10-12

13340212 786335 9647-001

SCHEDULE G (Form 990 or 990-EZ)										
Department of the Treasury Internal Revenue Service	Complete i or if ^{Pilo-}		Open To Public Inspection							
Name of the organization		Employer ide 54-1368	entification number							
	complete this par	Complete if the organization ans	wered "Y	es" to	Form 990, Part IV, I	ine 17	'. Form 990 ⁻ E2	Z filers are not		
 a A Mail solicitat b A Internet and c Phone solici d Internet solici d Internet solici internet solici internet solici key employees list 	ions email solicitations tations licitations on have a written of red in Form 990, F n highest paid ind	s f Solic g Spector or oral agreement with any individ Part VII) or entity in connection wit ividuals or entities (fundraisers) p	itation of itation of ial fundra ual (inclu h profess	non ⁻ g gover aising ding c ional f	overnment grants mment grants events officers, directors, tru fundraising services?	stees	🐼 Ye			
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control		(iv) Gross receipts from activity	tò (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
iRainmakers - 1200 Street, Ste. 1201,		Safe at Home kickball tournament	Yes	No X	210,000.		42,000	. 168,000.		
Total 3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to soli	cit contrib	putions	210,000. s or has been notified	d it is	42,000			
LHA Paperwork Reduc 232081 01-07-13	ction Act Notice, Part IV	see the Instructions for Form 9 for continuations	90 or 99 0)-EZ.		5	Schedule G (Fo	rm 990 or 990⁻EZ) 2012		

The Arlington-Alexandria Coalition for

Schedule G (Form 990 or 990 F7) 2012 the Homeless

54-1368484 Page 2

	of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
		Kickball Tournament		None	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	49,612.			49,612
ľ.					
2	Less: Contributions	33,369.			33,369
3	Gross income (line 1 minus line 2) 0000	16,243.			16,243
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	2			
6	Food and beverages				
8	Entertainment				
9	Other direct expenses	20,349.			20,349
10		h 9 in column (d)		>	(20,349
	Net income summary. Combine line 3. colum				-4,106
art F	III Gaming. Complete if the organization \$15,000 on Form 990 EZ, line 6a.	answered "Yes" to Form		reported more than	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) thœugt> I _ (
	Gross revenue 00000000000000				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses OOOOOOOOO				
		O Yes%			
6	Volunteer labor	O No		O No	
7	Direct expense summary. Add lines 2 through	h 5 in column (d)			(
8	Net gaming income summary. Combine line	1 column d and line 7	000000000000000000000000000000000000000		
	Net gaming meone summary. Combine inte		000000000000000000000000000000000000000		
Er	ter the state(s) in which the organization operation	ates gaming activities:			
a lo	the organization licensed to operate gaming a				OYes ON
	'No," explain:				
				vear?	
b If '	ere any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax		
b If '	ere any of the organization's gaming licenses r 'Yes," explain:		-		
o If '			-		
b If '			-		

The	Arlington-Alexandr	ia Coalition	for

Sch	edule G (Form 990 or 990 EZ) 2012 the Homeless 54-	1368484	Page 3
	Does the organization operate gaming activities with nonmembers?	OYes	
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?	O Yes	O No
	Indicate the percentage of gaming activity operated in:		
	The organization's <u>facility</u>		<u>%</u>
	An outside <u>facility</u> Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	%
b	Name 10 Address 1 ⁰⁻ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization 1 ⁰⁻ \$ and the amount of gaming revenue retained by the third party 1 ⁰⁻ \$ If "Yes," enter name and address of the third party:	Ores	O No
	Name 10		
16	Gaming manager information:		
	Name 10		
	Gaming manager compensation 1 ⁰⁻ \$		
	Description of services provided 10-		
a b	 Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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⁻ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information) and (v), and	Part III,
Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraise	rs:	
(i) Name of Fundraiser: iRainmakers		
(i) Address of Fundraiser:		
12	00 N Vietch Street, Ste. 1201, Arlington, VA 22201		
2320	83 01-07-13 Sabadula C (Fa		LET 2042

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Schedule G (Form 990 or 990-EZ) 2012

the Ho	lington-Alex	Government ete if the organizatio	s, and Individuals n answered "Yes Attach to For	m ⁹⁹⁰ .	tes		OMB No. 1545-0047 2012 Open to Public Inspection 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? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
¹ (a) Name and address of organization or government	ation (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non ⁻ cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non ⁻ cash assistance	(h) Purpose of grant or assistance			
² Enter total number of section ⁵⁰¹	(c)([⊴]) and government or	ganizations listed in th	e line ¹ table ~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~				

<u>a</u> Enter total number of other organizations listed in the line ¹ table
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form ⁹⁹⁰.

The	Arlington-Alexandria	Coalition	for
the	Homeless		

Schedule I (Form 990) (2012)

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Page²

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.		
			· · · · · · · · · · · · · · · · · · ·		
<u></u>			· · · · · · · · · · · · · · · · · · ·		
Part IV Supplemental Information. Complete this part to prov	vide the information	n required in Part I,	line ² , Part III, colum	in (b), and any other additional in	tormation.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form

Department of the Treasury Internal Revenue Service

990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No. ¹5⁴5⁻00⁴⁷

Open to Public Inspection

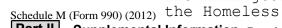
Name of the organization	-	Arlington-Alexandria	COALICION	TOT	Employer identification number
	the	Homeless			54-1368484
Part I Types of	Propert	v			

<u> </u>		(a) Check if	(b) Number of	(c) Noncash contrib	oution	(d Method of d		ina	
		applicable	contributions or	amounts reported	ed on	noncash contrib		-	is
			items contributed	Form 990, Part VII	<u>, line 1g</u>				
1	Art - Works of art								
2 3	Art - Historical treasures								
3 4	Books and publications								
5 6	Clothing and household goods								
7	Boats and planes								
8	Intellectual property			· · · · · · · · · · · · · · · · · · ·					
9	Securities - Publicly traded	X	1	1.0)21.	Fair marke [.]	t va	lue	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
10	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						6		
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other 🕨 (Progam materi)	Х	293	53,6	542.	Purchase p	rice		
26	Other ► ()								
27	Other ► ()								
28	Other ► ()								
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for	contributions					
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	lgement	29				
								Yes	No
30a	During the year, did the organization receive b	by contribution	on any property re	ported in Part I, line	s 1⁻28 tha	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used	for exen	npt purposes for			
	the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non standar	d contrib	utions?			Х
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell	noncash				
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colum	n (a) is ch	necked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule N	l (Form	990) ((2012)

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13340212 786335 9647-001

The	Arlington-Alexandria	Coalition	for
		000.110101	



Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

2142 12-20-12		Schedule M (Form 990)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

the

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.

Supplemental Information to Form 990 or 990⁻EZ

OMB No. 1545-004 **Open to Public** Inspection

The Arlington-Alexandria Coalition for Homeless

Employer identification number 54-1368484

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, <u>confl</u>ict 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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2012.05030 The Arlington-Alexandria Co 9647-001

²⁰¹² DEPRECIATION AND AMORTIZATION REPORT

Form 99	00 Page 10					990									
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
	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

orm 99	00 Page 10							990		-					
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
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

Form 9	90 Page 10							990							
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.	Ο.		0.	0.
22-111	* Grand Total 990 Page 10 Depr						531,856.				531,856.			7,722.	114,160.

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