Form **990**

Return of Organization Exempt From Income Tax

, 20 2022

D Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2021 calendar year, or tax year beginning 10/01

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

, 2021, and ending

9/30

Open to Public Inspection

	Α	ddress change	Heart of Oregon (Corps, Inc.			93-1	1303	3879
	N	ame change	PO Box 279				E Telepho	ne num	nber
	In	itial return	Bend, OR 97709				541	633	3-7834
	Fi	nal return/terminated							_
	Α	mended return					G Gross re	eceipts	\$ 5,835,428.
	Α	pplication pending	F Name and address of principal	officer:		H(a) Is this a			☐ 163 <u></u> 110
			Same As C Above			H(b) Are all If "No,"	subordinates	include See in	ed? Yes No
I	Tax-	-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	11 110,	attacii a iist.	000 111	Structions.
J	We	bsite: ► ww	w.heartoforegon.c	org		H(c) Group 6	exemption nu	mber I	>
K	Forn	n of organization:	X Corporation Trust	Association Other ►	L Year of format	ion: 2000) M s	tate of	legal domicile: OR
Pa	rt I	Summar	y						
	1	Briefly descri	be the organization's missi	on or most significant activities:	See Sche	dule 0			
ė									
anc									
Activities & Governance	_	=							
ЭoV	2 3	Check this bo		n discontinued its operations or di ning body (Part VI, line 1a)				_	•
& (4			s of the governing body (Part VI, I				<u>3</u>	10
ies	5			calendar year 2021 (Part V, line				5	230
ivit	6			necessary)				6	35
Ac				Part VIII, column (C), line 12				7a	0.
	b	Net unrelated	business taxable income	from Form 990-T, Part I, line 11				7b	0.
							rior Year		Current Year
е	8			1h)			,185,7		3,645,858.
enu	9	-		2g)			883,3		1,985,839.
Revenue	10		-	A), lines 3, 4, and 7d)			3,8	57.	1,173.
ш	11 12			nes 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A)			070 0	10	71,850.
	13			X, column (A), lines 1-3)			,072,9	42.	5,704,720.
	14			(, column (A), line 4)					
	15						,005,9	07	2,364,363.
es							,005,5	01.	2,304,303.
ens		16a Professional fundraising fees (Part IX, column (A), line 11e)							
Expenses			'						
_	17			nes 11a-11d, 11f-24e)			751,1	837,238.	
	18			equal Part IX, column (A), line 25)			,757,1		3,201,601.
	19	Revenue less	expenses. Subtract line 18	8 from line 12			315,8		2,503,119.
s or nces	20	Total assats	(Dort V. line 16)				g of Curren		End of Year
Assets I Balanc	20 21						,841,8 136,4		4,362,760. 154,296.
Net A Fund I									, , , , , , , , , , , , , , , , , , ,
	22			ne 21 from line 20		· 1	,705,3	45.	4,208,464.
	rt II	Signatur							
Comp	er pena olete. D	lties of perjury, I de Declaration of prepa	eclare that I have examined this retuirer (other than officer) is based on a	rn, including accompanying schedules and sta all information of which preparer has any kno	atements, and to wledge.	the best of m	y knowledge	and be	lief, it is true, correct, and
Sig	ın	Signatu	re of officer			Dat	te		
He	jii re	T 2111	ra Handy			Fvacu	ıtive I)i ro	actor
	. •		print name and title			EXECT	ICIVE I	TIE	:CLUI
		Print/Type p	reparer's name	Preparer's signature	Date		Check >	if	PTIN
Pai		Mathew	<i>i</i> Hamlin	Mathew Hamlin			self-employe	_	P01321155
	iu epar			LC					1.01021100
	e Or			20 STE 610 PMB 1009			Firm's EIN	- 84	-1948942
- 3		i iiii s addie	BEND, OR 9770				Phone no.		-915-8527
May	/ the	IRS discuss th	· · · · · · · · · · · · · · · · · · ·	shown above? See instructions			i none no.	0.4T	. X Yes No
ivia			is retain with the proparer	Shown above. Occ instructions					21 103 110

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
	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	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
(Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
(I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes.' complete Schedule G, Part I. See instructions	17		X
18	,,, , , , , , , , , , , , , , , , ,	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2021) Heart of Oregon Corps, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization 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.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
;	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
1	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
,	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
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Form 990 (2021) Heart of Oregon Corps, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 230			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	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)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	, ···		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	o Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If 'Yes,' see the instructions and file Form 4720, Schedule N.			7,7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	,			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a **b** Other officers or key employees of the organization...See .Schedule..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

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Laura Handy PO Box 279 Bend OR 97709 541

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Form 990 (2021)

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

BAA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A) Name and title	(B) Average hours per	is	both dire	an c	ot che unles officer /truste	,		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099 MISC/1099-NEC)	compensation from the organization and related organizations
_(1) Laura Handy	40									
Executive Dir.	0			X				84,134.	0.	5,499.
_(2) Susan Harrison	1							_		_
Vice President	0	X		X				0.	0.	0.
_(3) Tim Rusk	1									_
Director	0	Χ						0.	0.	0.
_(4) Carrie Chamberlen	1	.,							•	•
Director	0	Χ						0.	0.	0.
(5) Fiona Hellwarth	1									•
Director	0	Χ						0.	0.	0.
(6) Deevy Holcomb	1	.,							•	•
President	0	Χ		Χ				0.	0.	0.
_(7)_Gary_North	1	3.7							0	0
Director (2) Tolan Manualan	0	Χ						0.	0.	0.
(8) Tyler Wampler	1	37		3.7				0	0	0
Treasurer	0	Х		X				0.	0.	0.
(9) Luke Parazoo		37						0	0	0
Director	0	Χ						0.	0.	0.
(10) Zavier Borja		Х						0.	0	0
Director (11) Meg Helma	1	Λ						0.	0.	0.
	1 -	Х		Χ				0.	0.	0.
Secretary (12)	U	Λ		Λ				0.	0.	<u> </u>
(13)										
(14)										

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Part VII Section A. Officers, Directors, 110	(B)	ney		1 <u>1</u> 1(0		es, a	anc	a nignest Com	ipensated Empi	oyees	(conti	nuea)
				•	•			(D)	(F)		(E)	
(A) Name and title	Average hours	box	, unle	ess pe	erson	than is both	n an	(D) Reportable	(E) Reportable	Catina	(F)	. a. mt
Name and the	per week (list any	_				or/trust		compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	(ated amo of other nsation	
	hours	Individual or director	ng th	Officer	Key employee	lighe: mplo	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	rganizat d related	tion
	related organiza	ector	tions	74	mplo	st co yee	er			org	anizatior	าร
	- tions below dotted	Individual trustee or director	nstitutional trustee)yee	mper						
	line)	96	itee			Highest compensated employee						
(15)												
	1	•										
(16)												
(4 P)												
(17)												
(18)												
<u> </u>	1	•										
(19)												
(20)												
<u>(20)</u>												
(21)												
(22)												
(23)												
(24)												
(25)												
(2)	1	•										
1 b Subtotal							>	84,134.	0.		5,4	499.
c Total from continuation sheets to Part VII, Secti							•	0.	0.		0.	
d Total (add lines 1b and 1c)							ved.	84,134.	0.	ancatio		499.
from the organization • 0	i to those i	isicu	abov	ve) i	WIIO	ICCCI	veu	more than \$100,00	o or reportable comp	CHSallo	11	
											Yes	No
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey er	mplo	oyee	e, or l	high	nest compensated	employee	2		37
on line 1a? If 'Yes,' compléte Schedule J for suc										3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportab er than \$1	le co 50,00	mpe 00?	ensa If '}	ition ∕ <i>es,</i> '	and <i>com</i>	oth <i>ple</i> :	er compensation te Schedule J for	from			
such individual										4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	isatio ete So	n fro chea	om Iule	any <i>J fo</i>	unre <i>r suc</i>	late :h p	ed organization or <i>erson</i>	individual	. 5		Х
Section B. Independent Contractors											•	
1 Complete this table for your five highest compen compensation from the organization. Report comper	sated indi sation for	epen the c	dent alen	t coi dar i	ntrad year	ctors endir	tha ng v	it received more th vith or within the or	nan \$100,000 of ganization's tax year.			
(A) Name and business add								(B)		(C)	
Name and business add	ress							Description of	of Services	Compe	ensaud)[]
	1 12				. ,	. ,		<u> </u>				
2 Total number of independent contractors (including I \$100,000 of compensation from the organization		ited to	o thc	se I	ıstec	abov	ve)	wno received more	tnan			
φτου,σου οι compensation ποιπ the organization	U											

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaigns				
ontrib od Ot	g	Noncash contributions included in lines 1a-1f				
	h	Total. Add lines 1a-1f ▶ Business Code	3,645,858.			
Program Service Revenue	2 a	Program income	1,919,582.	1,919,582.		
e Re	b	Program, thrift store	66,257.	66,257.		
ervic	c d					
am S	е					
rogr		All other program service revenue	1,985,839.			
ш.	3	Investment income (including dividends, interest, and				
	4	other similar amounts)	1,173.			1,173.
	5	Royalties				
	6a	(i) Real (ii) Personal Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c Net rental income or (loss)				
		Gross amount from (i) Securities (ii) Other				
	, .	sales of assets other than inventory 7a				
	b	Less: cost or other basis and sales expenses 7 b				
		Gain or (loss)				
		Net gain or (loss) ▶				
Other Revenue	8 a	Gross income from fundraising events (not including \$ 50,913. of contributions reported on line 1c).				
er F	b	See Part IV, line 18 8a 136,301 Less: direct expenses 8b 64,451				
Q		Net income or (loss) from fundraising events	71,850.			
	9 a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances				
	С	Net income or (loss) from sales of inventory ▶				
ous S	11 a	Business Code				
ane	b					
Miscellaneous Revenue	11 a b c d	All other revenue				
MIS F		All other revenue Total. Add lines 11a-11d				
		Total revenue. See instructions.	5,704,720.	1,985,839.	0.	1,173.

Form 990 (2021) Heart of Oregon Corps, Inc.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	esponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	91,601.	0.	91,601.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,927,265.	1,656,745.	205,612.	64,908.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,321,203.	1,000,740.	203,012.	04, 300.
9	Other employee benefits	345,497.	277,938.	55,358.	12,201.
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
ŀ	Legal				
(: Accounting				
(Lobbying				
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	211,661.	107,740.	80,351.	23,570.
13	Office expenses	84,061.	52,451.	14,711.	16,899.
14	Information technology	04,001.	32,431.	14,711.	10,000.
15	Royalties.				
16	Occupancy	78,063.	64,703.	12,733.	627.
17	Travel	73,208.	68,133.	4,453.	622.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	767266.	00,100.	1,1001	020.
19	Conferences, conventions, and meetings				
20	Interest	8,053.	1,325.	1,278.	5,450.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	65,136.	53,299.	9,713.	2,124.
23	Insurance	58,122.	24,524.	33,598.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	In-kind materials & supplies	93,663.	93,123.	540.	
	Materials & supplies	90,291.	60,620.	18,197.	11,474.
	Support & scholarships	53,007.	33,747.	2,965.	16,295.
	Training	21,973.	16,079.	2,136.	3,758.
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,201,601.	2,510,427.	533,246.	157,928.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	o any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			515,555.	1	23,888.
	2	Savings and temporary cash investments			534,751.	2	2,836,540.
	3	Pledges and grants receivable, net			243,257.	3	749,558.
	4	Accounts receivable, net			70,946.	4	82,780.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net				7	
Ø	8	Inventories for sale or use		F	32,148.	8	28,086.
Assets	9	Prepaid expenses and deferred charges		<u> </u>	9,188.	9	16,114.
As	-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1	in the second se	5,100.		10,114.
	h	Less: accumulated depreciation.	10a	475,782.	435,978.	10 c	625,794.
	11	Investments – publicly traded securities.			433,970.	11	025, 194.
	12	Investments – other securities. See Part IV, line 11		-		12	
	13	Investments – program-related. See Part IV, line 11.	-		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11.		15			
	16	Total assets. Add lines 1 through 15 (must equal line	-	1,841,823.	16	4,362,760.	
	17	Accounts payable and accrued expenses			136,478.	17	154,296.
	18	Grants payable	,	18	,		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		L		20	
es	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 3	5% L		22	
ij	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			136,478.	26	154,296.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	. ►	X			
ılar	27	Net assets without donor restrictions			1,409,460.	27	1,550,935.
B	28	Net assets with donor restrictions			295,885.	28	2,657,529.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	- [
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm				30	
188	31	Retained earnings, endowment, accumulated income,	, or other	funds		31	
it A	32	Total net assets or fund balances			1,705,345.	32	4,208,464.
Ne	33	Total liabilities and net assets/fund balances			1,841,823.	33	4,362,760.
RΔ	۸		TFFA01111	09/22/21	•		Form 990 (2021)

Part XI Reconciliation of Net Assets								
Check if Schedule O contains a response or note to any line in this Part XI.								
1 Total revenue (must equal Part VIII, column (A), line 12)	1	5,	704,	720.				
2 Total expenses (must equal Part IX, column (A), line 25)	2	3,	201,6	501.				
3 Revenue less expenses. Subtract line 2 from line 1								
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5 Net unrealized gains (losses) on investments	5							
6 Donated services and use of facilities	6							
7 Investment expenses	7							
8 Prior period adjustments	8							
9 Other changes in net assets or fund balances (explain on Schedule O).	9			0.				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
column (B))	10	4,	208,4	464.				
Part XII Financial Statements and Reporting				_				
Check if Schedule O contains a response or note to any line in this Part XII								
			Yes	No				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other								
If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.								
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	Χ				
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on	a						
b Were the organization's financial statements audited by an independent accountant?		2	X					
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ate							
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2	e X					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3	a X					
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	X					
BAA TEEA0112L 09/22/21		For	m 990	(2021)				

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

iame or	ine organization					Employer identili	cation numbe	ı			
Hear	t of Oregon Corps, 1	Inc.				93-1303879					
Part I	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instru	ictions.				
	ganization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)					
1	A church, convention of church	es, or association of ch	nurches described in sect	tion 1 <mark>70</mark> (b)(1)(A)(i).					
2	A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)							
3	A hospital or a cooperative h	ospital service organi	ization described in sec	ction 17	0(b)(1)(A	A)(iii).					
4	A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii).	Enter the I	nospital's			
L	name, city, and state:	,	•					·			
5	An organization operated for section 170(b)(1)(A)(iv). (Co		ge or university owned	or oper	ated by	a governmental unit o	described i	n			
6	A federal, state, or local gov		ntal unit described in s	ection 1	70(b)(1)	(A)(v).					
7	An organization that normally r in section 170(b)(1)(A)(vi).	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		A)(vi). (Complete Part I	II.)							
9	An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant col	lege				
· L	or university or a non-land-grai										
	university:										
10	An organization that normall from activities related to its convex investment income and unreguenes 30, 1975. See section!	exempt functions, sub lated business taxable	eject to certain exception	ns; and	(2) no r	nore than 33-1/3% of	its suppor	t from gross			
11	An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).					
12	An organization organized a	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to carry	out the pui	poses of one			
L	or more publicly supported o	rganizations describe	d in section 509(a)(1)	or section	n 509(a	(2). See section 509(a)(3). Che	the box on			
а	Iines 12a through 12d that de Type I. A supporting organization							orted			
۵ [organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	a majority of the directo	rs or trus	stees of t	the supporting organiza	tion. You m	ust			
b	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	/ having co ation(s). Yo	ontrol or u			
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, a	nd function	onally integrated with, its	s supported				
d	Type III non-functionally integ functionally integrated. The of	rated. A supporting orgorganization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported organization(s) that is n	ot			
е	instructions). You must com Check this box if the organiz	ation received a writte	en determination from	the IRS	that it is	a Type I, Type II, Ty	pe III funct	tionally			
4 1	integrated, or Type III non-fu Enter the number of supported						Г				
	Provide the following information	3					· · · · · · L				
	Name of supported organization	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(ii) (mount of other			
(1)	Name of supported organization	(II) EIN	(described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed overning ment?	support (see instructions)		(see instructions)			
				Yes	No						
A)											
,											
B)											
C)											
D)				-			+				
E)											
1											

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,239,328.	1,684,716.	1,769,238.	2,185,770.	3,645,106.	11,524,158.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	2,239,328.	1,684,716.	1,769,238.	2,185,770.	3,645,106.	160,350.
6	Public support. Subtract line 5 from line 4						11,363,808.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,239,328.	1,684,716.	1,769,238.	2,185,770.	3,645,106.	11,524,158.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	676.	7,092.	493.	47.	1,173.	9,481.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.		21,646.				21,646.
11	Total support. Add lines 7 through 10						11,555,285.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	5,679,507.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	11 1 (0)			
	Public support percentage for 20 Public support percentage from 3						98.34 %
	33-1/3% support test—2021. If t and stop here. The organization	he organization di	d not check the b	ox on line 13. and	d line 14 is 33-1/3	 3% or more, chec	k this box
b	33-1/3% support test—2020. If the and stop here. The organization	ne organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, (check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	box and stop here	Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a d-circumstances to	nd-circumstances est. The organizat	test, check this lition qualifies as a	box and stop here publicly supporte	e. Explain in Part d organization	VI how the ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		piedes sempiete .	<u> </u>			
	lar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2017	(8) 2010	(4) = 1.10	(4) 2525	(0) 2021	(ly rotal
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						
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on 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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•	.,,		•		%
	Public support percentage from 2					16	%
	tion D. Computation of Inv					1 1	
17		•	• • •	-	• • • •		%
	Investment income percentage for					<u> </u>	8
	33-1/3% support tests—2021. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2020. If the line 18 is not more than 33-1/3% Private foundation. If the organization of the organiz	, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Sch	nedule	A (Form 990) 2021 Heart of Oregon Corps, Inc.	93-1303879		Р	age 5
Pa	art IV	Supporting Organizations (continued)				
-1-1	Llaa	the experimentary expended a nift by contribution from any of the following payages?	_		Yes	No
	a A pe	the organization accepted a gift or contribution from any of the following persons? erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c				
		governing body of a supported organization?		l1a		
	b A fa	mily member of a person described on line 11a above?	-	l1b		
		% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	1	l1c		
Se	ction	B. Type I Supporting Organizations				
	D:4		havabin af ana 🗐		Yes	No
1	or m offic orga thar	the governing body, members of the governing body, officers acting in their official capacity, or memiore supported organizations have the power to regularly appoint or elect at least a majority of the or ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supportionization(s) effectively operated, supervised, or controlled the organization's activities. If the organization one supported organization, describe how the powers to appoint and/or remove officers, directors, deviated among the supported organizations and what conditions or restrictions, if any, applied to see allocated among the supported organizations and what conditions or restrictions, if any, applied to see the support of the suppor	ganization's ted tion had more or trustees			
		ng the tax year.		1		
2	that <i>ben</i>	the organization operate for the benefit of any supported organization other than the supported organ operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how provefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled porting organization.	iding such	2		
Se	ction	C. Type II Supporting Organizations				
					Yes	No
1		e a majority of the organization's directors or trustees during the tax year also a majority of the directors or tr				
		ach of the organization's supported organization(s)? If No,' describe in Part VI how control or managorting organization was vested in the same persons that controlled or managed the supported organ		1		
Se	ction	D. All Type III Supporting Organizations				
-	D: 1				Yes	No
1	orga	the organization provide to each of its supported organizations, by the last day of the fifth month of the inization's tax year, (i) a written notice describing the type and amount of support provided during the figure (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies	e prior tax			
		inization's governing documents in effect on the date of notification, to the extent not previously prov		1		
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppoint of (ii) serving on the governing body of a supported organization? If 'No,' explain in Part organization maintained a close and continuous working relationship with the supported organization.	VI how	2		
3	voic all t	eason of the relationship described on line 2, above, did the organization's supported organizations have a si e in the organization's investment policies and in directing the use of the organization's income or as mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organization is regard.	sets at ons played	3		
Se	ction	E. Type III Functionally Integrated Supporting Organizations			'	
1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.	,			
		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
	믐		antal antity (and in	aatri	otion	۵١
	с 📙	The organization supported a governmental entity. Describe in Part VI how you supported a governm	ental entity (see in	ISTru	ictions	5).
2	. Acti	vities Test. Answer lines 2a and 2b below.	_		Yes	No
	supp org a resp	substantially all of the organization's activities during the tax year directly further the exempt purpose ported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supposenizations and explain how these activities directly furthered their exempt purposes, how the organizations is to those supported organizations, and how the organization determined that these activities considered to the statistic transfer the statistic transfer to the support of the statistic transfer to the statistic transfer transfer transfer to the statistic transfer tra	rted ation was onstituted	2a		
		stantially all of its activities.		Za		
	mor	the activities described on line 2a, above, constitute activities that, but for the organization's involven e of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Par</i> ions for the organization's position that its supported organization(s) would have engaged in these ac	t VI the			
		for the organization's involvement.		2b		
3	Pare	ent of Supported Organizations. Answer lines 3a and 3b below.				
	a Did each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or tr n of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.		3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in Part VI the role played by the organization in this regard.*

3b

Schedule A (Form 990) 2021 Heart of Oregon Corps, Inc.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 93-1303879

	ter and the second seco			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021 in Part VI). See instructions.

9 Distributable amount for 2021 from Section C, line 6

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)	
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		

10 Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Heart of Oregon Corps, Inc.

93-1303879

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source		2021	2020	2019	2018	2017
Other income T	otal <u>\$</u>	0.	\$ 0	\$ 0.	\$ 21,646. \$ 21,646.	\$ 0.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Heart of Oregon Corps, Inc.

				93-130	3879	
Par	t Organizations Maintaining Donor	Advised Funds or Other	Similar Funds	s or Accounts.		
	Complete if the organization answ	<u>rered 'Yes' on Form 9</u> 90, F	art IV, line 6.			
		(a) Donor advised fun	ds	(b) Funds and	other accou	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donors are the organization's property, subject to the organization	or advisors in writing that the ass	sets held in dono	r advised funds	Yes	No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing of the donor or donor advisor, or	that grant funds of for any other pu	can be used only rpose conferring	_ ∏Yes	— □ No
_	<u> </u>					
Par	Conservation Easements. Complete if the organization answ	yarad 'Vas' on Farm 990 F	Part IV/ line 7			
1	Purpose(s) of conservation easements held by					
'	Preservation of land for public use (for examp			of a historically imp	ortant land	larga
	Protection of natural habitat	e, recreation or education)		of a certified histori		i aita
	Preservation of open space		Preservation	or a certified flistori	c structure	
2	Complete lines 2a through 2d if the organization he	ald a qualified conservation contrib	ution in the form o	f a conservation ease	mant on the	۵
_	last day of the tax year.	eid a quaimed conservation contrib	ution in the form o	i a conscivation ease		5
				Held at the	End of the	Tax Year
a	Total number of conservation easements			2a		
ŀ	Total acreage restricted by conservation easem	nents		2 b		
(: Number of conservation easements on a certifi	ed historic structure included in	(a)	2 c		
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and	not on a historic	2 d		
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or t	terminated by the d	organization during th	е	
4	Number of states where property subject to conser	vation easement is located ►				
5	Does the organization have a written policy reg and enforcement of the conservation easemen				Yes	No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, ar	nd enforcing conse	rvation easements du	iring the yea	ar
7	Amount of expenses incurred in monitoring, inspect ►\$	eting, handling of violations, and er	nforcing conservation	on easements during	the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of section	on 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to	orts conservation easements in i	ts revenue and externents that description	xpense statement a cribes the organizati	nd balance on's accou	sheet, and inting for
Da	conservation easements. t Organizations Maintaining Collect	tions of Art Historical Tr	astires or O	ther Similar Acc	atc	
Par	Complete if the organization answ	vered 'Yes' on Form 990, F	Part IV, line 8.	ulei Sillilai Ass	cis.	
1 a	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education	, or research in fu	ment and balance surtherance of public	sheet works service, pr	s of art, rovide in
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or re-	search in furtherar	nce of public service,	t works of a provide the	art,
	(i) Revenue included on Form 990, Part VIII, I					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, hi amounts required to be reported under FASB A	SC 958 relating to these items:			lowing	
a	Revenue included on Form 990, Part VIII, line	1				

Part III Organizations Mainta	ining Colle	ections of A	Art, Historica	al Treasures, or	Other S	imilar Ass	ets (co	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other record	ds, check any of	the following that ma	ake signific	ant use of its	collectio	n	
a Public exhibition		d	Loan or ex	change program					
b Scholarly research		е	Other						
c Preservation for future gene	rations								
4 Provide a description of the organi. Part XIII.			-	· ·		•			
5 During the year, did the organizato be sold to raise funds rather to							Yes	[No
line 9, or reported an					swered '`	res' on Foi	rm 990), Par	t IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodia	n or other int	ermediary for o	contributions or othe	r assets n	ot included	Yes	Г	No
b If 'Yes,' explain the arrangemen						Ι		_	
						,	Amount		
c Beginning balance					1с				
d Additions during the year					1 d				
e Distributions during the year									
f Ending balance									
2a Did the organization include an									No
b If 'Yes,' explain the arrangemen	t in Part XIII.	Check here if	the explanatio	n has been provided	d on Part 2	XIII			
Daily E. L. C.		11 .	1.		000	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10		
Part V Endowment Funds. (1	Ť							
1 a Beginning of year balance	(a) Current	year	(b) Prior year	(c) Two years back	(a) In	iree years back	(e) F	our year	3 Dack
b Contributions									
c Net investment earnings, gains,									
and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage		nt year end b	alance (line 1g	, column (a)) held a	as:				
a Board designated or quasi-endown			্ ব						
b Permanent endowment ►	%								
c Term endowment ►									
The percentages on lines 2a, 2b, a	aria 20 srioula e	equal 100%.							
3 a Are there endowment funds not in	the possession	of the organiz	zation that are h	eld and administered	for the		Г	Yes	No
organization by: (i) Unrelated organizations							3a(i)	162	NO
(ii) Related organizations									
b If 'Yes' on line 3a(ii), are the rel							_ ` `		
4 Describe in Part XIII the intende	-		•						
Part VI Land, Buildings, and									
Complete if the organ			s' on Form 99	90, Part IV, line	11a. Se	e Form 99	0, Par	t X, Iir	ne 10.
Description of property		(a) Cost or ot (investm		b) Cost or other basis (other)	(c) Accı depre	umulated eciation	(d) E	Book va	ılue
1 a Land				3,381.				3,	,381.
b Buildings				272,385.		40,519.			,866.
c Leasehold improvements				238,290.		26,602.			,688.
d Equipment				587,520.	3	08,661.		278	,859.
e Other									
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Form 990	0, Part X, colur	nn (B), line 10c.)					794.
BAA						Schedi	ule D (Fo	orm 990) 2021

Complete if the organization answere (a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market value
) Financial derivatives	` '	(0)	
2) Closely held equity interests			
3) Other			
	-		
A) B) C) D) E)			
<u>"</u>	-		
<u>" </u>			
<u>′</u>	_		
-)	-		
<u>3)</u>	_		
	_		
l)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27./2	
Part VIII Investments – Program Related. Complete if the organization answere	d 'Vas' on Form 991	N/A Deart IV line 11c	See Form 990 Part Y line 1
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
	(b) Dook value	(c) motilod of valuation	on Jose of Gra of year market value
(1)	+		
(2)	+		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	Part IV line 11d	Soo Form 990 Part V Jino 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 990), Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/A), Part IV, line 11d.	See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990), Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990), Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990 escription	O, Part IV, line 11d.	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990 escription	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column (b	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
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Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (a) Descential income taxes (b) (c) (d) (d) (d) (d) (d) (e) (f) (g)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (b) Complete if the organization answere (a) D (c) Complete if the organization answere (b) D (d) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answered (c) Complete if	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
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BAA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	•
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	5,892,500.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	187,780.
3 Subtract line 2e from line 1	3	5,704,720.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	5,704,720.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	3,389,381.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	-	
a Donated services and use of facilities	-	
a Donated services and use of facilities2a187,780b Prior year adjustments2b		
a Donated services and use of facilities2a187,780.b Prior year adjustments2bc Other losses2c	2 e	187,780.
a Donated services and use of facilities 2a 187,780. b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d		187,780. 3,201,601.
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d.	2 e	
a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	2 e	
a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.)	2 e 3	
a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3	3,201,601.
a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.)	2 e 3	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number 93-1303879 Heart of Oregon Corps, Inc. **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. 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.

Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered 'Yes' on 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) Event #2	(c) Other events	(d) Total events (add column (a)		
<u>re</u>			Farm to Fork (event type)	Endless Summer (event type)	None (total number)	through column (c))		
Revenue	1	Gross receipts	119,001.	68,213.		187,214.		
α.	2	Less: Contributions	45,550.	5,363.		50,913.		
	3	Gross income (line 1 minus line 2)	73,451.	62,850.		136,301.		
	4	Cash prizes						
	5	Noncash prizes	7,084.	3,153.		10,237.		
nses	6	Rent/facility costs	2,975.	3,960.		6,935.		
Direct Expenses	7	Food and beverages	15,831.	5,476.		21,307.		
rect I	8	Entertainment	2,450.	3,661.		6,111.		
Ω	9	Other direct expenses	13,598.	6,263.		19,861.		
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 from		64,451. 71,850.				
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Yes	s' on Form 990, Pai	rt IV, line 19, or re	oorted more than		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
æ	1	Gross revenue						
ses	2	Cash prizes						
xper	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)					
	8	Net gaming income summary. Subtract li	ine 7 from line 1, colum	nn (d)	▶			
а	ls th	er the state(s) in which the organization cone organization licensed to conduct gaming lo,' explain:	g activities in each of th					
10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes								

Sch	edule G (Form 990) 2021 Heart of Oregon Corps, Inc. 9	3-1303879	Page 3
11	Does the organization conduct 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
	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility	—	%
	b An outside facility.		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	i .	
	Name ►		
	Address ►		
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the of gaming revenue retained by the third party ► \$ tilder name and address of the third party:	ue? Yes ne amount	No
	Name ►		
	Address ►		i !
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?		No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
De	organization's own exempt activities during the tax year ► \$ In trivial supplemental Information. Provide the explanations required by Part I, line 2b, co	lumps (iii) and (<u>, </u>
га	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.		v),

 BAA
 TEEA3703L
 07/12/21
 Schedule G (Form 990) 2021

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Heart of Oregon Corps, Inc. Employer identification number 93-1303879

Par	tl T	ypes of Property						
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	(d) If determin tribution a	ing mounts
1	Art –	Works of art						
2	Art -	Historical treasures						
3	Art -	Fractional interests						
4	Books	and publications						
5	Clothir	ng and household goods						
6	Cars a	and other vehicles						
7	Boats	and planes						
8	Intelle	ctual property						
9	Securi	ties - Publicly traded						
10	Securi	ties - Closely held stock						•
11	Securi	ties $-$ Partnership, LLC, or trust interests .						
12	Securi	ties - Miscellaneous						
13		ed conservation contribution – c structures						
14	Qualifi	ed conservation contribution — Other						,
15	Real e	state - Residential						
16	Real e	state - Commercial						
17	Real e	state - Other						
18	Collect	tibles						
19	Food i	nventory						
20	Drugs	and medical supplies						
21	Taxide	ermy						
22	Histori	cal artifacts						
23	Scient	ific specimens						
24	Archeo	ological artifacts						
25	Other !	<pre>(Construction supplie)</pre>		1				
26	Other !	<pre>(Construction supplie)</pre>	X	1	7,488.	Cost		
27	Other !	()						
28	Other !) ()						
29		er of Forms 8283 received by the organization of zation completed Form 8283, Part V, Done				29		
							Yes	No
30a	Durina	the year, did the organization receive by contr	ibution any pr	roperty reported in Part I	I. lines 1 through 28, that			
		t hold for at least three years from the date						
		empt purposes for the entire holding period	?			30	a	X
		,' describe the arrangement in Part II.						
31	Does t	he organization have a gift acceptance poli	cy that requi	res the review of any i	nonstandard contributio	ns? 31		X
32a		he organization hire or use third parties or outions?				32	la l	Х
b		,' describe in Part II.						
33		organization didn't report an amount in colu be in Part II.	ımn (c) for a	type of property for w	hich column (a) is chec	ked,		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Heart of Oregon Corps, Inc.

93-1303879

Employer identification number

Form 990. Part I. Line 1 - Organization Mission or Significant Activities

Heart of Oregon Corps, Inc. (HOC) is a human services nonprofit focusing on youth workforce, education, and well-being. The mission of HOC is to empower youth and young adults through employment, job training, education, and service to Central Oregon communities. HOC primarily serves Opportunity Youth ages 16-24 who are disconnected from school and work but are ready to thrive when given adequate support. HOC's six programs train over 225 youth annually in conservation, construction, childcare, and customer service. Youth earn wages, vocational certifications, diplomas, GEDs, and AmeriCorps scholarships. HOC programs serve Deschutes, Crook, Jefferson, and northern Klamath counties. The projects youth complete keep Central Oregon community beautiful and healthy, while the wages they earn stimulate regional economic growth. Since 2000, 4,750 HOC youth have built 37 affordable homes, improved 48,000 acres of public lands, and earned over \$2 million in AmeriCorps scholarships. Heart of Oregon Corps is accredited by the Corps Center for Excellence.

Form 990, Part III, Line 1 - Organization Mission

Heart of Oregon Corps, Inc. HOC is a local non-profit providing job skills, training, and alternative education options to people ages 16-24. The mission of HOC is to inspire and empower positive change in the lives of young people through jobs, education, and stewardship.

Form 990, Part III, Line 4a - Program Service Accomplishments

Heart of Oregon Corps, Inc. (HOC) is a human services nonprofit focusing on youth workforce, education, and well-being. The mission of HOC is to empower youth and young adults through employment, job training, education, and service to Central Oregon communities. HOC primarily serves Opportunity Youth ages 16-24 who are

Form 990, Part III, Line 4a - Program Service Accomplishments

support. HOC's six programs train over 225 youth annually in conservation, construction, childcare, and customer service. Youth earn wages, vocational certifications, diplomas, GEDs, and AmeriCorps scholarships. HOC programs serve Deschutes, Crook, Jefferson, and northern Klamath counties. The projects youth complete keep Central Oregon community beautiful and healthy, while the wages they earn stimulate regional economic growth. Since 2000, 4,750 HOC youth have built 37 affordable homes, improved 48,000 acres of public lands, and earned over \$2 million in AmeriCorps scholarships. Heart of Oregon Corps is accredited by the Corps Center for Excellence.

Form 990, Part VI, Line 11b - Form 990 Review Process

Board is provided a copy of the 990 for review and approval prior to submission. The Board President shall sign and certify that the IRS form is complete and accurate.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members regularly discuss and disclose any conflicts of interest that may exist or arise at a regularly scheduled board meeting.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The executive committee reviews the executive director's performance during the preceding year, develops a recommendation for the board regarding compensation in accordance with the IRS standards, and sets expectations for the upcoming year.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Based on board evaluation and approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents disclosure explanation available upon request.

2021		Fed	eral Work	sheets			Page 1
		Hear	t of Oregon C	orps, Inc.			93-1303879
Computation of Cost of 1. Inventory at st 2. Purchases	art of year. costs	5)					32,148. 62,195. 0. 0. 94,343. 28,086. 66,257.
Form 990, Part III, Line Program Services Tota	nls	lno ano					
		rogra ervice Total	es	990	Sou	irce	
Total Expenses Grants Revenue		,510,4	127. 2,51 0.	0,427. Part	IX, Line 2 IX, Lines	5, Col. B 1-3, Col.	
Form 990, Part IX, Line Other Fees For Service	· 11g ·s		(A) Total	(B) Program Services		<u>ral</u> <u>ra</u>	(D) 'und- ising
Outside services	Tot	al \$	211,661. 211,661.	\$ 107,740. \$ 107,740.	\$ 80, \$ 80,	351. 351. \$	23,570. 23,570.
MJ Murdock Charita	018 201	9 0	2020	<u>2021</u> 0	Total 113,000	<u>2% Amt</u> 0	Excess 0
Ford Family Founda	•	0	0	0	75,000	0	0
Maybelle Clark Mac	Donald Fund	0	100,000	0	140,000	0	0
Oregon Community F		,000	200,000	0	280,000	231,106	48,894
Sisters Habitat fo	or Humanity 66,400 39	,982	0	86,176	182,558	0	0

21	Federal Worksheets Heart of Oregon Corps, Inc.							Page 2	
Excess Co	ntributi	ions (continue II, Line 5	ed)						
Sisters :	0	District 0	45,442	0	0	45,442	0		
COIC	0	0	0	0	342,562	342,562	231,106	111,45	
	0	284,400	165,424	300,000	428,738	1,178,562		160,35	