| 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 |
| 32002 2-10- | 2 |
| | 2 |
| | |
| 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) |

232003 12-10-12

3 2012.05030 The Arlington-Alexandria Co 9647-001

13340212 786335 9647-001

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)

232004 12-10-12

13340212 786335 9647-001

The Arlington-Alexandria Coalition for

| Form | 990 (2012) the Homeless 54-1368 | 484 | Р | age 5 |
|----------|---|------|--------|----------|
| 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 | | | |
| | | | | |

3²006 12-10-12 The Arlington-Alexandria Coalition for the Homeless

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. | _, | | |
| | | | | | | | | | | | | |
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Form 990 (2012)

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2012.05030 The Arlington-Alexandria Co 9647-001

The Arlington-Alexandria Coalition for the Homeless

| 54-1 | 368484 | Page 8 |
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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 | | | | |
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| | | { | | | | | | | | | | | | | |
| | | | | | | <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 | | |
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| | | | | | | | | | | | | | | | |
| 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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13 2012.05030 The Arlington-Alexandria Co 9647-001

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 | |
| | | | | | | | ···/// |

232022 12-04-12

13340212 786335 9647-001 2012.05030 The Arlington-Alexandria Co 9647-001

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 | | | , , -= |
| 340 | 212 786335 9647-003 | 1 203 | 12.05030 | The Arlin | gton-Alexa | andria Co | 9647-001 |

| organization organization and number at en ggregate contribu ggregate contribu ggregate value at id the organization id the organization id the organization id the organization id the organization of the organization id the organization of the organization id the organization id the organization id the organization of the organization of the organization oppose(s) of conserva- prosection of Preservation opplete lines 2a is y of the tax year otal number of conserva- umber of conserva- | the tions Ma answered ' d of year tions to (du om (during end of yea n inform al 's property n inform al oses and no private tion Ease of land for natural hal of open sp hrough 2d | Arlin Home intaining "Yes" to For uring year) year) year) year) year) subject to ll donors ar y, subject to ll grantees, ot for the be benefit sements sements he public use bitat bace if the organ easements | ngton-Alless g Donor Ad orm 990, Part I g Donor Ad orm 990, Part I 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 | Form 990. Pilo lexandr dvised Fun V, line 6. sors in writing tion's exclusive onor advisors por or donor DOOOOOOOO the organization nization (chea on or education | s in writing advisor, o coooooc on answer ck all that on) | arate instruct Dalition Dther Simila r advised funds assets held in d ontrol? | ions. in for ir Funds c s s 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 | (b) Funds (b) Funds (b) Funds (c) Fu | <u>inspec</u> yer identificati 54-1368 ts.Complete if and other acco and other acco O Yes oo Yes ant land area ructure | ion numbe 3 4 8 4 The ounts O No O No O No O No |
|---|---|--|--|---|--|--|--|--|--|---|
| f the organization Organization organizati | the tions Ma answered ' d of year tions to (du om (during end of yea n inform al 's property n inform al oses and no private tion Ease of land for natural hal of open sp hrough 2d | Home intaining "Yes" to F <u>c</u> "Yes" to F <u>c</u> "year) yea | ngton-Alless g Donor Ad orm 990, Part I g Donor Ad orm 990, Part I 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 | lexandr lvised Fun V, line 6. sors in writing tion's exclusive tion's exclusive tionor advisors ponor or donor DOOOOOOOO the organization nization (chec on or education a qualified con | cia Co nds or O (a) Donor (a) Donor g that the a ve legal $\underline{\alpha}$ s in writing advisor, o OOOOOC on answer ck all that on) | Dealition Dealition Dealition Tradvised funds assets held in d Deality assets held in d assets held in d | n for ar Funds c s s lonor advised nds can be us r purpose co OOOOOOO rm 990, Part n of an histor n of a certific n the form o | (b) Funds (b) Funds (b) Funds (c) Fu | yer identificati 54-1368 ts.Complete if and other acco and other acco of Yes con Yes cant land area ructure ion easement of | ion numbe 3 4 8 4 The ounts O No O No O No O No |
| organization otal number at en ggregate contribu ggregate grants fr ggregate yalue at id the organization id the organization id the organization id the organization r charitable purp Dermissible Conserva prose(s) of cons Preservation Preservation O Preservation omplete lines 2a ty of the tax year otal number of co otal acreage restrumber of conserv umber of conservation | answered ' d of year ions to (du om (during end of yea n inform al 's property n inform al oses and no private tion Ease ervation ease of land for natural hal of open sp hrough 2d | "Yes" to F <u>c</u> uring year) year) r Il donors ar y, subject to Il grantees, ot for the be benefit sements he public use bitat bace if the organ easements onservation | nd donor advis o the organizat donors, and denefit of the do complete if t eld by the organ (e.g., recreation nization held a | V, line 6. | (a) Donor 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 | s 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 | (b) Funds (b) Funds (c) fu | and other according to the second sec | O No O No O No |
| 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 |
| ggregate contribu ggregate grants fr ggregate value at id the organization id the organization id the organization r charitable purp Dermissible Conserva Dermissible Conserva Dereservation O Preservation omplete lines 2a ty of the tax year otal number of conserva- umber of conserva- | tions to (du om (during end of yea n inform al i's property n inform al oses and no private tion Eas of land for natural hal of open sp hrough 2d nservation acted by co ation easer | ring year) year) i year) i year) i 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 de enefit of the do ? OOOOOOC . 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 n the last |
| ggregate contribu ggregate grants fr ggregate value at id the organization id the organization id the organization r charitable purp Dermissible Conserva Dermissible Conserva Dereservation O Preservation omplete lines 2a ty of the tax year otal number of conserva- umber of conserva- | tions to (du om (during end of yea n inform al i's property n inform al oses and no private tion Eas of land for natural hal of open sp hrough 2d nservation acted by co ation easer | ring year) year) i year) i year) i 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 de enefit of the do ? OOOOOOC . 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 (chee on or education a qualified con | g that the a ve legal <u>CC</u> s in writing advisor, c OOOOOOC on answer ck all that on) | assets held in d ontrol? g that grant fur or for any othe 000000000 ed "Yes" to Fo apply). Preservation Preservation n 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 | sed only nferring OOOOOOOOO IV, line 7. rically import ed historic str f a conservati | DO Oyes ant land area ructure ion easement of | O Notes that the last |
| ggregate grants fr ggregate value at id the organization id the organization id the organization r charitable purp Dermissible Conserva urpose(s) of cons Preservation Protection of Preservation omplete lines 2a ty of the tax year otal number of conserv umber of conserv umber of conserv | om (during end of yea n inform al i's property n inform al oses and no e private tion Eas of land for natural hal of open sp hrough 2d | r | nd donor advis o the organizat donors, and de enefit of the do t? OOOOOOC . 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 (checton or education on or education a qualified con | g that the a ve legal <u>CC</u> s in writing advisor, c OOOOOOC on answer ck all that on) | assets held in d ontrol? g that grant fur or for any othe 000000000 ed "Yes" to Fo apply). Preservation Preservation n 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 | sed only nferring OOOOOOOOO IV, line 7. rically import ed historic str f a conservati | DO Oyes ant land area ructure ion easement of | O Notes that the last |
| ggregate value at id the organization id the organization id the organization id the organization r charitable purp Dermissible Conserva urpose(s) of cons Preservation Protection of Preservation Operation Preservation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation O | end of yea n inform al i's property n inform al oses and no e private tion Ease ervation ease of land for natural hal of open sp hrough 2d | r Il donors ar y, subject to Il grantees, ot for the be benefit sements he public use bitat bace if the organ easements onservation | nd donor advis o the organizat donors, and de enefit of the do c? OOOOOOC . Complete if t eld by the organ (e.g., recreation nization held a | sors in writing tion's exclusiv onor advisors onor or donor OOOOOOOO the organization nization (chec on or education a qualified con | ve legal <u>CC</u> s in writing · advisor, c OOOOOC on answer ck all that on) | ntrol? g that grant fur or for any othe 000000000 ed "Yes" to Fo apply). Preservation Preservation a contribution i | nds can be us r purpose co OOOOOOO rm 990, Part n of an histor n of a certific n the form o | sed only nferring OOOOOOOOO IV, line 7. rically import ed historic str f a conservati | DO Oyes ant land area ructure ion easement of | O Notes that the last |
| id the organization e the organization id the organization r charitable purp mpermissible Conservation Preservation Preservation OPreservation omplete lines 2a ty of the tax year otal number of co otal acreage restrumber of conserv umber of conserv | n inform al i's property n inform al oses and no private tion Ease ervation ease of land for natural hal of open sp hrough 2d inservation acted by co ation easer | Il donors ar y, subject to Il grantees, ot for the be benefit sements sements he public use bitat bace if the organ easements onservation | nd donor advis o the organizat donors, and denefit of the do ? 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 OOOOOOOO the organization nization (check on or education a qualified con | ve legal <u>CC</u> s in writing · advisor, c OOOOOC on answer ck all that on) | ntrol? g that grant fur or for any othe 000000000 ed "Yes" to Fo apply). Preservation Preservation a contribution i | nds can be us r purpose co OOOOOOO rm 990, Part n of an histor n of a certific n the form o | sed only nferring OOOOOOOOO IV, line 7. rically import ed historic str f a conservati | DO Oyes ant land area ructure ion easement of | O N n the last |
| e the organization id the organization r charitable purper mermissible Conservation Preservation Preservation Opereservation O | i's property n inform all oses and no private tion Eas ervation eas of land for natural hal of open sp hrough 2d | y, subject to ll grantees, ot for the be benefit sements he public use bitat bace if the organ easements onservation | o the organizat donors, and de enefit of the do ? OOOOOOC • Complete if t eld by the organ (e.g., recreation nization held a | tion's exclusiv onor advisors onor or donor OOOOOOOO the organization nization (cheo on or education a qualified con | ve legal <u>CC</u> s in writing · advisor, c OOOOOC on answer ck all that on) | ntrol? g that grant fur or for any othe 000000000 ed "Yes" to Fo apply). Preservation Preservation a contribution i | nds can be us r purpose co OOOOOOO rm 990, Part n of an histor n of a certific n the form o | sed only nferring OOOOOOOOO IV, line 7. rically import ed historic str f a conservati | DO Oyes ant land area ructure ion easement of | O N n the last |
| r charitable purp Conserva rpose(s) of cons Proservation Protection of Preservation omplete lines 2a y of the tax year otal number of co otal acreage restrumber of conserv umber of conserv | ses and no private ition Eas ervation eas of land for natural hal of open sp hrough 2d inservation acted by co ation easer | easements easements | enefit of the do ? OOOOOOO . Complete if t eld by the organ (e.g., recreation nization held a | onor or donor DOOOOOOO nization (chee on or education a qualified con | advisor, of OOOOOOC on answer ck all that on) | or for any othe DOOOOOOOO ed "Yes" to Fo apply). Preservation Preservation n contribution i | r purpose co OOOOOOO rm 990, Part n of an histor n of a certific n the form o | nferring OOOOOOOO IV, line 7. rically import ed historic str f a conservati | ant land area ructure ion easement of | n the last |
| Dermissible Conservation Preservation Preservation Preservation Preservation omplete lines 2a by of the tax year otal number of co otal acreage restrumber of conserv umber of conserv | e private tion Ease ervation easof land for natural hal of open sp hrough 2d nservation acted by co ation easer | e benefit sements sements he public use bitat pace if the organ easements onservation | 2? OOOOOOO Complete if t cld by the organ (e.g., recreation nization held a s | DOOOOOOOO he organization nization (chec on or education a qualified con | oooooo on answer ck all that on) | DOOOOOOOOO ed "Yes" to Fo apply). Preservation Preservation a contribution i | OOOOOOO rm 990, Part n of an histor n of a certific n the form o | OOOOOOOO IV, line 7. rically import ed historic str f a conservati | ant land area ructure ion easement of | n the last |
| Conservation Preservation Protection of Preservation Preservation omplete lines 2a ty of the tax year otal number of co tal acreage restrumber of conserv umber of conserv | tion Ease ervation ease of land for natural hal of open sp hrough 2d inservation acted by co ation easer | sements. sements he public use bitat bace if the organ easements onservation | Complete if t eld by the organ (e.g., recreation nization held a | the organization nization (chec on or education a qualified con | on answer ck all that on) | ed "Yes" to Fo apply). Preservation Preservation a contribution i | rm 990, Part n of an histor n of a certific n the form o | IV, line 7. rically import ed historic str f a conservati H | ant land area ructure ion easement of | n the last |
| Preservation Preservation Preservation Preservation omplete lines 2a by of the tax year otal number of co otal acreage restrumber of conserv umber of conserv | ervation eau of land for natural hal of open sp hrough 2d inservation acted by co ation easer | sements he public use bitat bace if the organ easements onservation | eld by the organ (e.g., recreation nization held a | nization (cheo on or educatio a qualified con | ck all that on) | apply). Preservation Preservation a contribution i | n of an histor n of a certific n the form o | rically import ed historic str f a conservati H | ructure | |
| Preservation Protection of Preservation omplete lines 2a by of the tax year otal number of co otal acreage restrumber of conserv umber of conserv | of land for natural hal of open sp hrough 2d nservation acted by co ation easer | public use bitat pace if the organ easements onservation | (e.g., recreation | on or education | on) | Preservation Preservation | n of a certifie n the form o | ed historic str f a conservati | ructure | |
| Protection of Preservation omplete lines 2a to by of the tax year otal number of co otal acreage restrumber of conserv umber of conserv | natural hal of open sp hrough 2d nservation acted by co ation easer | bitat pace if the organ easements onservation | nization held a | ı qualified cor | nservation | Preservation | n of a certifie n the form o | ed historic str f a conservati | ructure | |
| Preservation omplete lines 2a to y of the tax year otal number of co otal acreage restrumber of conserv umber of conserv | of open sp hrough 2d nservation acted by co ation easer | bace if the organ easements onservation | 5 | - | nservation | a contribution i | n the form o | f a conservati | ion easement of | |
| omplete lines 2a y of the tax year otal number of co otal acreage restr umber of conserv umber of conserv | hrough 2d nservation icted by co ation easer | if the organ easements onservation | 5 | - | | | | н | | |
| y of the tax year otal number of co otal acreage restr umber of conserv umber of conserv | nservation acted by co ation easer | easements | 5 | - | | | | н | | |
| otal number of co otal acreage restr umber of conserv umber of conserv | cted by co ation easer | onservation | | | | | | | eld at the End of | the Tax Ye |
| otal acreage restr umber of conserv umber of conserv | cted by co ation easer | onservation | | | | | | 2a | | |
| umber of conserv umber of conserv | ation easer | | easements . | | | | | ····· <u> </u> | | |
| umber of conserv | | nents on a | | | | | | <u>2b</u> | | |
| | ation accord | | certified histor | ric structure in | ncluded in | n (a) | | <u>2c</u> | | |
| ted in the Netion | ation easer | ments inclu | uded in (c) acq | uired after 8/ | /17/06, and | d not on a histe | oric structure | e | | |
| icu în the Nation | 1 <u>Register</u> | | | | | | | <u>2d</u> | | |
| umber of conserv | ation easer | ments modi | ified, transferr | ed, released, | extinguisl | hed, or termina | ated by the or | rganization d | uring the tax | |
| ar 101 | | | | | | | | | | |
| umber of states w | | | | | | | | | | |
| oes the organizat | | - | | - | • | - | • | | | |
| olations, and enf | | | | | | | | | | O_N |
| | | | | - | - | | | | | |
| - | | | | | • | | • | • | | |
| | | | | | | | | | OYes | |
| 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 | |
| | | - | - | | | | - | | | |
| | | | | - | | | | Ū. | | |
| II Organiza | tions Ma | intaining | g Collectio | ns of Art, I | Historic | cal Treasur | es, or Oth | er Similar | Assets. | |
| | | | | | | | | | | |
| - | | - | | | | - | | | | |
| | | | - | | | 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 |
| | | rm 000 Do | rt VIII ling 1 | | | | | 1 01. C | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| - | | | | | | | - | ,, provide | | |
| | | | | | | | | 1 ^{01.} \$ | | |
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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. Organizations Maintainin Complete if the organization answ the organization elected, as permitted storical treasures, or other similar asset e text of the footnote to its financial si the organization elected, as permitted saures, or other similar assets held for lating to these items: Revenues included in Form 990, Part X the organization received or held work e following amounts required to be rep evenues included in Form 990, Part VIII ssets included in Form 990, Part X | nount of expenses incurred in monitoring, inspecting bes each conservation easement reported on line 2(d) d section <u>170(h)(4)(B)(ii)?</u> Part XIII, describe how the organization reports co- clude, if applicable, the text of the footnote to the organiservation easements. 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 |
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| 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

13340212 786335 9647-001

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 |

22 13340212 786335 9647-001 2012.05030 The Arlington-Alexandria Co 9647-001

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)

54-1368484

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> | | | · · · · · · · · · · · · · · · · · · · | | |
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| 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. |
| | | | | | |
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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

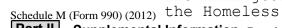
| Name of the organization | - | Arlington-Alexandria | COALICION | TOT | Employer identification number |
|--------------------------|---------|----------------------|-----------|-----|--------------------------------|
| | the | Homeless | | | 54-1368484 |
| Part I Types of | Propert | v | | | |

| <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) |

232141 12-20-12

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.

| | | |
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| 2142 12-20-12 | | Schedule M (Form 990) |
| | 26 | |

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)

27

13340212 786335 9647-001

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. |

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(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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