

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2008

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization <b>ALBANY PUBLIC SCHOOLS FOUNDATION</b>		D Employer identification number <b>93-0881300</b>
		Number and street (or P.O. box, if mail is not delivered to street address) <b>P.O. BOX 1772</b>		E Telephone number <b>(541) 979-2773</b>
		City or town, state or country, and ZIP + 4 <b>ALBANY, OR 97321-0494</b>		F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method:  Cash  Accrual Other (specify) \_\_\_\_\_

I Website: **WWW.ALBANYPUBLICSCHOOLSFOUNDATION.ORG** H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

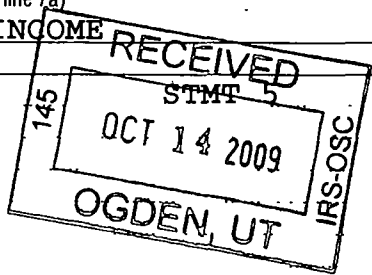
J Organization type (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 95,201.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
	1	Contributions, gifts, grants, and similar amounts received		1		48,522.	
	2	Program service revenue including government fees and contracts		2			
	3	Membership dues and assessments		3			
	4	Investment income		4		25,749.	
	5a	Gross amount from sale of assets other than inventory <b>STMT 3</b>	5a	10,731.			
	b	Less: cost or other basis and sales expenses	5b	9,800.			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c			931.	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ <b>13,625.</b> of contributions reported on line 1)	6a	8,049.			
	b	Less: direct expenses other than fundraising expenses	6b	5,807.			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c			2,242.	
	7a	Gross sales of inventory, less returns and allowances	7a				
	b	Less: cost of goods sold	7b				
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other revenue (describe <b>MAINTENANCE FEE INCOME</b> )	8			2,150.	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9			79,594.	
	10	Grants and similar amounts paid (attach schedule)	10			39,657.	
	11	Benefits paid to or for members	11				
	12	Salaries, other compensation, and employee benefits	12				
	13	Professional fees and other payments to independent contractors	13			25,567.	
	14	Occupancy, rent, utilities, and maintenance	14				
	15	Printing, publications, postage, and shipping	15			2,551.	
	16	Other expenses (describe <b>SEE STATEMENT 1</b> )	16			4,486.	
	17	<b>Total expenses.</b> Add lines 10 through 16	17			72,261.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			7,333.	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19			596,611.	
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	20			<93,587.>	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21			510,357.	



### Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	47,469.	22	38,329.	
23	Land and buildings		23		
24	Other assets (describe <b>SEE STATEMENT 2</b> )	549,142.	24	472,028.	
25	<b>Total assets</b>	596,611.	25	510,357.	
26	<b>Total liabilities</b> (describe _____)	0.	26	0.	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	596,611.	27	510,357.	

SCANNED OCT 26 2009

9-8 19

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? PROVIDE SCHOLARSHIPS & GRANTS
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

Table with 2 columns: Description of program service and Expenses. Rows include: 28 SEE STATEMENT 8 (21,541), 29 SEE STATEMENT 9 (18,156), 30 (blank), 31 Other program services (attach schedule), 32 Total program service expenses (add lines 28a through 31a) (39,697).

Part IV List of Officers, Directors, Trustees, and Key Employees - List each one even if not compensated (See the instructions for Part IV)

Table with 5 columns: (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. Row 1 contains 'SEE STATEMENT 7'.

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0.</span> ; section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ OR</span>		
42a	The books are in care of <span style="float:right">▶ THE DAVIES GROUP</span> Telephone no. <span style="float:right">▶ (541) 926-4400</span> Located at <span style="float:right">▶ 200 FERRY ST SW, ALBANY, OR</span> ZIP + 4 <span style="float:right">▶ 97321-0411</span>		
b	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)? If "Yes," enter the name of the foreign country. <span style="float:right">▶</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. <span style="float:right">▶</span>	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |   |     | Yes | No |
|---|-----|-----|----|
| 46 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 | 46  |     | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  |     | X  |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a |     | X  |
| b If "Yes," was the related organization(s) a section 527 organization?   | 49b |     |    |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 <span style="float: right;">▶</span>				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 <span style="float: right;">▶</span>		

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** Date 10/7/09

Signature of officer: ED BOCK  
 Type or print name and title: **ED BOCK, TREASURER**

**Paid Preparer's Use Only**

Preparer's signature: Kendria Steph Date: 10/5/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **THE DAVIES GROUP  
200 FERRY STREET S.W.  
ALBANY, OR 97321-2215**

EIN no.:                      Phone no.: (541) 926-4400

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,827.	61,077.	48,098.	58,983.	49,423.	265,408.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 - 3	47,827.	61,077.	48,098.	58,983.	49,423.	265,408.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,313.
6 <b>Public Support.</b> Subtract line 5 from line 4						241,095.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	47,827.	61,077.	48,098.	58,983.	49,423.	265,408.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,226.	30,896.	32,996.	45,989.	26,481.	162,588.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						427,996.
12 Gross receipts from related activities, etc. (see instructions)					12	82,220.
13 <b>First five years.</b> 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 ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	56.33	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	57.47	%
16a <b>33 1/3% support test - 2008.</b> 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 ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2007.</b> 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 ▶ <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2008.</b> 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2007.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events NONE	(d) Total Events (Add col (a) through col. (c))	
		<b>EAT AND RUN</b> (event type)	(event type)	(total number)		
Revenue	1	Gross receipts	17,111.		17,111.	
	2	Less: Charitable contributions	13,625.		13,625.	
	3	Gross revenue (line 1 minus line 2)	3,486.		3,486.	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	3,011.		3,011.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				3,011.
	9	Net income summary. Combine lines 3 and 8 in column (d)				475.

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

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

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

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:

\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

- a The organization's facility 13a %
- b An outside facility 13b %

**14** Provide 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? 15a

- 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.

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? 17a
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
-------------	----------------	-----------	---

DESCRIPTION	AMOUNT
CONFERENCES, CONVENTIONS, AND MEETINGS	1,372.
TELEPHONE	386.
BANK CHARGES	259.
LICENSES & FEES	135.
DUES & SUBSCRIPTIONS	134.
ANNUAL REPORT EXPENSE	50.
MAINTENANCE FEES	2,150.
TOTAL TO FORM 990-EZ, LINE 16	4,486.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
-------------	--------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CERTIFICATES OF DEPOSIT - END OF YEAR MARKET VALUE	0.	50,044.
CORPORATE BONDS - END OF YEAR MARKET VALUE	189,917.	182,390.
MUTUAL FUNDS - END OF YEAR MARKET VALUE	310,192.	239,594.
GOVERNMENT & AGENCY SECURITIES - END OF YEAR MARKET VALUE	49,033.	0.
TOTAL TO FORM 990-EZ, LINE 24	549,142.	472,028.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
-------------	---	-----------	---

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MORGAN JP & CO. 6 %	10,000.	9,800.	0.	200.
REALIZED CAPITAL GAIN DISTRIBUTION	731.	0.	0.	731.
TO FORM 990-EZ, LINE 5	10,731.	9,800.	0.	931.

---



---

FORM 990-EZ      OTHER CHANGES IN NET ASSETS OR FUND BALANCES      STATEMENT      4

---

DESCRIPTION	AMOUNT
UNREALIZED GAIN (LOSS)- UNRESTRICTED ASSETS	<13,296.>
UNREALIZED GAIN (LOSS)- TEMPORARILY RESTRICTED ASSETS	<80,291.>
TOTAL TO FORM 990-EZ, LINE 20	<u>&lt;93,587.&gt;</u>

---



---

FORM 990-EZ      CASH GRANTS AND ALLOCATIONS      STATEMENT      5

---

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CLASSROOM GRANTS: READING, ART, HEALTH,	NONE	18,116.
SCHOLARSHIPS HIGHER EDUCATION: COMMUNITY	NONE	21,541.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>39,657.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ED BOCK, 7101 SUPRA DR SW, ALBANY , OR 97321-2320	PRESIDENT 3.00	0.	0.	0.
WILL SUMMERS 139 4TH AVE SE, ALBANY, OR 97321-2802	VICE PRESIDENT 3.00	0.	0.	0.
TOM GAULKE, 3388 NW SOUTHVIEW DR, ALBANY, OR 97321-9369	TREASURER 3.00	0.	0.	0.
SHANNON LYNN, 1111 NW 9TH ST STE B, CORVALLIS, OR 97330-4567	SECRETARY 3.00	0.	0.	0.
MARK MCNABB, 1625 NW THORNTON LAKE DR, ALBANY, OR 97321-1362	CHARTER-MEMBER 3.00	0.	0.	0.
CORDELL POST, 150 CALAPOOIA ST SW SUITE A-1, ALBANY, OR 97321-2320	PAST PRESIDENT 1.00	0.	0.	0.
MONICA BANKS-FIGUEROA 975 HILL ST SE, ALBANY, OR 97321-3234	DIRECTOR 1.00	0.	0.	0.
JONATHAN BERRY, 2300 14TH AVE SE, ALBANY, OR 97322-6800	DIRECTOR 1.00	0.	0.	0.
TERI CLARK, 3165 FIR OAK PL SW, ALBANY, OR 97321-3558	DIRECTOR 1.00	0.	0.	0.
LINDELL JOHNSON, 150 NW FAIRWAY DR, ALBANY, OR 97321-1630	DIRECTOR 1.00	0.	0.	0.
CHRIS NELSON, 2018 NW FAIRBANK PL, ALBANY, OR 97321-1122	DIRECTOR 1.00	0.	0.	0.
CHRIS SCARIANO, 150 CALAPOOIA ST SW SUITE C, ALBANY, OR 97321-2281	DIRECTOR 1.00	0.	0.	0.
LISA SHOGREN, 2345 LIBERTY ST SW, ALBANY, OR 97321-7551	DIRECTOR 1.00	0.	0.	0.
DANIEL SMITH, 3600 NW SAMARITAN DR, CORVALLIS, OR 97330-3737	DIRECTOR 1.00	0.	0.	0.

ALBANY PUBLIC SCHOOLS FOUNDATION

93-0881300

JAY THOMPSON, 815 E. THORNTON LAKE DR NW, ALBANY, OR 97321-1350	DIRECTOR 1.00	0.	0.	0.
MARTHA WELLS 600 LYONS ST S, ALBANY, OR 97321-2919	DIRECTOR 1.00	0.	0.	0.
T.A. DAVIES, CPA, 200 FERRY ST SW, ALBANY, OR 97321-0411	DIRECTOR EMERITUS 3.00	0.	0.	0.
MARIA DELAPOER 718 7TH AVE SW, ALBANY, OR 97321-2320	EX-OFFICIO 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>0.</u>	<u>0.</u>	<u>0.</u>

AFTER INDIVIDUAL APPLICATIONS ARE APPROVED BY THE BOARD, SCHOLARSHIPS ARE AWARDED TO GRADUATING STUDENTS WHO WILL BE ATTENDING HIGHER EDUCATION INSTITUTIONS. A TOTAL OF 29 SCHOLARSHIPS WERE AWARDED TO GRADUATING STUDENTS ATTENDING COMMUNITY COLLEGES AND/OR UNIVERSITIES.

AFTER INDIVIDUAL APPLICATIONS ARE APPROVED BY THE BOARD, CLASSROOM GRANTS ARE AWARDED TO TEACHERS FOR SPECIAL PROJECTS SUCH AS READING, SCIENCE, AND MATH PROGRAMS, ART CLASSES, EQUIPMENT UPGRADES, AND FIELD TRIPS. A TOTAL OF 45 GRANTS WERE AWARDED TO THE LOCAL ELEMENTARY, MIDDLE SCHOOLS, AND HIGH SCHOOLS.