

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

- B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

C Name of organization
ALBANY PUBLIC SCHOOLS FOUNDATION
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1772
City or town, state or country, and ZIP + 4
ALBANY, OR 973210494

D Employer identification number
93-0881300
E Telephone number
(541) 979-2773
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). Accounting method: Cash Accrual Other (specify)

I Website: WWW.ALBANYPUBLICSCHOOLSFOUNDATION.ORG
J Tax-Exempt status (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 146,688

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

Revenue	
1	Contributions, gifts, grants, and similar amounts received 42,643
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income 21,515
5a	Gross amount from sale of assets other than inventory 5a 69,395
5b	Less cost or other basis and sales expenses 5b 75,302
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c -5,907
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>
6a	Gross revenue (not including \$12,625 of contributions reported on line 1) 6a 7,471
6b	Less direct expenses other than fundraising expenses 6b 7,621
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c -150
7a	Gross sales of inventory, less returns and allowances 7a
7b	Less cost of goods sold 7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe) 8 5,664
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 63,765
Expenses	
10	Grants and similar amounts paid (attach schedule) 10 29,662
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 25,953
14	Occupancy, rent, utilities, and maintenance 14
15	Printing, publications, postage, and shipping 15 245
16	Other expenses (describe) 16 7,764
17	Total expenses. Add lines 10 through 16 17 63,624
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 141
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) 19 510,357
20	Other changes in net assets or fund balances (attach explanation) 20 54,838
21	Net assets or fund balances at end of year Combine lines 18 through 20 21 565,336

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	510,357	22 565,336
23 Land and buildings		23
24 Other assets (describe)		24
25 Total assets	510,357	25 565,336
26 Total liabilities (describe)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	510,357	27 565,336

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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, and other relevant information for each program title			
28 AFTER INDIVIDUAL APPLICATIONS ARE APPROVED BY THE BOARD, SCHOLARSHIPS ARE AWARDED TO GRADUATING STUDENTS WHO WILL BE ATTENDING HIGHER EDUCATION INSTITUTIONS A TOTAL OF 18 SCHOLARSHIPS WERE AWARDED TO GRADUATING STUDENTS ATTENDING COMMUNITY COLLEGE AND/OR UNIVERSITIES (Grants \$ 13,117) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	13,117
29 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 40 GRANTS WERE AWARDED TO THE LOCAL ELEMENTARY, MIDDLE SCHOOLS, AND HIGH SCHOOLS (Grants \$ 16,545) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	16,545
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	29,662

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's 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				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: ***** Date: 2010-11-15

Type or print name and title: ED BOCK, TREASURER

Paid Preparer's Use Only

Preparer's signature: KENDRA STEPH Date: 2010-11-15 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: THE DAVIES GROUP, 200 FERRY ST SW, ALBANY, OR 97321

Preparer's identifying number (See instructions): EIN: Phone no: (541) 926-4400

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
ALBANY PUBLIC SCHOOLS FOUNDATION

Employer identification number

93-0881300

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 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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)(vi)** (Complete Part II)
- 9 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	61,077	48,098	58,983	49,423	42,643	260,224
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 Total. Add lines 1 through 3	61,077	48,098	58,983	49,423	42,643	260,224
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)						13,764
6 Public Support. Subtract line 5 from line 4						246,460

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	61,077	32,996	58,983	49,423	42,643	260,224
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,896	32,996	45,989	26,481	21,515	157,877
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						418,101
12 Gross receipts from related activities, etc (See instructions)					12	34,650

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	58 950 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	56 330 %

16a 33 1/3% support test—2009. 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

b 33 1/3% support test—2008. If the organization did not check the 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—2009. 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

b 10%-facts-and-circumstances test—2008. 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

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 III Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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—2008. 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 IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 93-0881300
Name: ALBANY PUBLIC SCHOOLS FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
MONICA BANKS-FIGUEROA 975 HILL ST SE ALBANY, OR 97322	DIRECTOR 0	0		
JONATHAN BERRY 2300 SE 14TH AVE ALBANY, OR 97322	DIRECTOR 0	0		
ED BOCK 7101 SUPRA DR SW ALBANY, OR 97321	TREASURER 0	0		
TERI CLARK 3165 FIR OAK PL SW ALBANY, OR 97321	DIRECTOR 0	0		
MIKE HOWELL 415 FIRST AVE EAST ALBANY, OR 97321	DIRECTOR 0	0		
LINDELL JOHNSON 150 NE FAIRWAY DR ALBANY, OR 97321	DIRECTOR 0	0		
SHANNON LYNN 1111 B NW 9TH ST CORVALLIS, OR 97339	SECRETARY 0	0		
MARK MCNABB 1625 NW THORNTON LK DR ALBANY, OR 97321	DIRECTOR 0	0		
CHRIS NELSON 2018 NW FAIRBANK PL ALBANY, OR 97321	DIRECTOR 0	0		
CORDELL POST 150 CALAPOOIA ST ALBANY, OR 97321	DIRECTOR 0	0		
CHRIS SCARIANO 150 CALAPOOIA ST ALBANY, OR 97321	DIRECTOR 0	0		
LISA SHOGREN 2345 SW LIBERTY ALBANY, OR 97321	DIRECTOR 0	0		
DANIEL SMITH 3600 NW SAMARITAN DR CORVALLIS, OR 97330	DIRECTOR 0	0		
WILL SUMMERS 139 4TH AVE SE ALBANY, OR 97321	PRESIDENT 0	0		
JAY THOMPSON 815 E THORNTON LAKE DR NW ALBANY, OR 97321	DIRECTOR 0	0		
MARTHA WELLS 600 LYONS ST SW ALBANY, OR 97321	VICE PRESIDE 0	0		
TAD DAVIES 200 FERRY ST ALBANY, OR 97321	DIRECTOR EME 0	0		
MARIA DELAPOER 718 7TH AVE SW ALBANY, OR 97321	EX OFFICIO 0	0		

TY 2009 Compensation Explanation

Name: ALBANY PUBLIC SCHOOLS FOUNDATION

EIN: 93-0881300

Person Name	Explanation
MONICA BANKSFIGUEROA	
JONATHAN BERRY	
ED BOCK	
TERI CLARK	
MIKE HOWELL	
LINDELL JOHNSON	
SHANNON LYNN	
MARK MCNABB	
CHRIS NELSON	
CORDELL POST	
CHRIS SCARIANO	
LISA SHOGREN	
DANIEL SMITH	
WILL SUMMERS	
JAY THOMPSON	
MARTHA WELLS	
TAD DAVIES	
MARIA DELAPOER	

TY 2009 Grants and Similar Amounts Paid Schedule

Name: ALBANY PUBLIC SCHOOLS FOUNDATION

EIN: 93-0881300

Item No.	1
Class of Activity	
Donee's Name	CLASSROOM GRANTS READING ART ETC
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	SCHOLARSHIPS
Donee's Name	
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Changes in Net Assets Schedule

Name: ALBANY PUBLIC SCHOOLS FOUNDATION

EIN: 93-0881300

Description	Amount
UNREALIZED GAIN	54,838

TY 2009 Other Expenses Schedule**Name:** ALBANY PUBLIC SCHOOLS FOUNDATION**EIN:** 93-0881300

Description	Amount
EXPENSES	
CONFERENCES/MEETINGS	1,180
TELEPHONE	394
BANK CHARGES	242
LICENSES & FEES	96
DUES & SUBSCRIPTIONS	138
ANNUAL REPORT EXPENSE	50
MAINTENANCE FEE	5,664

TY 2009 Other Revenues Schedule

Name: ALBANY PUBLIC SCHOOLS FOUNDATION

EIN: 93-0881300

Description	Amount
MAINTENANCE FEE INCOME	5,664