

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 29208 | Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047
2022
2022
Open to Public
Inspection

A F	or the	2022 calendar year, or tax year beginning OCT 1, 2022 and 6	ending ${\sf S}$	EP 30, 2023	
<b>B</b> c	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		93-13038	
	return Final return/	Number and street (or P.0. box if mail is not delivered to street address) PO BOX 279	Room/suite	E Telephone number 541-633-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,443,066.
	Amend return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: LAUKA HANDI		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙΤ	ax-exe	empt status: $X = 501(c)(3) = 501(c)($ ) (insert no.) $= 4947(a)(1) = 4947(a)(1)$	r 527	1	list. See instructions
	Vebsit	:		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile; OR
	rt I	Summary		1	<u> </u>
	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$	1POWER	JOY & HTUOY	JNG ADULTS
Activities & Governance		THROUGH EMPLOYMENT, JOB TRAINING, EDUCATION			
'n	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
ဗ		Number of independent voting members of the governing body (Part VI, line 1b)			10
<u>ფ</u>		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			248
iţie		Total number of volunteers (estimate if necessary)			200
cţi		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		3,645,858.	4,763,456.
ĭ		Program service revenue (Part VIII, line 2g)		1,985,839.	434,726.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,173.	116,809.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		71,850.	5,630.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,704,720.	5,320,621.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(0		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,364,363.	2,002,853.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25) 202,80	7.		
Ě		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		837,238.	1,881,534.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,201,601.	3,884,387.
		Revenue less expenses. Subtract line 18 from line 12		2,503,119.	1,436,234.
or es			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,362,760.	5,641,813.
Ass Ba	21	Total liabilities (Part X, line 26)		154,296.	403,807.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,208,464.	5,238,006.
	rt II	Signature Block			
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sigr	,	Signature of officer		Date	
Her		DEEVY HOLCOMB, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		SANG AHN		if self-employ	P00540880
Prep	- 1	Firm's name MCDONALD JACOBS, P.C.	L		3-0900579
Use	1	Firm's address 121 SW SALMON ST., STE 1100			
	-	PORTLAND, OR 97204		Phone no. (5	03) 227-0581
Mav	the IF	S discuss this return with the preparer shown above? See instructions		,	X Yes No
		LIA For Penersuark Deduction Act Nation and the concrete instruction			Farm 990 (2022)

Form	990 (2022) HEART OF OREGON CORPS, INC.	93-1303879	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		$\square$
1	Briefly describe the organization's mission:		<u> </u>
	HEART OF OREGON CORPS, INC. (HOC) IS A HUMAN SERVICES NO	ONPROFIT	
	FOCUSING ON YOUTH WORKFORCE, EDUCATION, AND WELL-BEING.		OF
	HOC IS TO EMPOWER YOUTH AND YOUNG ADULTS THROUGH EMPLOYN		
	TRAINING, EDUCATION, AND SERVICE TO CENTRAL OREGON COMMU		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Vec	X No
	If "Yes," describe these new services on Schedule O.		140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vos	X No
3		res	_21 NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		-1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, ar	ıa
_	revenue, if any, for each program service reported.	127	056
4a	(Code:) (Expenses \$ 3,095,032. including grants of \$) (Reve		956.
	HOC PRIMARILY SERVES OPPORTUNITY YOUTH AGES 16-24 WHO AF		עני
	FROM SCHOOL AND WORK BUT ARE READY TO THRIVE WHEN GIVEN		
	SUPPORT. HOC'S SIX PROGRAMS TRAIN OVER 225 YOUTH ANNUALI		
	CONSERVATION, CONSTRUCTION, CHILDCARE, AND CUSTOMER SERV		ARN
	WAGES, VOCATIONAL CERTIFICATIONS, DIPLOMAS, GEDS, AND AM		
	SCHOLARSHIPS. HOC PROGRAMS SERVE DESCHUTES, CROOK, JEFFI	ERSON, AND	
	NORTHERN KLAMATH COUNTIES. THE PROJECTS YOUTH COMPLETE F		
	OREGON COMMUNITY BEAUTIFUL AND HEALTHY, WHILE THE WAGES	THEY EARN	
	STIMULATE REGIONAL ECONOMIC GROWTH. SINCE 2000, 4,750 HG	OC YOUTH HAVE	
	BUILT 37 AFFORDABLE HOMES, IMPROVED 48,000 ACRES OF PUBL	LIC LANDS, AND	)
	EARNED OVER \$2 MILLION IN AMERICORPS SCHOLARSHIPS. HEART	OF OREGON	
	CORPS IS ACCREDITED BY THE CORPS CENTER FOR EXCELLENCE.		
4b	(Code:) (Expenses \$) (Reve	enue \$	)
4c	(Code:) (Expenses \$) (Reverse)	enue \$	)

including grants of \$ 3 , 095 , 032 .

4d Other program services (Describe on Schedule O.)

Total program service expenses

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		<b>,</b> ,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10		10		х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		21
• •	as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	, , ,	11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 I a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	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		_X_
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? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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
	domestic government out at its, column (rs), into 1: If yes, complete schedule I. Parts I and If	41		

Гант	990 (2022) HEART OF OREGON CORPS, INC. 93-130	<b>3</b> 270	Б	<b>4</b>
Pai	990 (2022) HEART OF OREGON CORPS, INC. 93-130  Tivi Checklist of Required Schedules (continued)	3013	<u>P</u>	age 4
	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			110
	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? If "Yes," complete			
	Schedule J	23		Х
24a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<b>.</b>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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	07		$ _{\mathbf{x}}$
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

If "Yes," complete Schedule R, Part V, line 2

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? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O

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#### Part 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						
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	16				Ī
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	oortab	ole gaming				
	(gambling) winnings to prize winners?			1c			

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Form 990 (2022) HEART OF OREGON CORPS, INC.

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

	i (continued)			
0-	Establishment and an experience of a second		Yes	No
2a	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  248			
<b>L</b>	, , , , , , , , , , , , , , , , , , , ,	2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- 22	Х
3a b	15 10 5 10 10 10 10 10 10 10 10 10 10 10 10 10	3b		- 21
	If "Yes," has it filed a Form 990-1 for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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?  N/A	8		
9		ů		
э a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "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? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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  13b			
C	Enter the amount of reserves on hand	44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		Х
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	ıJ		
16		16		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes," complete Form 6069.			

Form **990** (2022) 232005 12-13-22

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.

						X					
Sec	tion A. Governing Body and Management										
				_	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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	1b	10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u> </u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X					
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?			7a		<u> </u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or								
	persons other than the governing body?			7b		<u> </u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:								
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,								
				10b		<u> </u>					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,									
	on Schedule O how this was done			12c	X	├					
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva		dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37						
	The organization's CEO, Executive Director, or top management official			15a	X	_					
b	Other officers or key employees of the organization			15b	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 arrangen					v					
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	· ·								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			401							
800	exempt status with respect to such arrangements?			16b							
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed OR	-1.000	T / 1: 504 /- \/0\	I- A							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ıa 990	- i (section 501(c)(3)	s only)	avallal	bie					
	for public inspection. Indicate how you made these available. Check all that apply.										
40	X Own website X Another's website X Upon request Other (explain			J. Et :	-:-1						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict c	or interest policy, and	inant נ	cial						
00	statements available to the public during the tax year.	L	Lucacuala								
20	State the name, address, and telephone number of the person who possesses the organization's bool LAURA HANDY $-\ 541\ 633-7834$	ks and	records								
	PO BOX 279 BEND OR 97709										

# 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

- 1a 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(-1-		Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	not c , unle:	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	trust		99	n be us		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtiona	_	nploy	st cor	_	1033 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5. ga <u>_</u> a55
(1) LAURA HANDY	40.00	_	_	Ť		- ŭ				
EXECUTIVE DIRECTOR				Х				92,388.	0.	5,767.
(2) DEEVY HOLCOMB	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) SUSAN HARRISON	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) MEG HELMA	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) TIM RUSK	1.00									
TREASURER		Х		X				0.	0.	0.
(6) TYLER WAMPLER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CARRIE CHAMBERLEN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) FIONA HELLWARTH	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) GARY NORTH	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(10) LUKE PARAZOO	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) ZAVIER BORJA	1.00									•
DIRECTOR		X						0.	0.	0.
		-								
		-								
			$\vdash$							
		1								
-	1				-			1		- 000 (acce)

Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hi	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos			ne	Reportable	Reportable		E	stimate	ed
		hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	n	aı	mount	of
		week		cer an	la a a	recio	r/trus	.ee)	from	from related			other	
		(list any hours for	recto						the	organization			npensa	
		related	or di	99			sated		organization	(W-2/1099-MIS			rom th	
		organizations	Individual trustee or director	Institutional trustee		ee	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		,	ganizat Id relat	
		below	dual t	rtio na	_	nploy	st cor	-	100011420)				anizati	
		line)	ndivic	nstitu	Officer	Key employee	lighe mplo	Former				0.9		
			_	_		×	1							
			•											
			•											
			•											
	Cultivated				<u> </u>				92,388.		0.		5,7	67
ID.	Subtotal Tatal from continuation should be Bort VIII	Costion A							0.		0.		<i>5, 1</i>	0.
	Total (add lines 15 and 16)								92,388.		0.		5,7	
_ <u>u</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but no								•	000 of roportable			<i>3,1</i>	0 7 •
2	compensation from the organization	or infinted to th	036	11516	u al	ove	) WII	O I E	ceived more than \$100,	ooo or reportable	5			0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director truste	ا مد	(A)/ C	mnl	01/0	9 Or	hia	hest compensated emp	ovee on			100	
3		•	-	•	•	•		•		•		3		х
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		
7												4		х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		
3		•				•			•			5		х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaule	9 J T	or st	icn į	oers	on .						<u> </u>	21
1	Complete this table for your five highest con	mnensated ind	lene	nder	nt cc	ntr	acto	c th	nat received more than <sup>©</sup>	100 000 of com	Jenesi	tion fr	om	
•	the organization. Report compensation for t	=	-								Jeiisai	uon II	OIII	
	(A)	. 10 Galeridai ye	Jai C	, iuii	ıg w	(	, VVI	. 1111	(B)				C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	С		ensatio	n
								1	·					
								$\dashv$						
								_						
	Total number of independent contractors (in	poluding but s	ot lin	nitos	1 +0	thos	ea lic	tad	above) who received to	ore than				

Form 990 (2022) HEART O
Part VIII Statement of Revenue

			Check if Schedule O contains	s a response (	or note to any lin	a in this Part VIII			
			Officer if Schedule O contains	s a response t	or note to any iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
© ₽			Fundraising events		119,720.				
ſξ					,				
ig ig				··	783,345.				
ns,			Government grants (contributions		703,343.	-			
er S		f	All other contributions, gifts, grants, a		060 201				
ള			similar amounts not included above		860,391.				
받		g	Noncash contributions included in lines 1a-16	1g \$	84,133.				
Co		h	Total. Add lines 1a-1f			4,763,456.			
					Business Code				
ø.	2	а	PROGRAM INCOME		900099	434,726.	434,726.		
Š		b							
er									
n S		С							
ra Se		d							
Program Service Revenue		е							
<u>a</u>		f	All other program service revenue	)					
		g	Total. Add lines 2a-2f			434,726.			
	3		Investment income (including divi						
						63,685.			63,685.
	4		Income from investment of tax-ex			, , , , , , , , , , , , , , , , , , , ,			,
	5			-					
	5		Royalties	(i) Real	(ii) Personal				
			-	(i) neai	(II) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	) Securities	(ii) Other				
			assets other than inventory <b>7a</b>		81,250.				
		h	Less: cost or other basis		<b>,</b>				
ø.					28,126.				
Ď			and sales expenses <b>7b</b>		53,124.	-			
Revenue			Gain or (loss) 7c			F2 104			F2 104
æ			Net gain or (loss)			53,124.			53,124.
her	8	а	Gross income from fundraising events						
₽			including \$119,720	) <u> </u>					
			contributions reported on line 1c)	. See					
			Part IV, line 18	8a	13,777.				
		h	Less: direct expenses	I	21,602.				
			Net income or (loss) from fundrais		,	-7,825.			-7,825.
						7,0231			7,0231
	9	d	Gross income from gaming activity		10 225				
			Part IV, line 19						
			Less: direct expenses		0.	10 00-			10.005
		С	Net income or (loss) from gaming	activities		10,225.			10,225.
	10	а	Gross sales of inventory, less retu	ırns					
			and allowances	10a	75,947.				
		b	Less: cost of goods sold						
			Net income or (loss) from sales of		•	3,230.	3,230.		
		<u> </u>	The moone of (1000) norm sales of	inventory	Business Code	0,2001	0,200		
ns		_			Buomeso Gode				
eo er	11								
lan		b							
cel }e∧		С							
Miscellaneous Revenue		d	All other revenue						
		е	Total. Add lines 11a-11d	<u></u>					
	12		Total revenue. See instructions			5,320,621.	437,956.	0.	119,209.

# Form 990 (2022) HEART OF OREGON CORPS, INC. Part IX Statement of Functional Expenses

20.0	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B)	(C)	( <b>D)</b> Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	103,638.	77,576.	20,099.	5,963
6	Compensation not included above to disqualified	103,030.	77,370.	20,000.	3,300
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,568,083.	1,173,757.	304,102.	90,224
, B	Pension plan accruals and contributions (include	., ,	=,=:3,:374		,
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	139,414.	104,355.	27,037.	8,022
0	Payroll taxes	191,718.	143,507.	37,180.	11,031
1	Fees for services (nonemployees):	•	,		•
а	Management				
	Legal	79.		79.	
	Accounting	42,270.	8,011.	34,115.	144
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	278,299.	196,565.	54,063.	27,671
2	Advertising and promotion				
3	Office expenses	24,647.	12,748.	4,437.	7,462
4	Information technology				
5	Royalties				
6	Occupancy	66,573.	51,069.	7,509.	7,995
7	Travel	37,227.	36,255.	533.	439
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
1	Payments to affiliates	100 004	00 050	20 040	C 01/
2	Depreciation, depletion, and amortization	108,024.	80,859.	20,949.	6,21
3	Insurance	00,3/3.	44,877.	45,498.	
1	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 0.)				
	MEMBER STIPENDS	904,308.	904,308.		
b	MATERIALS AND SUPPLIES	129,193.	102,927.	10,856.	15,41
С	SUPPORT SERVICES	108,537.	108,153.	384.	
d	REPAIRS AND MAINTENANCE	30,553.	25,848.	4,170.	53!
е	All other expenses	83,449.	46,217.	15,537.	21,69
<u> </u>	Total functional expenses. Add lines 1 through 24e	3,884,387.	3,095,032.	586,548.	202,80
6	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			23,888.	1	138,815.
	2	Savings and temporary cash investments			2,836,540.	2	3,113,329.
	3	Pledges and grants receivable, net			749,558.	3	959,824.
	4	Accounts receivable, net			82,780.	4	95,356.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified pers				
		under section 4958(f)(1)), and persons describe	d in secti	on 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			28,086.	8	31,316.
As	9	B			16,114.	9	19,730.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,802,248.			
	b	Less: accumulated depreciation	10b	518,805.	625,794.	10c	1,283,443.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			4,362,760.	16	5,641,813.
	17	Accounts payable and accrued expenses			154,296.	17	209,040.
	18	Grants payable				18	
	19	Deferred revenue				19	194,767.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
တ	22	Loans and other payables to any current or form	mer office	er, director,			
ii:		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
<b>=</b>	23	Secured mortgages and notes payable to unrel	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			154,296.	26	403,807.
		Organizations that follow FASB ASC 958, ch	eck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,550,935.	27	1,300,164.
Ва	28	Net assets with donor restrictions		<u></u>	2,657,529.	28	3,937,842.
pur		Organizations that do not follow FASB ASC 9	958, chec	ck here			
r F		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds	·			29	
set	30	Paid-in or capital surplus, or land, building, or e	quipment	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Se.	32	Total net assets or fund balances			4,208,464.	32	5,238,006.
	33	Total liabilities and net assets/fund balances			4,362,760.	33	5,641,813.

Pai	T 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	5,32		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,88		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,43	6,2	<u>34.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,20	8,4	<u>64.</u>
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	-40	6,6	92.
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	5,23	8,0	06.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b	Х	
	<del>-</del>		Form	990	(2022)

232012 12-13-22

#### SCHEDULE A

(Form 990)

Total

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.

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

Inspection **Employer identification number** 

OMB No. 1545-0047

Name of the organization HEART OF OREGON CORPS, 93-1303879 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### 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.)

Sed	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	` ,	, ,	, ,	, ,	, ,	,,	
	membership fees received. (Do not							
	include any "unusual grants.")	1829885.	1769283.	2185770.	3645858.	4677196.	14107992.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
Ŭ	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1829885.	1769283.	2185770.	3645858.	4677196.	14107992.	
	The portion of total contributions	20230001	27032001	22007700	30130301	20772301		
3	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,							
							672,766.	
6							13435226.	
	Public support. Subtract line 5 from line 4.						<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	1829885.	1769283.	2185770.	3645858.		14107992.	
	Gross income from interest,	10230031	1703203.	2103770•	3043030.	40111300	14107321	
0	,							
	dividends, payments received on							
	securities loans, rents, royalties,	6,983.	493.	3,857.	1,173.	63,685.	76,191.	
^	and income from similar sources	0,505.	<del>1</del> 23.	3,037.	1,175.	03,003.	70,151.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	21,646.					21,646.	
	assets (Explain in Part VI.)	21,040.					14205829.	
	<b>Total support.</b> Add lines 7 through 10	-1- /	>				,397,525.	
	Gross receipts from related activities,	•	,	Contract Contract			, 331, 323.	
13	First 5 years. If the Form 990 is for the							
Ser	organization, check this box and storetion C. Computation of Publi							
	Public support percentage for 2022 (li			olumn (fl)		14	94.58 %	
	Public support percentage from 2021					15	94.58 %	
	33 1/3% support test - 2022. If the contract of the contract o							
Ioa							77	
L	stop here. The organization qualifies as a publicly supported organization							
D								
47-	and <b>stop here.</b> The organization qualifies as a publicly supported organization							
1/a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	_		*	-			
b	10% -facts-and-circumstances test	_					10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circu				•			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar			
						Schedule A	(Form 990) 2022	

232022 12-09-22

#### 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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c 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.
- **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.
- **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.
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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.
- **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.**
- c 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.
- 10a 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.
  - **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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4-		
4a		
4b		
TU		
4c		
5a		
5b		
5с		
6		
_		
7		
8		
3		
9a		
9b		
9с		
10a		
10b		
 A /Faux	- 000	2022

Par	t IV	Supporting Organizations (continued)			
		(Community)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	suppo	orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	truction	s).	ı
2		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		at of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	ne 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 | 232025 12-09-22 Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	on 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		
Sect	on 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	on 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-functional	Illy integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**2022** 

Schedule B (Form 990) (2022)

**Employer identification number** 

INC. 93-1303879 HEART OF OREGON CORPS Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization Employer identification number

## HEART OF OREGON CORPS, INC.

93-1303879

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,145,860.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 601,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + +	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 251,465.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 224,103.	Person X Payroll

Schedule B (Form 990) (2022) Page **2** 

Name of organization Employer identification number

HEART	OF	OREGON	CORPS,	INC.
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93-1303879

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 155,924.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>106,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIF + 4	\$ 105,479.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

## HEART OF OREGON CORPS, INC.

93-1303879

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

**Employer identification number** HEART OF OREGON CORPS, INC. 93-1303879 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

HEART OF OREGON CORPS, INC.

**Employer identification number** 93-1303879

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or A	ccounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
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 donor advisors in w	riting that the assets held	in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gran	t funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			Yes No
Pai			on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete 2a through 2d if the co	ed conservation contributi	on in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri			□ v <sub>2</sub> □ N <sub>2</sub>
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation ea	sements during the vear
		3	J	3
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(B)	)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	e and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements th	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		sures, or Other S	similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for public			nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				·
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

	t III Organizations Maintaining C	collections of Ar			ther S			(continu		.ge ∠
3	Using the organization's acquisition, accessi							CONTIN	icu)	
_	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	e								
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's	s exempt	purpose in	Part X	all.		
5	During the year, did the organization solicit of						ı arı,			
_	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	t IV Escrow and Custodial Arran						t IV. lii			
	reported an amount on Form 990, Pa					555,	,	,		
1a	Is the organization an agent, trustee, custod	an or other intermed	iary for contribution	ons or other assets	s not incl	uded				
	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII							, 100		
-	Too, oxplain the arrangement are xiii	and complete the let	noving table.					Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.				•					
Par										
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years b		Three years	back	(e) Four	/ears l	back
1a	Beginning of year balance	, , , ,	, ,	,,,,,	,,,	-		. ,		
	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a. column	(a)) held as:	ı		I			
a	Board designated or quasi-endowment	•	%	(4)) 11014 40.						
b	Permanent endowment									
c		<u></u>								
·	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	•	ation that are held	and administered	for the					
	organization by:			a.r.a aa.r				٦	/es	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a	See Form 990, P	art X, line	10.				
	Description of property	(a) Cost or o		st or other		ımulated	T	(d) Book	value	
	2 cccp.i.c or proporty	basis (investr	` ', '	is (other)		ciation	1	, 2, 2001	,	
1a	Land	<del>- '</del>		3,381.				3	, 38	31.
b	Buildings	I	3	73,259.	18	7,087.		186	,17	$\frac{1}{12}$ .
	Leasehold improvements			-,		,	1		<i>,</i>	
	Equipment	I	8	98,136.	3.3	1,718.	1	566	, 41	8.
	Other	<b>I</b>		27,472.		,	1	527		
	Add lines 1a through 1e (Column (d) must o		•				1 1	L . 283		

Schedule D (Form 990) 2022

	EGON CORPS, IN	NC. 93	3-1303879 Page
Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	; 15.)		1
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			-
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(8) (9)

	edule D (Form 990) 2022 HEART OF OREGON					1303879 Page 4
Part	·		With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form S					F 450 424
	Total revenue, gains, and other support per audited financial s				1	5,458,434.
	Amounts included on line 1 but not on Form 990, Part VIII, line	1	i			
	Net unrealized gains (losses) on investments		a	127 012		
	Donated services and use of facilities	1	!b	137,813.		
	Recoveries of prior year grants	1	:c			
	Other (Describe in Part XIII.)	<u>2</u>	d			127 012
	9				2e	137,813. 5,320,621.
	Subtract line 2e from line 1				3	5,340,641.
	Amounts included on Form 990, Part VIII, line 12, but not on line	-, l a	. 1			
	Investment expenses not included on Form 990, Part VIII, line		а			
	Other (Describe in Part XIII.)		b			0
	Add lines 4a and 4b				4c	0. 5,320,621.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. rt XII   Reconciliation of Expenses per Audited F	<u>Part I, line 12.)                                    </u>	With I	Evnences ner B	5 Oturr	
Гаі			WILLI I	-xpenses per n	eturi	
_	Complete if the organization answered "Yes" on Form 9				_	4,022,200.
	Total expenses and losses per audited financial statements				1	4,022,200.
	Amounts included on line 1 but not on Form 990, Part IX, line 2	1	. 1	127 012		
	Donated services and use of facilities	1	a	137,813.		
	Prior year adjustments		!b			
	Other losses		:c			
	Other (Describe in Part XIII.)		d			137,813.
	9				2e	3,884,387.
	Subtract line 2e from line 1				3	3,004,307.
	Amounts included on Form 990, Part IX, line 25, but not on line	ı	. 1			
	Investment expenses not included on Form 990, Part VIII, line		a b			
	,		-		4-	0.
	Add lines 4a and 4b				4c	3,884,387.
	Total expenses. Add lines 3 and 4c. (This must equal Form 99) rt XIII Supplemental Information.	0, Part I, line 18.)			5	3,004,307.
		Para de and de Dark IV. Pa	41	and Olay David V. Page 4	D - 4 V	/ Para Or David VII
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III,				; Part X	k, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	rt to provide any additional	intorma	ation.		
ם גם	om v time ).					
PAN	RT X, LINE 2:					
тиг	ORGANIZATION FOLLOWS THE PROVI	STONS OF FACE	<u>አ</u> ሮሮ	TODIC 7/10	A C C	COUNTING
11115	ONGANIZATION FOLLOWS THE FROVI	DIOND OF PADD	Abc	TOPIC 740	ACC	CONTING
₽∩₽	R UNCERTAINTY IN INCOME TAXES. M	амаститит нас	F7721	ם אים משת בוו.ו		
ron	CONCERTATION IN INCOME TAKED.	ANAGEMENT HAD	L VA.	DORIED IIIE		
ORG	GANIZATION'S TAX POSITIONS AND CO	חוכוווסדה החשה	ושעי	PE ARE NO	IINCI	צמיי מדמיים:
ONG	SANIZATION S TAX POSTITIONS AND CO	ONCHODED THAT	11161	AE ARE NO	ONCI	EKIAIN IAA
D∩⊄	SITIONS THAT REQUIRE ADJUSTMENT '	TO THE EINANC	ГЪТ. (	статьмымс	πО	COMPT.V
FUS	THEMISOUGH ANDUSTMENT	IO THE FINANCE	LAL ,	SIMIEMENIS	10	COMPLI
יחדנא	TH PROVISIONS OF THIS TOPIC.					
44 T T	III IVOATOTOMO OL IUTO IOLIC.					

Schedule D (Form 990) 2022

#### 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

2022

Open to Public Inspection

Name of the organization Employer identification number 93-1303879 HEART OF OREGON CORPS, INC. Part I 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

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 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		or furidialsing event contributions and gre							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
				ENDLESS	NONE	(add col. (a) through			
			FARM 2 FORK	SUMMER		col. (c)			
			(event type)	(event type)	(total number)	Coi. (C))			
Revenue									
e e	1	Gross receipts	83,591.	49,906.		133,497.			
اعّ									
	2	Less: Contributions	74,716.	45,004.		119,720.			
			,	,		,			
	3	Gross income (line 1 minus line 2)	8,875.	4,902.		13,777.			
		, , , , , , , , , , , , , , , , , , , ,							
	4	Cash prizes							
	5	Noncash prizes	4,510.			4,510.			
န္			,			,			
SU.	6	Rent/facility costs	2,554.	2,509.		5,063.			
Direct Expenses			,	,		,			
뷍	7	Food and beverages	750.	6,685.		7,435.			
Ē	-			,		,			
ᅴ	8	Entertainment	200.	3,444.		3,644.			
	9	Other direct expenses		816.		3,644. 951.			
	10	Direct expense summary. Add lines 4 through				21,603.			
		Net income summary. Subtract line 10 from li	-7,826.						
Pa	11 Net income summary. Subtract line 10 from line 3, column (d)								
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•				
			(a) Diama	(b) Pull tabs/instant	(-) Olli	(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
š									
اعّ	1	Gross revenue							
ا	2	Cash prizes							
ses									
Direct Expenses	3	Noncash prizes							
Щ									
9	4	Rent/facility costs							
盲									
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No —	No No	No No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:						
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		X Yes No			
		No," explain:							
		•							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax v	ear?	Yes No			
		Yes," explain:				·			
	_								

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 HEART OF OREGON CORPS, INC. 93-	1303	<u>879</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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
12	Indicate the percentage of gaming activity conducted in:			
		100	I	0/
	ı The organization's facility	13a		<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
_	,			
	Name			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	·			
а	solution Is the organization required under state law to make charitable distributions from the gaming proceeds to		.,	<b></b>
	retain the state gaming license?	📖	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990) HEART OF OREGON CORPS, INC. 93-1303879  Part IV Supplemental Information (continued)	
Support and an action (continued)	

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

	HEART OF ORE	GON CO	RPS, INC.			93-1303	879	
Pai	rt I Types 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	1	(d) nod of determir contribution a	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		75,947.	THRIFT	STORE V	ALU!	<u>E</u>
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts				~~~			
25	Other ( <u>CAMPUS SUPPLIES</u> )	X	1	7,544.	COST			
26	Other ( CONSTRUCTION SU )	X	3	642.	COST			
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	,	,, , , ,	,	•			
	must hold for at least 3 years from the date of		ntribution, and wh	ich isn't required to be used	for			37
	exempt purposes for the entire holding period	?				<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance				tions?	31		X
32a	Does the organization hire or use third parties		•	• •				,,
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) for	r a type of property	tor which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232142 09-09-22

#### SCHEDULE O (Form 990)

Department of the Treasury

# 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.

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

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

HEART OF OREGON CORPS, INC.

Employer identification number 93-1303879

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITIES.
FORM 990, PART VI, SECTION B, LINE 11B:
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, SECTION B, LINE 12C:
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, SECTION B, LINE 15:
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.
OTHER OFFICERS OR KEY EMPLOYEES COMPENSATION IS BASED ON BOARD EVALUATION
AND APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.
PART XII LINE 2C
THE PROCESS FOR FINANCIAL OVERSIGHT HAS NOT CHANGED FROM PRIOR YEAR.

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232211 10-28-22

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 20</u>	22					Page 2
Name of the organization		OF	OREGON	CORPS,	INC.	Employer identification number 93-1303879