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

OMB No 1545-1150

2013**Open to Public Inspection**

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.Department of the Treasury
Internal Revenue Service**A** For the 2013 calendar year, or tax year beginning **JUNE 1**, 2013, and ending **MAY 31**, 2014**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

P O BOX 1815

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

ALBANY OR 97321-1815**D** Employer identification number**93-6041445****E** Telephone number**541-730-2111****F** Group ExemptionNumber ▶ **0738**Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

Website: ▶

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**Tax-exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

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 ☒

Revenue	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)	5c	
	6	Gaming and fundraising events		
	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	
Expenses	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	56064
	8	Other revenue (describe in Schedule O)	8	437
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	56501
	10	Grants and similar amounts paid (list in Schedule O)	10	87876
	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	4500
	14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1057	
16	Other expenses (describe in Schedule O)	16	8337	
17	Total expenses. Add lines 10 through 16	17	101770	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(45269)
	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	47813
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	2544

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

1872

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**

Yes	No
	✓

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 ☐

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**

Yes	No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**

Yes	No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a**

Yes	No

b If "Yes," was the related organization a section 527 organization? **49b**

Yes	No

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."

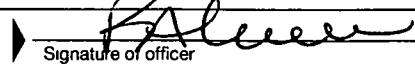
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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

Signature of officer 	Date 11/15/15
PATRICIA IRWIN Type or print name and title Treasurer	

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 ▶		Phone no	
Firm's address ▶				

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.

▶ 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.

OMB No. 1545-0047

2013

Open to Public
Inspection

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> 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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 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 DINNER & AUCTION (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-	-0-
Direct Expenses	2 Cash prizes				-0-
	3 Noncash prizes				-0-
	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).

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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Name of the organization

Employer identification number

Area with horizontal dashed lines for supplemental information.

Name of the organization

Employer identification number

ALTRUSA INTERNATIONAL, INC OF ALBANY OREGON**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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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**

Pledges and donations during fundraisers 9,162

Misc contributions

Wah Chang Christmas Tree 482

Pocket Money 47

Occasional personal donations 1820

TOTAL GIFTS & CONTRIBUTIONS 22,476**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-

TOTAL 41,554 TOTAL 10,619**PART I LINE 8 Bunco party 10**

Meeting Income 50/50 raffle, brag bonnet 427

TOTAL 437**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

Employer identification number

ALTRUSA INTERNATIONAL OF ALBANY OREGON**93-6041445****PART 1 LINE 10 CONT'D**

SERVICE TO INDIVIDUALS IN NEED 96

DONATIONS TO ALTRUSA INTERNATIONAL, INC OF ALBANY OREGON FOUNDATION EIN46-5304834

FUNDS TO BE USED TO CONTINUE OUR SERVICE ACTIVITIES VIA FOUNDATION

FROM SERVICE KIDZSHOP ACCT 11,917

FROM SERVICE ACCOUNT 37,290

FROM OPERATIONS ACCT 500

TOTAL DISBURSEMENTS 87,876

PART I LINE 13 PROFESSIONAL FEES

PAT 'N' PAT AUCTIONEERS 4,000

PAUL KINCAID SOUND SOUND MGMT/DJ 500

PART I LINE 15 PRINTING PUBLICATIONS, POSTAGE SHIPPING

F.A.C.T SET UP-FUNDRAISING LETTER \$442

CHAMBER MBRSHIP /PRINTING OF FLYERS 545

OFFICE POSTAGE-SHIPING 70

PART I LINE 16 OTHER EXPENSES

HISTORIC SCRAPBOOK \$20

CONFERENCE EXPENSE (REISSTRATION, LODGING TRAVEL) 3,367

INITIATION & ORIENTATION OF MEMBERS 240.

GUEST MEALS 24

INSTALLATION OF OFFICERS 168

PO BOX 44

STATE BUSINESS FILINGS 115

MISC 59

DUES TO INTL AND DISTRICT (2 YEARS) 4,300