Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning JULY 1 **, 2002, and ending** JUNE 30 **, 20** 03

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: ALBANY PUBLIC SCHOOL FOUNDATION

Number and street (or P O box if mail is not delivered to street address): PO BOX 1772 — Room/suite:

City or town state or country and ZIP + 4: ALBANY, OR 97321-0494

D Employer identification number: 93-0881300

E Telephone number: (541) 926-4400

F Accounting method [X] Cash [ ] Accrual [ ] Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No" attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Web site ▶

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization s gross receipts are normally not more than $25 000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data **Some states require a complete return**

I Enter 4-digit GEN ▶ N/A

M Check ▶ [X] if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

L Gross receipts Add lines 6b 8b 9b and 10b to line 12 ▶ $85,304

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a 22,036		
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	**Total** (add lines 1a through 1c) (cash $ 21,694 noncash $ 342)		1d	22,036
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	149
	5	Dividends and interest from securities		5	24,530
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
	7	Other investment income (describe ▶ ACCOUNT MANAGEMENT FEES)		7	3,589
	8a	Gross amount from sales of assets other than inventory	(A) Securities 35,000 — 8a — (B) Other		
	b	Less cost or other basis and sales expenses	29,731 — 8b		
	c	Gain or (loss) (attach schedule)	5,269 — 8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	5,269
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ ______ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
	11	Other revenue (from Part VII, line 103)		11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	55,573
Expenses	13	Program services (from line 44, column (B))		13	22,061
	14	Management and general (from line 44, column (C))		14	3,971
	15	Fundraising (from line 44, column (D))		15	28,235
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** (add lines 16 and 44, column (A))		17	54,267
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	1,306
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	480,531
	20	Other changes in net assets or fund balances (attach explanation)		20	10,581
	21	Net assets or fund balances at end of year (combine lines 18 19 and 20)		21	492,418

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Form **990** (2002)

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Part II **Statement of Functional Expenses** All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash $ ______ noncash $ ______)	22	18,472	18,472		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	24,000			24,000
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	2,512			2,512
30	Professional fundraising fees	30				
31	Accounting fees	31	460		460	
32	Legal fees	32				
33	Supplies	33	1,782		1,782	
34	Telephone	34	636		636	
35	Postage and shipping	35	245		245	
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	1,723			1,723
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize) a LIC&FEE	43a	230		230	
b	BANK CHARGES	43b	116		116	
c	MISCELLANEOUS	43c	200		200	
d	ANNUAL REPORT	43d	302		302	
e	INVESTMENT EXPENSES	43e	3,589	3,589		
44	**Total functional expenses** (add lines 22 through 43) ***Organizations completing columns (B) - (D), carry these totals to lines 13 - 15***	44	54,267	22,061	3,971	28,235

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______, (ii) the amount allocated to Program services $ ______, (iii) the amount allocated to Management and general $ ______, and (iv) the amount allocated to Fundraising $

Part III **Statement of Program Service Accomplishments** (See page 24 of the instructions)

What is the organization's primary exempt purpose? ▶ PROVIDE SCHOLARSHIPS & GRANTS

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a	SCHOLARSHIPS PROVIDED TO STUDENTS ATTENDING EDUCATIONAL INSTITUTIONS (Grants and allocations $ 9,550)	9,550
b	FUNDS PROVIDED TO PUBLIC SCHOOLS FOR SPECIAL PROJECTS SUCH AS READING, SCIENCE, AND MATH PROGRAMS, ART CLASSES, EQUIPMENT UPGRADES, FIELD TRIPS, ETC. (Grants and allocations $ 8,922)	8,922
c	(Grants and allocations $)	
d	(Grants and allocations $)	
e	Other program services (attach schedule) (Grants and allocations $)	
f	**Total of Program Service Expenses** (should equal line 44, column (B) Program services) ▶	18,472

Part IV **Balance Sheets** (See page 24 of the instructions)

Note	*Where required attached schedules and amounts within the description column should be for end-of-year amounts only*		(A) Beginning of year		(B) End of year
Assets					
45	Cash — non-interest-bearing		50,177	45	65,717
46	Savings and temporary cash investments		460,590	46	426,701
47a	Accounts receivable	47a			
b	Less allowance for doubtful accounts	47b		47c	
48a	Pledges receivable	48a			
b	Less allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
51a	Other notes and loans receivable (attach schedule)	51a			
b	Less allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges			53	
54	Investments — securities (attach schedule) ▶ ☐ Cost ☐ FMV			54	
55a	Investments — land, buildings, and equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments — other (attach schedule)			56	
57a	Land, buildings, and equipment basis	57a			
b	Less accumulated depreciation (attach schedule)	57b		57c	
58	Other assets (describe ▶)			58	
59	**Total assets** (add lines 45 through 58) (must equal line 74)		510,767	59	492,418
Liabilities					
60	Accounts payable and accrued expenses		236	60	
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a	Tax-exempt bond liabilities (attach schedule)			64a	
b	Mortgages and other notes payable (attach schedule)			64b	
65	Other liabilities (describe ▶)			65	
66	**Total liabilities** (add lines 60 through 65)		236	66	
Net Assets or Fund Balances					
	Organizations that follow SFAS 117, check here ▶ ☒ **and complete** lines 67 through 69 and lines 73 and 74				
67	Unrestricted		138,156	67	152,746
68	Temporarily restricted		76,114	68	76,795
69	Permanently restricted		266,261	69	262,877
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	Retained earnings, endowment, accumulated income, or other funds			72	
73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)		480,531	73	492,418
74	**Total liabilities and net assets/fund balances** (add lines 66 and 73)		480,767	74	492,418

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	N/A
b	Amounts included on line **a** but not on line 12, Form 990		
	(1) Net unrealized gains on investments $		
	(2) Donated services and use of facilities $		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) $		
	Add amounts on lines **(1)** through **(4)** ▶	b	
c	Line **a** minus line **b** ▶	c	0
d	Amounts included on line 12, Form 990 but not on line **a**		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines **(1)** and **(2)** ▶	d	
e	Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶	e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	N/A
b	Amounts included on line **a** but not on line 17, Form 990		
	(1) Donated services and use of facilities $		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify) $		
	Add amounts on lines **(1)** through **(4)** ▶	b	
c	Line **a** minus line **b** ▶	c	0
d	Amounts included on line 17, Form 990 but not on line **a**:		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines **(1)** and **(2)** ▶	d	
e	Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED STATEMENT 1				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule — see page 26 of the instructions.

Part VI Other Information (See page 27 of the instructions)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/	A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions — 81a: 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) — 82b: 22,447			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/	A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/	A
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/	A
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/	A
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: 0			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
90a	List the states with which a copy of this return is filed ▶ OREGON			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions) — 90b: 1			
91	The books are in care of ▶ T.A. DAVIES, TREASURER Telephone no ▶ (541) 926-4400 Located at ▶ PO BOX 1065, ALBANY, OR ZIP + 4 ▶ 97321-0411			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041*** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92: N/A			

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	149	
96 Dividends and interest from securities			14	24,531	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	3,582	
100 Gain or (loss) from sales of assets other than inventory			18	5,269	
101 Net income or (loss) from special events			2	(2,224)	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				31,307	

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 31,307

Note *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

Note *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)*

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

[redacted]

NOV 17 2003

Date

TREASURER

[redacted]

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2002

Name of the organization: ALBANY PUBLIC SCHOOL FOUNDATION

Employer identification number: 93-0881300

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees** (See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services** (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part III **Statements About Activities** (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes " enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ N/A **(Must equal amounts on line 38,** Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
	SEE STATEMENT 3			
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See **Note** below)	3	X	
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note: *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions — subject to certain exceptions, and **(2) no more than 33⅓%** 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4) (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	21,019	217,900	51,773	26,524	317,216
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	24,889	26,233	13,045	12,002	76,169
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	3,715				3,715
23 Total of lines 15 through 22	49,623	244,133	64,818	38,526	397,100
24 Line 23 minus line 17	49,623	244,133	64,818	38,526	397,100
25 Enter 1% of line 23	496	2,441	648	385	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 ▶ 26a 7,942

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 397,100

d Add Amounts from column (e) for lines 18 76,169 19 ______ 22 3,715 26b ______ ▶ 26d 79,884

e Public support (line 26c minus line 26d total) ▶ 26e 317,216

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f 79.88 %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return** Enter the sum of such amounts for each year

(2001) ______ (2000) ______ (1999) ______ (1998) ______

b For any amount included in line 17 that was received from each person (other than "disqualified person"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the *sum of these differences (the excess amounts) for each year*

(2001) ______ (2000) ______ (1999) ______ (1998) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount. Enter the amount from the following table —	**41**		
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	**44**		

If the amount on line 40 is —	**The lobbying nontaxable amount is —**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2002	**(b)** 2001	**(c)** 2000	**(d)** 1999	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** N/A
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h**.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions) N/A

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of			
	(i) Cash	51a(i)		
	(ii) Other assets	a(ii)		
b	Other transactions			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		
	(iii) Rental of facilities, equipment, or other assets	b(iii)		
	(iv) Reimbursement arrangements	b(iv)		
	(v) Loans or loan guarantees	b(v)		
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☐ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

STATEMENT 3
FORM 990, SCHEDULE A, PART III

Individuals and organizations receiving grants from the foundation are determined by a selection committee made up of board members that review applications

STATEMENT 4
FORM 990, SCHEDULE A, PART IV-A
DETAIL FOR LINE 22

OTHER INCOME	AMOUNT
ENDOWMENT MGMT FEE	$ 2577
CONTRIBUTION	1138
TOTAL	$ 3715

ALBANY PUBLIC SCHOOL FOUNDATION EIN #93-0881300

FORM 990, PART I
DETAIL FOR LINE 8C

	DATE MATURED	BASIS	MATURITY VALUE	GAIN/ (LOSS)
FHLMC DEBENTURE	8/27/2002	$ 9,981	$ 15,000	$ 5,019
GOVERNEMENT TRUST	11/29/2002	19,750	20,000	250
TOTAL		29,731	35,000	5,269

ALBANY PUBLIC SCHOOL FOUNDATION EIN #93-0881300

STATEMENT 2
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

	Name and Address	Title & Avg Hrs/Week	Compensation	Employee Benefit & Deferred Comp	Expense Account
1	Maria Delapoer 830 24th Avenue SE Albany, OR 97322-4243	President 3 Hrs	$ —	$ —	$ —
2	Denise Soto 919 Elm St Albany, OR 97321	Vice Pres 3 Hrs	—	—	—
3	Blanca Ruckert 718 7th Avenue SW Albany, OR 97321-2320	Exec Direct 20 Hrs	24,000	—	—
4	Suzette Boydston 1046 6th Avenue SW Albany, OR 97321-1916	Secretary 3 Hrs	—	—	—
5	Tad Davies 200 Ferry Street SW Albany, OR 97321-2215	Treasurer 3 Hrs	—	—	—
6	Bill Dixon 718 7th Avenue SW Albany, OR 97321-1853	Sec-Elect 1 Hr	—	—	—
7	Jim Powers 36006 SW Bryant Dr Albany, OR 97321-1853	Member 1 Hr	—	—	—
8	Pat Bedore 718 7th Avenue SW Albany, OR 97321-2320	Member 1 Hr	—	—	—
9	Teri Clark 325 Industrial Way Lebanon, OR 97355-2852	Member 1 Hr	—	—	—
10	Paul Heins 810 NW Laurel Pl Albany, OR 97321-1532	Member 1 Hr	—	—	—
11	Lindell Johnson 150 NW Fairway Dr Albany, OR 97321-1630	Member 1 Hr	—	—	—

ALBANY PUBLIC SCHOOL FOUNDATION EIN #93-0881300

STATEMENT 2 (CON'T)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

	Name and Address	Title & Avg Hrs/Week	Compensation	Employee Benefit & Deferred Comp	Expense Account
12	Mark McNabb 1625 NW Thornton Lake Dr Albany, OR 97321-1362	Member 1 Hr	—	—	—
13	Chris Nelson 3705 Columbus St SE Albany, OR 97322-6182	Member 1 Hr	$ —	$ —	$ —
14	Shelley Reed 2180 NW Maier Ln Albany, OR 97321-1321	Member 1 Hr	—	—	—
15	Janet Steele 435 First Avenue W Albany, OR 97321-2227	Member 1 Hr	—	—	—
16	Kimberly Guerber-Santana 200 Calapooia SW Albany, OR 97321-2250	Member	—	—	—
17	Chris Scariano 150 Calapooia St SW Albany, OR 97321-2281	Member 1 Hr	—	—	—
18	Tim Smith 2196 21st Avenue SE Albany, OR 97322-5445	Member 1 Hr	—	—	—
19	Bill Strohlein 2920 Arnold Ave Albany, OR 97321-5404	Member 1 Hr	—	—	—
20	Martha Wells 600 Lyon St Albany, OR 97321-2919	Member 1 Hr	—	—	—