**Form 8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

For calendar year 2018, or fiscal year beginning __________ , 2018, and ending __________ , 20 __________

**U** Do not send to the IRS. Keep for your records.  
**U** Go to www.irs.gov/Form8879EO for the latest information.

---

**Part I — Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the line, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here ▶ □ **Total revenue, if any (Form 990, Part VIII, column (A), line 12)**  
2a Form 990-EZ check here ▶ □ **Total revenue, if any (Form 990-EZ, line 9)**  
3a Form 1120-POL check here ▶ □ **Total tax (Form 1120-POL, line 22)**  
4a Form 990-PF check here ▶ □ **Tax based on investment income (Form 990-PF, Part VI, line 5)**  
5a Form 8868 check here ▶ □ **Balance Due (Form 8868, line 3c)**

**Part II — Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

**Officer’s PIN: check one box only**

- [X] I authorize **HARRINGTON LANGER & ASSOCIATES**  
  to enter my PIN ▶ **09977**  
  as my signature  
  Enter five numbers, but do not enter all zeros

- As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

**Part III — Certification and Authentication**

**ERO’s EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

```
<table>
<thead>
<tr>
<th>ERO’s EFIN/PIN</th>
<th>41872702560</th>
</tr>
</thead>
</table>
```

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

**ERO’s signature**  
**Greg Emmerich**  
**Date** 05/03/19

---

**EROS Must Retain This Form — See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990

2018 Open to Public Inspection

A For the 2018 calendar year, or tax year beginning (insert no.) and ending (insert no.)

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

ALEXANDRA HOUSE, INC.

D Employer identification number

41-1309977

E Telephone number

763-656-1361

G Gross receipts $ 2,934,345

F Name and address of principal officer:

CONSTANCE MOORE

10065 3RD ST NE

BLAINE MN 55434

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

H(c) Group exemption number

I Tax-exempt status:

- 501(c)(3)
- 501(c)( )
- 501(c) (insert no.)
- 4947(a)(1) or 527

J Website: U www.alexandrahouse.org

K Form of organization:

- Corporation
- Trust
- Association
- Other

L Year of formation: 1977

M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

Alexandra House's mission is to empower victims of domestic and sexual violence, and inspire social change through education, support and advocacy.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Total unrelated business taxable income from Form 990-T, line 38

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

CONSTANCE MOORE

EXECUTIVE DIRECTOR

Type or print name and title

Date

Print/Type preparer's name

GREG EMMERICH

Preparer's signature

GREG EMMERICH

Paid Preparer Use Only

Firm's name

HARRINGTON LANGER & ASSOCIATES

Firm's EIN

41-1532347

Firm's address

563 PHALEN BLVD

SAINT PAUL, MN 55130

Phone no.

651-481-1128

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)
Form 990 (2018)  ALEXANDRA HOUSE, INC.  41-1309977  Page 2

Part III  Statement of Program Service Accomplishments

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

1  Briefly describe the organization's mission:

Alexandra House's mission is to empower victims of domestic and sexual violence, and inspire social change through education, support and advocacy.

2  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a  (Code:  ) (Expenses $ 1,662,758  including grants of $  ) (Revenue $  )

See Schedule O

4b  (Code:  ) (Expenses $ 1,002,629  including grants of $  ) (Revenue $  2,609 )

See Schedule O

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

N/A

4d  Other program services (Describe in Schedule O.)

(Expenses $  including grants of $  ) (Revenue $  )

4e  Total program service expenses U 2,665,387
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>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</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If “Yes,” complete Schedule C, Part III</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If “Yes,” complete Schedule D, Part II</td>
<td>7</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III</td>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>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</td>
<td>9</td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If “Yes,” complete Schedule D, Part V</td>
<td>10</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI</td>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>11b</td>
<td>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If “Yes,” complete Schedule D, Part VII</td>
<td>11b</td>
<td>X</td>
</tr>
<tr>
<td>11c</td>
<td>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</td>
<td>11c</td>
<td>X</td>
</tr>
<tr>
<td>11d</td>
<td>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</td>
<td>11d</td>
<td>X</td>
</tr>
<tr>
<td>11e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If “Yes,” complete Schedule D, Part X</td>
<td>11e</td>
<td>X</td>
</tr>
<tr>
<td>11f</td>
<td>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</td>
<td>11f</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts XI and XII</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year? If “Yes,” and if the organization answered “No” to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E</td>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If “Yes,” complete Schedule F, Parts I and IV</td>
<td>14b</td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If “Yes,” complete Schedule F, Parts II and IV</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If “Yes,” complete Schedule F, Parts III and IV</td>
<td>16</td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If “Yes,” complete Schedule G, Part I (see instructions)</td>
<td>17</td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>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</td>
<td>18</td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>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</td>
<td>19</td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H</td>
<td>20a</td>
<td>X</td>
</tr>
<tr>
<td>20b</td>
<td>If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>20b</td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II</td>
<td>21</td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>25b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>28a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>31</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>37</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O.
### Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Note.</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a  Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b  If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4a  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4b  If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5c  If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a  Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b  If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a  Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b  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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7c  If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7d  If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8b  If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9a  Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9b  If &quot;Yes,&quot; did the organization file Form 8886-T?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c  If &quot;Yes,&quot; were the organization required to file Form 8282?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10a  Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b  If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a  Gross income from members or shareholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b  If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13a  Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13b  Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13c  Enter the amount of reserves on hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a  Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14b  If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15  Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**ALEXANDRA HOUSE, INC.**

**41-1309977**

Date: 05/03/2019 9:23 AM
### Part VI

#### Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

#### Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

1b. Enter the number of voting members included in line 1a, above, who are independent.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

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?

- [X] Yes

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

- [X] Yes

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

- [X] Yes

5. Did the organization become aware during the year of a significant diversion of the organization's assets?

- [X] Yes

6. Did the organization have members or stockholders?

- [X] Yes

7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

- [X] Yes

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

- [X] Yes

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

- [X] The governing body

8a. Each committee with authority to act on behalf of the governing body?

- [X] Yes

8b. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

- [X] Yes

#### Section B. Policies

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10a</td>
</tr>
</tbody>
</table>

10a. Did the organization have local chapters, branches, or affiliates?

- [X] Yes

10b. If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11a</td>
</tr>
</tbody>
</table>

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

- [X] Yes

11b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12a</td>
</tr>
</tbody>
</table>

12a. Did the organization have a written conflict of interest policy? If "No," go to line 13

- [X] Yes

12b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

- [X] Yes

12c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

13. Did the organization have a written whistleblower policy?

- [X] Yes

14. Did the organization have a written document retention and destruction policy?

- [X] Yes

15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

- [X] Yes

15a. The organization's CEO, Executive Director, or top management official

- [X] Yes

15b. Other officers or key employees of the organization

- [X] Yes

16a. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

- [X] Yes

16b. If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

- [X] Yes

#### Section C. Disclosure

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

- [X] MN

18. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- [X] Own website
- [X] Another's website
- [X] Upon request
- [ ] Other (explain in Schedule O)

19. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20. State the name, address, and telephone number of the person who possesses the organization's books and records

- DEB CORAZZO
- 10065 3RD ST NE
- BLAINE
- MN 55434
- 763-780-2332

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

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARY ARNESON</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHAIR</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DAVE BARTHOLOMAY</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DYLON WARKENTIN</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TREASURER</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TONI CRAFT</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PAIGE CARLSON</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>REV. DR. MARGARET GUELKER</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ANDREA HAGER</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CLAUDETTE JONES</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SHELLY ORLANDO</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RANDALL WARREN, MD</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CLARE GRAVON</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12) SHERRI DUERR</td>
<td>1.00</td>
<td>BOARD MEMBER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(13) CONSTANCE MOORE</td>
<td>40.00</td>
<td>EXECUTIVE DIRECTOR</td>
<td>119,064</td>
<td>15,584</td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total .................................................. u 119,064 15,584  
c Total from continuation sheets to Part VII, Section A u 119,064 15,584  
d Total (add lines 1b and 1c) .................................. u 119,064 15,584  

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If “Yes,” complete Schedule J for such individual  

3 X  

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If “Yes,” complete Schedule J for such individual  

4 X  

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If “Yes,” complete Schedule J for such person  

5 X  

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization u 0
### Part VIII Statement of Revenue

**Contributions, Gifts, Grants and Other Similar Amounts**

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Exempt business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c 179,152</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e 2,337,097</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 386,794</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f</td>
<td>$ 8,870</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a–1f</td>
<td></td>
<td>u 2,903,043</td>
<td></td>
</tr>
</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Exempt business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a TRAINING AND SPEAKERS</td>
<td>900099 2,609</td>
<td>2,609</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a–2f</td>
<td></td>
<td>u 2,609</td>
<td></td>
</tr>
</tbody>
</table>

**Other Revenue**

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Exempt business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>u 2,831</td>
<td>2,831</td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>u</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td>u</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td>(i) Real</td>
<td>(ii) Personal</td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental inc. or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Net rental income or (loss)</td>
<td>u</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Gross amount from sales of assets other than inventory</td>
<td>(i) Securities</td>
<td>(i) Other</td>
<td></td>
</tr>
<tr>
<td>7c Less: cost or other basis &amp; sales expenses</td>
<td>3,522</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Gain or (loss)</td>
<td>3,431</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $179,152 of contributions reported on line 1c)</td>
<td>17,505</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>54,408</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>u</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td>u</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td>u</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td>u</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td>u</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Miscellaneous Revenue**

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Exempt business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a MISCELLANEOUS INCOME</td>
<td>4,926</td>
<td>4,926</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td>u 4,926</td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a–11d</td>
<td></td>
<td>u 4,926</td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td>u 2,876,415</td>
<td>7,444</td>
<td>0</td>
</tr>
</tbody>
</table>
### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>Program service expenses</strong></td>
<td><strong>Management and general expenses</strong></td>
<td><strong>Fundraising expenses</strong></td>
</tr>
<tr>
<td>1. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Grants and other assistance to domestic individuals. See Part IV, line 22.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Compensation of current officers, directors, trustees, and key employees</td>
<td>138,027</td>
<td>69,014</td>
<td>27,605</td>
</tr>
<tr>
<td>6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(3)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other salaries and wages</td>
<td>1,783,360</td>
<td>1,494,081</td>
<td>162,404</td>
</tr>
<tr>
<td>8. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>31,555</td>
<td>22,823</td>
<td>6,311</td>
</tr>
<tr>
<td>9. Other employee benefits</td>
<td>194,978</td>
<td>168,761</td>
<td>17,514</td>
</tr>
<tr>
<td>10. Payroll taxes</td>
<td>141,377</td>
<td>119,103</td>
<td>16,262</td>
</tr>
<tr>
<td>11. Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Management</td>
<td>15,208</td>
<td>11,328</td>
<td>693</td>
</tr>
<tr>
<td>b. Legal</td>
<td>60,537</td>
<td>53,985</td>
<td>2,760</td>
</tr>
<tr>
<td>c. Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td>108,829</td>
<td>96,366</td>
<td>4,960</td>
</tr>
<tr>
<td>12. Advertising and promotion</td>
<td>9,716</td>
<td>2,372</td>
<td>160</td>
</tr>
<tr>
<td>13. Office expenses</td>
<td>130,565</td>
<td>114,387</td>
<td>7,825</td>
</tr>
<tr>
<td>14. Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Occupancy</td>
<td>119,383</td>
<td>100,499</td>
<td>6,434</td>
</tr>
<tr>
<td>17. Travel</td>
<td>27,810</td>
<td>26,429</td>
<td>516</td>
</tr>
<tr>
<td>18. Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Depreciation, depletion, and amortization</td>
<td>101,096</td>
<td>88,963</td>
<td>7,078</td>
</tr>
<tr>
<td>23. Insurance</td>
<td>13,962</td>
<td>12,820</td>
<td>936</td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. OTHER CLIENT EXPENSES</td>
<td>169,274</td>
<td>169,274</td>
<td></td>
</tr>
<tr>
<td>b. FOOD</td>
<td>51,794</td>
<td>51,794</td>
<td></td>
</tr>
<tr>
<td>c. REPAIRS AND MAINTENANCE</td>
<td>30,800</td>
<td>29,930</td>
<td>870</td>
</tr>
<tr>
<td>d. STAFF DEVELOPMENT</td>
<td>12,920</td>
<td>11,747</td>
<td>461</td>
</tr>
<tr>
<td>e. All other expenses</td>
<td>41,711</td>
<td>21,711</td>
<td>5,238</td>
</tr>
<tr>
<td>25. Total functional expenses. Add lines 1 through 24e</td>
<td>3,182,907</td>
<td>2,665,387</td>
<td>268,027</td>
</tr>
</tbody>
</table>

**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).**
### Part X: Balance Sheet

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

<p>| | | | | | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A) Beginning of year</td>
<td>(B) End of year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
<td>----------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash—non-interest bearing</td>
<td>7,734</td>
<td>14,129</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>567,620</td>
<td>370,286</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>356,401</td>
<td>337,602</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete Part II of Schedule L</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instructions). Complete Part II of Schedule L</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>37,210</td>
<td>45,955</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>2,297,554</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>1,487,055</td>
<td>888,112</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>45,128</td>
<td>47,034</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 34)</td>
<td>1,902,205</td>
<td>1,625,505</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>133,409</td>
<td>153,528</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>14,850</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>38,038</td>
<td>32,861</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>171,447</td>
<td>201,239</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117 (ASC 958), check here \( \checkmark \) and complete lines 27 through 29, and lines 33 and 34.

<p>| | | | | | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>1,525,493</td>
<td>1,424,266</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>205,265</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117 (ASC 958), check here \( \square \) and complete lines 30 through 34.

<p>| | | | | | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>1,730,758</td>
<td>1,424,266</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>1,902,205</td>
<td>1,625,505</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>2,876,415</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>3,182,907</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-306,492</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>1,730,758</td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>1,424,266</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Cash □ Accrual □ Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis □ Consolidated basis □ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis □ Consolidated basis □ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

**Name of the organization**: ALEXANDRA HOUSE, INC.

**Employer identification number**: 41-1309977

### Part I: Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
   
   a. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
   
   b. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
   
   c. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
   
   d. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

13. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

14. Enter the number of supported organizations

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Part II  Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>2,443,965</td>
<td>2,567,557</td>
<td>3,088,294</td>
<td>3,490,341</td>
<td>2,903,043</td>
<td>14,493,200</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>2,443,965</td>
<td>2,567,557</td>
<td>3,088,294</td>
<td>3,490,341</td>
<td>2,903,043</td>
<td>14,493,200</td>
</tr>
</tbody>
</table>

Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>2,443,965</td>
<td>2,567,557</td>
<td>3,088,294</td>
<td>3,490,341</td>
<td>2,903,043</td>
<td>14,493,200</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>8,435</td>
<td>1,820</td>
<td>2,036</td>
<td>2,562</td>
<td>2,831</td>
<td>17,684</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14,510,884</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12 117,174</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

| Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 99.88% |
| Public support percentage from 2017 Schedule A, Part II, line 14 | 15 99.74% |
| 16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 16b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| 17b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | |
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Other income $ 0
Schedule B
(Form 990, 990-EZ, or 990-PF)

Name of the organization

ALEXANDRA HOUSE, INC.

Organization type (check one):

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Employer identification number

41-1309977

Filers of:

Form 990 or 990-EZ

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
## Part I  Contributors  
(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
</table>
| 1   | OVW FEDERAL GRANTS  
2100 3RD AVE  
ANOKA MN 55303 | $153,269            | Person X Payroll Noncash |
| 2   | MINNESOTA OFFICE JUSTICE PROGRAMS  
445 MINNESOTA STREET  
ST PAUL MN 55101 | $1,884,519          | Person X Payroll Noncash |
| 3   | ANOKA COUNTY HUMAN SERVICES DIVISION  
2100 THIRD AVENUE, 5TH FLOOR  
ANOKA MN 55303 | $63,644             | Person X Payroll Noncash |

(Complete Part II for noncash contributions.)
Supplemental Financial Statements

ALEXANDRA HOUSE, INC.

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

1  Total number at end of year (a) Donor advised funds  (b) Funds and other accounts
2  Aggregate value of contributions to (during year)
3  Aggregate value of grants from (during year)
4  Aggregate value of end of year
5  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control? ☐ Yes ☐ No
6  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can only be used for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1  Purpose(s) of conservation easements held by the organization (check all that apply):
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space
2  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a  Total number of conservation easements
b  Total acreage restricted by conservation easements

2c  Number of conservation easements on a certified historic structure included in (a)

2d  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4  Number of states where property subject to conservation easement is located

5  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

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

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

1b  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i)  Revenue included on Form 990, Part VIII, line 1

(ii)  Assets included in Form 990, Part X

2  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a  Revenue included on Form 990, Part VIII, line 1

b  Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

   a. Public exhibition
   b. Scholarly research
   c. Preservation for future generations

4. Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  
   - [ ] Yes  
   - [ ] No

**Part IV** Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

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

**Part V** Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of year balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net investment earnings, gains, and losses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants or scholarships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other expenditures for facilities and programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

   (i) unrelated organizations
   (ii) related organizations

   - [ ] Yes  
   - [ ] No

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

- [ ] Yes  
- [ ] No

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

**Part VI** Land, Buildings, and Equipment.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>103,660</td>
<td></td>
<td></td>
<td>103,660</td>
</tr>
<tr>
<td>Buildings</td>
<td>901,140</td>
<td>731,295</td>
<td>169,845</td>
<td></td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>885,406</td>
<td>455,500</td>
<td>429,906</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>394,520</td>
<td>287,432</td>
<td>107,088</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>12,828</td>
<td></td>
<td></td>
<td>12,828</td>
</tr>
</tbody>
</table>

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, columns (B), line 10c.)

- [ ] Yes  
- [ ] No

---

**Schedule D (Form 990) 2018**
### Part VII Investments—Other Securities.

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

<table>
<thead>
<tr>
<th>Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments—Program Related.

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

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities.

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

1. Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) FUNDS HELD FOR OTHERS</td>
<td>32,861</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
**Part XI**
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered “Yes” on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12 but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
</tr>
</tbody>
</table>

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

**Part X - FIN 48 Footnote**

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) FOR ANY UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
**ALEXANDRA HOUSE, INC.**

**Employer identification number**

41-1309977

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

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

   b. If “Yes,” list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Did fundraiser have custody or control of contributions?</th>
<th>(iii) Activity</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part II  Fundraising Events

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

<table>
<thead>
<tr>
<th>Event Type</th>
<th>HOPE GALA</th>
<th>HOPEFEST</th>
<th>None</th>
<th>Total Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>160,767</td>
<td>35,890</td>
<td></td>
<td>196,657</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>151,112</td>
<td>28,040</td>
<td></td>
<td>179,152</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>9,655</td>
<td>7,850</td>
<td></td>
<td>17,505</td>
</tr>
<tr>
<td>Direct Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td>6,000</td>
<td></td>
<td></td>
<td>6,000</td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>3,000</td>
<td>439</td>
<td></td>
<td>3,439</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>17,733</td>
<td></td>
<td></td>
<td>17,733</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td>3,000</td>
<td>1,304</td>
<td></td>
<td>4,304</td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>9,741</td>
<td>13,191</td>
<td></td>
<td>22,932</td>
</tr>
<tr>
<td>10 Direct expense summary</td>
<td></td>
<td></td>
<td></td>
<td>54,408</td>
</tr>
<tr>
<td>11 Net income summary</td>
<td></td>
<td></td>
<td></td>
<td>-36,903</td>
</tr>
</tbody>
</table>

### Part III  Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>%</td>
<td>Yes</td>
<td>%</td>
</tr>
<tr>
<td>7 Direct expense summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

b If “No,” explain:

10a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year?

b If “Yes,” explain:

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

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

13 Indicate the percentage of gaming activity conducted in:
   a The organization’s facility ................................................................. 13a %
   b An outside facility ............................................................................. 13b %

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
   b If “Yes,” enter the amount of gaming revenue received by the organization $ , and the amount of gaming revenue retained by the third party $ 
   c If “Yes,” enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ 

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming Proceeds to retain the state gaming license? ☐ Yes ☐ No
   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year $ 

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

ALEXANDRA HOUSE, INC.

Form 990, Part III, Line 4a - First Accomplishment

Alexandra House programs offer a continuum of services to victims/survivors of domestic violence, sexual violence, dating violence, and abuse in later life. Our emergency shelter offers immediate safety, crisis intervention, and support to victims fleeing from abusive relationships, while our many other programs are designed to assist victims/survivors who are at various stages in their recovery - assisting them in moving beyond their immediate crisis to regain hope for a better future, achieve long term emotional and economic stability, live free from violence and abuse, and become fully engaged, participating members of their community. In 2018, Alexandra House provided direct services to over 2,846 victims/survivors—women, men and youth.

Housing & Support Services Program

- Shelter Services: We operate a 24-hour emergency shelter that can house up to 35 women and children at a time. Alternative emergency shelter is offered to male victims of domestic and sexual violence. Advocates work closely with clients, providing assistance in protection planning, securing safe permanent, affordable housing, and connecting clients to valuable resources in their community. Advocates also work with children during their stay in shelter, providing education and support around a range of issues—including safety planning, domestic/family violence, child abuse, self-esteem and sexual abuse. Alexandra House, in partnership with the Anoka Hennepin School District, offers school at an alternative site for...
ALEXANDRA HOUSE, INC.

children in grades K-12, ensuring a safe and nurturing environment. This partnership also offers pre-K education on-site. In 2018, we sheltered and provided advocacy and support services to 542 women, children, and men. Advocates from all programs provided advocacy and support to 3,370 primary and secondary victims via our Help Line and over the phone.

• Follow Up Services: Follow Up Services advocates work with individuals and families to empower and support them as they work toward their goals of safety, healing, and self-sufficiency. Each client is met with in a safe and personal setting, usually in their home. The client evaluates where they have been, but, more importantly, where they would like to be. Clients work with their advocate to identify strengths and needs, and gather tools and resources to equip them to make positive change. Clients are provided housing assistance; goal setting (client driven and can include parenting, health, education, debt, employment, legal, etc.); help in navigating systems and accessing community resources; assistance in building personal support networks; coordination of internal services (support groups, therapy, legal advocacy); and financial and basic needs assistance to include application fees, damage deposits, utilities, food shelf, household/personal care items, and transportation. In 2018, 92 households participated in the Follow Up Program.

• Abuse In Later Life Services: In addition to conducting outreach to older victims in the community, we also offer ongoing, in-home case management and support services to victims of abuse, neglect, and financial exploitation in Anoka County. Services offered include in-home case management, financial assistance, legal assistance, and more. In addition,
a 24-hour Abuse in Later Life Helpline was implemented and, in collaboration with Adult Protection, we partner on cases where the older victim is/may be a vulnerable adult. This program served 39 older adult victims in 2018.

• Therapy and Support Services: Alexandra House currently offers eight support groups to shelter residents and community members that included: Support and Healing for Survivors of Sexual and Domestic Violence; Journey of Healing, a 12-week closed therapy group for survivors of sexual abuse; healing through the arts group; children and teen support group for shelter clients; coffee and conversations educational seminars; “On our Way” group for women ages 50+; mindfulness and meditation; and self-esteem support group. In 2018, we provided support group services to 189 women and kids. In addition, 30 victims benefited from ongoing therapy.

Form 990, Part III, Line 4b – Second Accomplishment

Community Program

• Legal Advocacy Services: Many clients who have experienced domestic and sexual violence do not require shelter, but do need legal advocacy and support services, especially as it relates to civil and criminal court matters. Alexandra House has a satellite office in Anoka, which houses our Legal Advocacy, Hospital Advocacy, Community Education, and Youth Services Programs. Legal advocates partner with local law enforcement agencies so that victims of domestic violence receive the assistance of an advocate immediately following a domestic assault or domestic-related crime. In 2018, Alexandra House received 602 referrals from law enforcement; of those...
referrals, 418 victims were determined to be high risk and directly
c connected to an advocate. The remaining victims were contacted by advocates
shortly after the incident. Legal Advocates provided crisis intervention,
ongoing support, and crime victim advocacy throughout criminal court
proceedings to include: accompanying victims to court hearings; serving as
a liaison to prosecutors, helping victims understand the criminal court
process and crime victim rights, and assisting them in accessing resources
like crime victim assistance, reparations, and victim notification. In
2018, legal advocates assisted 164 clients in filing protection orders and
provided support and advocacy to petitioners at 247 protection order
hearings; OFP Project Attorneys provided legal representation to 96
petitioners.

• Hospital Advocacy Services: Alexandra House advocates also work with
victims of domestic and sexual violence identified by health care
personnel. In partnership with Mercy and Unity Hospitals and select Allina
affiliated clinics, advocates provide in-person, patient follow-up at local
hospitals and clinics to victims of domestic or sexual violence 24-
hours/day. When the victim has been sexually assaulted, we also work
closely with the Sexual Assault Nurse Examiners (SANE) Program to support
the victim through the evidentiary exam, assist them in reporting the
assault should they wish to file a police report, and provide ongoing
emotional support and referrals to the victim. In 2018, advocates responded
to 282 victims of domestic and sexual violence at our local hospitals and
clinics.

• Community Education: Alexandra House understands that education is
critical to creating significant, long-term change. We offer free presentations and facilitated dialogues to community groups and individuals on the basics of domestic and/or sexual violence, signs, intervention, and awareness. This is a non-threatening way to learn more about the issues and take a stand through partnership with Alexandra House. Alexandra House also offers a wide variety of trainings tailored for various professional groups such as first responders, customer service, clergy and lay leaders, and in corporate settings. In 2018, 5,105 community members increased their awareness and knowledge through community education presentations, professional trainings, resource fairs, and community events.

• Youth Services: Our Youth Service Program intervenes in the lives of youth who are experiencing violence in a dating relationship or within their homes. We remove barriers youth face in accessing safe, confidential services by partnering with six local school districts and the Lino Lakes Juvenile Correctional Facility to bring services to them. Advocates spend one half day weekly at every high school and alternative program in Anoka-Hennepin, Spring Lake Park, Centennial, Fridley, Columbia Heights, and St. Francis School Districts. In addition to meeting individually with students, advocates facilitate weekly healthy relationship groups in each of their schools. One day each week is set aside to provide education in the classroom setting on healthy relationships and dating/sexual violence and make students aware of available services and how to access them. We also provide support groups and advocacy during the school year to youth who reside in one of three programs of the Lino Lakes Juvenile Correctional Facility.
During summer months, youth services advocates work with families in two mobile home communities to foster parent/child interaction, build relationships, provide information about our services, and connect families to community resources through fairs, weekly speakers, and sharing evening meals. In addition, we partner with 10 sites throughout Anoka County to offer interactive, educational presentations on healthy relationships and bystander intervention to middle school age youth. We ramp up our work with the juvenile facility during summer months, offering two weekly groups in each of their three programs. In 2018, the Youth Services Program provided individual advocacy, support groups, and summer programming to 1,119 children, teens, and parents. They also provided 112 classroom presentations that reached 3,122 students.

Lastly, youth services staff worked tirelessly this summer on developing curriculum for our first-ever Youth Leadership Institute. Held August 13-24, this two week institute began in week one with intensive coursework that included such topics as the history of the antiviolence movement, sexual assault, consent, domestic violence, trauma and the brain, empathy, advocacy skills, oppression, risk and protective factors, and the public health model of prevention. The focus of week two was on youth participants working as a team to develop a community-based project that addressed risk factors they wished to reduce or protective factors they wanted to promote.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE 990 WILL BE PRESENTED TO THE FINANCE/EXECUTIVE COMMITTEE. AFTER REVIEWING, THE FINANCE/EXECUTIVE COMMITTEE WILL RECOMMEND THE 990 TO THE
BOARD OF DIRECTORS FOR FULL BOARD APPROVAL BEFORE FILING.

Form 990, Part VI, Line 12c – Enforcement of Conflicts Policy

TRUSTEE, DIRECTOR, OFFICER AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO REVIEW THE CONFLICT OF INTEREST STATEMENT AND SIGN ACKNOWLEDGEMENT. THE BOARD CHAIR AND EXECUTIVE DIRECTOR REVIEW THE DISCLOSURE FORMS.

Form 990, Part VI, Line 15a – Compensation Process for Top Official

THE ORGANIZATION PARTICIPATES IN A BI-ANNUAL SALARY SURVEY WITH MINNESOTA COUNCIL OF NON-PROFITS AND COMPLETE AN ANNUAL REVIEW OF LIKE ORGANIZATIONS.

Form 990, Part VI, Line 19 – Governing Documents Disclosure Explanation

THE 990 IS AVAILABLE VIA GUIDESTAR (AN INFORMATION SERVICE SPECIALIZING IN REPORTING ON US NONPROFIT COMPANIES).