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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**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 \$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 **07/01/09**, and ending **06/30/10****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization**ABERDEEN PUBLIC SCHOOLS FOUNDATION**

Number and street (or P O box, if mail is not delivered to street address)

1224 3RD STREET SOUTH

Room/suite

City or town, state or country, and ZIP + 4

ABERDEEN**SD 57401****D** Employer identification number**46-0423109****E** Telephone number**605-725-7118****F** Group Exemption Number

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: ► **ABERDEEN.K12.SD.US****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. ► \$ **245,847****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

1	Contributions, gifts, grants, and similar amounts received	1	175,190
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	1,279
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
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 \$ of contributions reported on line 1)	6a	69,378
6b	Less direct expenses other than fundraising expenses	6b	548
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	68,830
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	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	245,299
10	Grants and similar amounts paid (attach schedule)	10	272,986
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	40,225
13	Professional fees and other payments to independent contractors	13	1,450
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► SEE STATEMENT 2)	16	66,405
17	Total expenses. Add lines 10 through 16	17	381,066
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-135,767
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	576,647
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	7,180
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	448,060

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	309,646	458,777
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 4)	273,227	241
25 Total assets	582,873	459,018
26 Total liabilities (describe ► SEE STATEMENT 5)	6,226	10,958
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	576,647	448,060

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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? SEE STATEMENT 6	
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	
28 SEE STATEMENT 7	
(Grants \$ 272,986) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 346,451
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
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)	32 346,451

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
MERLE KLEIN 311 17 AVE SW SD 57401	ABERDEEN PAST PRESIDENT 1.00	0	0	0
DON RESHETAR 2318 12TH AVE SE SD 57401	ABERDEEN PRESIDENT 1.00	0	0	0
TOM JANISH 2015 CRYSTAL AVE SD 57401	ABERDEEN SEC-TREASURER 1.00	0	0	0
JULIE STEVENSON 1224 S 3RD STREET SD 57401	ABERDEEN EX DIRECTOR 40.00	37,225	3,000	0
DR. GARY HARMS 1212 NORTH KLINE SD 57401	ABERDEEN DIRECTOR 1.00	0	0	0
BRAD OLSON 324 ASHWOOD DRIVE SD 57401	ABERDEEN DIRECTOR 1.00	0	0	0
DAVE BURGARD 4820 CAPITOL AVE SD 57401	ABERDEEN DIRECTOR 1.00	0	0	0
CHARLIE CLARK 2701 3RD AVE SE APT 101 SD 57401	ABERDEEN DIRECTOR 1.00	0	0	0
LYNN HANSON 2202 CRYSTAL AVE SD 57401	ABERDEEN V PRESIDENT 1.00	0	0	0
ED HUNSTAD 2414 14 AVE SE SD 57401	ABERDEEN DIRECTOR 1.00	0	0	0
KEITH KUSLER 611 S KLINE APT 5 SD 57401	ABERDEEN DIRECTOR 1.00	0	0	0
STEVEN SCHAEFFER 38607 142ND STREET SD 57479	WARNER DIRECTOR 1.00	0	0	0
KATIE ZEEB 708 MAIN STREET SD 57445	GROTON DIRECTOR 1.00	0	0	0
KRISTEN FAUTH 1421 18TH AVE NE SD 57401	ABERDEEN DIRECTOR 1.00	0	0	0
MIKE HAGEN 1814 S LINCOLN ST SD 57401	ABERDEEN DIRECTOR 1.00	0	0	0
CHERYL LORENZ 2408 EVERGREEN LANE SD 57401	ABERDEEN DIRECTOR 1.00	0	0	0
TYLER WENBOURNE 308 S MAIN ST SD 57401	ABERDEN DIRECTOR 1.00	0	0	0

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

	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? If "Yes," attached 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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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		
42a The organization's books are in care of		
1224 3RD STREET		
ABERDEEN, SD		
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)?		X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b 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."

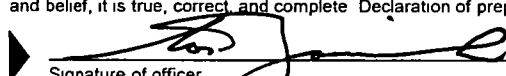
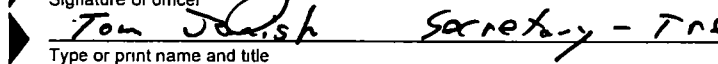
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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		

d Total number of other independent contractors each receiving over \$100,000 ▶

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 11-15-10	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	HOPFINGER & MERRIMAN, LTD. P.O. BOX 728, 102 S. 2ND STREET ABERDEEN, SD 57402-0728		EIN ▶ 84-1663900 Phone no ▶ 605-225-8890

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

DAA

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) 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.")	12,036	52,148	157,268	150,596	175,190	547,238
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	12,036	52,148	157,268	150,596	175,190	547,238
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)						
6 Public support. Subtract line 5 from line 4						547,238

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	12,036	52,148	157,268	150,596	175,190	547,238
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	636	1,539	2,062	863	1,279	6,379
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					69,378	69,378
11 Total support. Add lines 7 through 10						622,995
12 Gross receipts from related activities, etc. (see instructions)					12	771,455
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	87.84 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.61 %
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 ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. 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 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <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) 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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION - *Statement 1- Part I Line 10*

THE ORGANIZATION GRANTED THE OWNERSHIP OF THE SCOREBOARD TO THE ABERDEEN PUBLIC SCHOOL SYSTEM. THEY ALSO TRANSFERRED A BRONZE EAGLE. BOTH THESE ITEMS WERE PURCHASED WITH MONETARY GIFTS RECEIVED FROM THE PUBLIC BY THE FOUNDATION FOR THE BENEFIT OF THE SCHOOL. THESE ASSETS WERE ON THE BOOKS OF THE FOUNDATION BUT THE SCHOOL SYSTEM BORE ALL COSTS ASSOCIATED WITH UPKEEP AND WERE INTENDED TO BE SCHOOL PROPERTY. THE BOARD DID NOT HAVE AN APPRAISAL BUT TRANSFERRED THE ASSETS AT BOOK VALUE SINCE THE DONEE IS A PUBLIC SCHOOL.

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid toOrganizations

Name and Address	Date of Gift	Description of Property	Class of Activity		Noncash Contribution	Book Value	Book Value		FMV
			Cash Contribution	Explanation			Explanation	Explanation	
ABERDEEN PUBLIC SCHOOL SYSTEM 3/15/10 SCOREBOARD 2200 S ROOSEVELT ST ABERDEEN, SD 57401					245,833	245,833			
ABERDEEN PUBLIC SCHOOL SYSTEM 3/15/10 BRONZE STATUE 2200 S ROOSEVELT ST ABERDEEN, SD 57401					27,153	27,153			
TOTAL					272,986	272,986			

See Supplemented Information

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ADVERTISING & PROMOTION	6,384
OFFICE EXPENSES	4,422
INSURANCE	1,324
BOARD MEALS	209
DAKTRONICS MARKETING FEE	20,000
CHS DONATIONS	17,115
CECIL RAMSDELL SCHOLARSHI	50
K-12 MINI GRANTS	4,585
RISING SCHOLAR PROGRAM	5,100
VISUAL ARTS SCHOLARSHIP	1,250
ALUMNI ROOM	1,193
WOLF SCHOLARSHIP	1,000
CC LEE SCOREBOARD	3,400
MISCELLANEOUS	373
TOTAL	\$ 66,405

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
INCREASE IN LIFE INSURANCE VALUE	\$ 450
UNREALIZED GAIN ON INVESTMENTS	6,730
TOTAL	\$ 7,180

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
	\$ 502,533	\$
LESS ACCUMULATED DEPRECIATION	254,547	
CSV LIFE INSURANCE	241	241
BRONZE COLLECTIBLE	25,000	
	273,227	241

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	\$ 502
DUE TO ABERDEEN SCHOOL DISTRICT	6,226	10,456
	6,226	10,958

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt PurposeDescription

PROMOTING EXCELLENCE IN EDUCATION BY FORMING A PARTNERSHIP
BETWEEN THE ABERDEEN PUBLIC SCHOOLS AND SURROUNDING COMMUNITY, AS WELL AS
ALUMNI.

**Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service
Accomplishments**Description

MAJOR PROGRAM SERVICE EXPENDITURES INCLUDE ALUMNI
NEWSLETTERS AND EVENTS, MINI-GRANTS FOR THE ABERDEEN PUBLIC SCHOOL SYSTEM,
EQUIPMENT THAT ALLOWS ENHANCED EDUCATION ABILITIES AND OTHER MISCELLANEOUS
ITEMS THAT HELP IMPROVE THE EDUCATIONAL EXPERIENCE AT THE SCHOOLS.

Federal Statements

FYE: 6/30/2010

Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
COLUMN C	\$
BUY A BRICK	
SUPPLIES	<u>63</u>
SUBTOTAL	<u>63</u>
TOTAL	<u><u>63</u></u>

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES
REPORTED ON FORM 990-EZ, PAGE 1, LINE 6B.

Aberdeen Public Schools Foundation Board Members 2009-10
(Foundation Board Terms expire on June 30th of each year)

Julie Stevenson, Executive Director
Aberdeen Public School Foundation
1224 3rd Street S. Aberdeen, SD 57401
julie.stevenson@k12.sd.us
W: 725-7118 H: 262-0085 Fax: 725-7198

Merle Klein, Past President (08-11)*
311 17 Ave SW Aberdeen, SD 57401
Merle.klein@excite.com
W: 229-0661 H: 229-0204 Fax: 229-0661

Don Reshetar, President (09-12)*
2318 12 Ave SE Aberdeen, SD 57401
C: 380-7128 H: 225-4515

Lynn Hanson, Vice President (08-11)*
2202 Crystal Ave Aberdeen, SD 57401
hansonl@nvc.net
H: 229-0420 C: 380-4210

Tom Janish, Secretary/Treasurer
2015 Crystal Ave Aberdeen, SD 57401
tom.janish@k12.sd.us
W: 725-7102 Fax: 725-7198

Dave Burgard (07-10)
4820 Capital Ave, PO Box 940
Aberdeen, SD 57401
dburgard@mqprint.com
W: 226-2541 H: 225-7663

Charlie Clark (07-10)
2701 3rd Ave SE Apt. 101
Aberdeen, SD 57401
gcclark@nvc.net
H: 225-4676

Kristen Fauth (08-10)*
1421 18th Ave NE
Aberdeen, SD 57401
W: 622-4308 H/C: 228-9159
kfauth@glhec.org

Mike Hagen (09-12)
1814 S. Lincoln Street
Aberdeen, SD 57401
H: 226-2737
mmhins@nvc.net

Dr. Gary Harms
1212 Kline N.
Aberdeen, SD 57401
gary.harms@k12.sd.us
W: 725-7111 Fax: 725-7199

Ed Hunstad (08-11)*
2414 14 Ave SE Aberdeen, SD 57401
keenie@nvc.net
Home & Work: 229-4072

Keith Kusler (07-10)
611 So. Kline St. Apt. #5, P.O. Box 98
Aberdeen, SD 57401
kusler@nvc.net
W: 228-3382 H: 228-1155

Cheryl Lorenz (09-12)
2408 Evergreen Lane
Aberdeen, SD 57401
clorenz.nyl@midconetwork.com
W: 225-4440 C: 380-2270

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*Serving 2nd term
**Completing unfulfilled board term

2009 - '10 Sports Booster Pres.: Renea Wensmann – renea.wensmann@k12.sd.us
2009 - '10 Music Booster Pres.: Marita Marx
2009 - '10 Citywide PTA Pres.: Bobbie Wirth - blw92@abe.midco.net
2009 - '10 Debate Club President: ??

Board Terms Expiration Dates:
5 members' terms on June 30, 2010
5 members' terms on June 30, 2011
4 members' terms on June 30, 2012
Executive Director – Non-voting Member
Superintendent/Finance Director – no term limit