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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

2015

ENVELOPE

Revenue

SCANNED JAN 28 2015

Expenses

Net Assets

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning

JUNE 1

, 2013, and ending

MAY 31

, 20 14

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

ALTRUSA INTERNATIONAL, INC OF ALBANY OREGON

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

Room/suite

D Employer identification number

93-6041445

P O BOX 1815

City or town, state or province, country, and ZIP or foreign postal code

ALBANY OR 97321-1815

E Telephone number

541-730-2111

F Group Exemption

Number ► 0738

G Accounting Method:  Cash  Accrual Other (specify) ►

Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$

56501

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	22476
2	Program service revenue including government fees and contracts . . . . .	2	
3	Membership dues and assessments . . . . .	3	2630
4	Investment income . . . . .	4	23
5a	Gross amount from sale of assets other than inventory . . . . .	5a	
b	Less: cost or other basis and sales expenses . . . . .	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		
6	Gaming and fundraising events . . . . .	5c	
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b	Gross income from fundraising events (not including \$ 9644 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	41554
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	10619
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	30935
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) . . . . .		
8	Other revenue (describe in Schedule O) . . . . .	7c	56064
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	8	437
10	Grants and similar amounts paid (list in Schedule O) . . . . .	9	56501
11	Benefits paid to or for members . . . . .	10	87876
12	Salaries, other compensation, and employee benefits . . . . .	11	
13	Professional fees and other payments to independent contractors . . . . .	12	
14	Occupancy, rent, utilities, and maintenance . . . . .	13	4500
15	Printing, publications, postage, and shipping . . . . .	14	
16	Other expenses (describe in Schedule O) . . . . .	15	1057
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	16	8337
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	17	101770
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) . . . . .	18	(45269)
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	19	47813
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	20	
		21	2544

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2013)

18 N

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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."
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(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52	Did the organization complete Schedule A? <b>Note.</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	► <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	<i>B. Allee</i>		Date <i>1/15/15</i>
	Signature of officer		
PATRICIA IRWIN			
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2013**  
Open to Public  
Inspection► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**ALTRUSA INTERNATIONAL, INC OF ALBANY OR****93-6041445****Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

**OREGON**

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

	(a) Event #1 <b>DINNER &amp; AUCTION</b> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	45341		45341
	2 Less: Contributions . . . . .	8975		8975
	3 Gross income (line 1 minus line 2) . . . . .	36366		36366
Direct Expenses	4 Cash prizes . . . . .	512		512
	5 Noncash prizes . . . . .	42		42
	6 Rent/facility costs . . . . .	504		504
	7 Food and beverages . . . . .	6577		6577
	8 Entertainment . . . . .	4500		4500
	9 Other direct expenses . . . . .	1621		1621
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			► 13756
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .			► 22610

**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 . . . . .	-0-	-0-	-0-
	2 Cash prizes . . . . .			-0-
	3 Noncash prizes . . . . .			-0-
Direct Expenses	4 Rent/facility costs . . . . .			-0-
	5 Other direct expenses . . . . .			-0-
	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) . . . . .			► -0-
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .			► -0-

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? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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

13 Indicate the percentage of gaming activity operated in:

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

Employer identification number

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Name of the organization

**ALTRUSA INTERNATIONAL, INC OF ALBANY OREGON**

Employer identification number

**93-6041445****PART II BALANCE SHEET**

LINE 22 B	LINE 23	LINE 24			
CHECKING ACCT. BALANCE	\$164	ACCTS REC	\$400	FOUNDERS DAY FUND	\$250
UNDEPOSITED FUNDS	\$2230				
TOTAL CASH ON HAND	\$2394				

**PART V LINE 34. IN 2012 ALTRUSA INTERNATIONAL OF ALBANY OREGON CREATED A 501C(3) FOUNDATION (EIN 46-5304834)****IN 2013 WE MADE THIS FOUNDATION ACTIVE BY CONTRIBUTION ALL SERVICE FUNDS TO IT TO CONTINUE OUR SERVE****PROGRAMS. AND IN THE FUTURE ALL SERVICE FUNDS WILL FLOW THROUGH THE FOUNDATION**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.  
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OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

**ALTRUSA INTERNATIONAL, INC. OF ALBANY OR**

Employer identification number

**93-6041445****PART I LINE 1 -- Response to a donation letter (none over \$1500) \$10,965**

<b>Pledges and donations during fundraisers</b>	<b>9,162</b>
<hr/>	
<b>Misc contributions</b>	
<hr/>	
Wah Chang Christmas Tree	482
<hr/>	
Pocket Money	47
<hr/>	
Occassional personal donations	1820
<hr/>	
<b>TOTAL GIFTS &amp; CONTRIBUTIONS</b>	<b>22,476</b>

**PART I LINE 4 Interest income 23****PART I LINE 6b Gross Fundraising Income PART I LINE 6c Direct Fundraising expenses**

Little Italy Dinner & Auction	\$36,366	\$9,756
Old Navy Fixture Removal	2,446	-0-
Braided Bread Sale	1,495	863
Plant sale	922	-0-
River Rythms parking lot	325	-0-
<b>TOTAL</b>	<b>41,554</b>	<b>TOTAL 10,619</b>

**PART I LINE 8 Bunco party 10**

Meeting Income 50/50 raffle, brag bonnet	427
<b>TOTAL</b>	<b>437</b>

**PART I LINE 10 GRANTS AND SIMILAR AMOUNTS**

KIDZSHOP SHOPPING DAY (350 KIDS SERVED)	31,047
F.A.C.T. DISTRIBUTIONS (clothing for older children)	3,494
SCHOLARSHIP TO 2 LBCC STUDENTS	3,000
SOROPTOMISTS WALK FOR THE CAUSE	50
BOYS & GIRLS CLUB CHRISTMAS TREE	482

Name of the organization

**ALTRUSA INTERNATIONAL OF ALBANY OREGON**

Employer identification number

**93-6041445****PART 1 LINE 10 CONT'D**

<b>SERVICE TO INDIVIDUALS IN NEED</b>	<b>96</b>
<b>DONATIONS TO ALTRUSA INTERNATIONAL, INC OF ALBANY OREGON FOUNDATION EIN46-5304834</b>	
<b>FUNDS TO BE USED TO CONTINUE OUR SERVICE ACTIVITIES VIA FOUNDATION</b>	
<b>FROM SERVICE KIDZSHOP ACCT</b>	<b>11,917</b>
<b>FROM SERVICE ACCOUNT</b>	<b>37,290</b>
<b>FROM OPERATIONS ACCT</b>	<b>500</b>
<b>TOTAL DISBURSEMENTS</b>	<b>87,876</b>

**PART I LINE 13 PROFESSIONAL FEES**

<b>PAT 'N' PAT AUCTIONEERS</b>	<b>4,000</b>
<b>PAUL KINCAID SOUND SOUND MGMT/DJ</b>	<b>500</b>

**PART I LINE 15 PRINTING PUBLICATIONS, POSTAGE SHIPPING**

<b>F.A.C.T SET UP-FUNDRAISING LETTER</b>	<b>\$442</b>
<b>CHAMBER MBRSHIP /PRINTING OF FLYERS</b>	<b>545</b>
<b>OFFICE POSTAGE-SHIPPING</b>	<b>70</b>

**PART I LINE 16 OTHER EXPENSES**

<b>HISTORIC SCRAPBOOK</b>	<b>\$20</b>
<b>CONFERENCE EXPENSE (REISSTRATION, LODGING TRAVEL)</b>	<b>3,367</b>
<b>INITIATION &amp; ORIENTATION OF MEMBERS</b>	<b>240.</b>
<b>GUEST MEALS</b>	<b>24</b>
<b>INSTALLATION OF OFFICERS</b>	<b>168</b>
<b>PO BOX</b>	<b>44</b>
<b>STATE BUSINESS FILINGS</b>	<b>115</b>
<b>MISC</b>	<b>59</b>
<b>DUES TO INTL AND DISTRICT (2 YEARS)</b>	<b>4,300</b>