

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CLACKAMAS HERITAGE PARTNERS		D Employer identification number 20-1421190
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1726 WASHINGTON STREET		E Telephone number 503-657-9336
		City or town, state or country, and ZIP + 4 OREGON CITY, OR 97045-1058		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**

G Website: **N/A**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

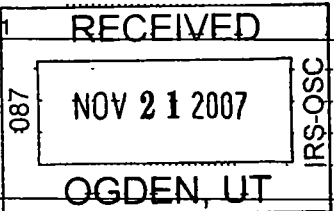
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **630,685.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received					
	a Contributions to donor advised funds	1a				
	b Direct public support (not included on line 1a)	1b	164,144.			
	c Indirect public support (not included on line 1a)	1c				
	d Government contributions (grants) (not included on line 1a)	1d	77,157.			
	e Total (add lines 1a through 1d) (cash \$ <u>235,957.</u> noncash \$ <u>5,344.</u>)	1e			241,301.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			157,481.	
	3 Membership dues and assessments	3				
	4 Interest on savings and temporary cash investments	4				
	5 Dividends and interest from securities	5				
	6 a Gross rents SEE STATEMENT 1	6a	116,928.			
	b Less rental expenses SEE STATEMENT 2	6b	78,291.			
c Net rental income or (loss) Subtract line 6b from line 6a	6c			38,637.		
7 Other investment income (describe)	7					
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
		8a				
		8b				
		8c				
	d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d				
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1b)	9a	13,065.		
		b Less direct expenses other than fundraising expenses	9b	10,281.		
		c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3	9c			2,784.
	10 a Gross sales of inventory, less returns and allowances	10a	95,634.			
		b Less cost of goods sold	10b	109,863.		
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a STMT 4		10c			<14,229.>	
11 Other revenue (from Part VII, line 103)	11			6,276.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			432,250.		
Expenses	13 Program services (from line 44, column (B))	13			355,394.	
	14 Management and general (from line 44, column (C))	14			118,522.	
	15 Fundraising (from line 44, column (D))	15			50,814.	
	16 Payments to affiliates (attach schedule)	16				
	17 Total expenses. Add lines 16 and 44, column (A)	17			524,730.	
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18			<92,480.>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			<57,110.>	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20			603,831.	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			454,241.	



6233001 01-18-07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	58,500.	29,250.	8,776.	20,474.
25b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	227,326.	159,710.	48,634.	18,982.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	25,479.	12,099.	10,359.	3,021.
29 Payroll taxes	32,795.	22,577.	6,308.	3,910.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	13,885.	8,343.	4,685.	857.
34 Telephone	9,604.	9,604.		
35 Postage and shipping	3,863.	326.	556.	2,981.
36 Occupancy	63,868.	61,617.	2,251.	
37 Equipment rental and maintenance	24,109.	20,434.	3,130.	545.
38 Printing and publications	3,772.	3,527.	242.	3.
39 Travel	1,238.	506.	732.	
40 Conferences, conventions, and meetings				
41 Interest	7,656.		7,656.	
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 6	52,635.	27,401.	25,193.	41.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	524,730.	355,394.	118,522.	50,814.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a OPERATED "END OF THE OREGON TRAIL INTERPRETIVE CENTER" FEATURING EXHIBITS AND INFORMATION ON THE OVERLAND JOURNEY ON THE OREGON TRAIL AND THE PEOPLE WHO MADE THE TRIP. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	269,680.
b OPERATED "MUSEUM OF THE OREGON TERRITORY" FEATURING THE HISTORY OF CLACKAMAS COUNTY AND OREGON CITY, THE WESTERN END OF THE OREGON TRAIL (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	76,766.
c OPERATED THE "STEVENS-CRAWFORD HOUSE", A CLASSIC EXAMPLE OF FOURSQUARE ARCHITECTURE. THE HOUSE COMMEMORATES THE STEVENS AND CRAWFORD FAMILIES WHO WERE PROMINENT IN THE SETTLEMENT AND POLITICS OF THE WEST. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,948.
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	355,394.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45 2,444.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 62,781.	
	b Less: allowance for doubtful accounts	47b	47c 62,781.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49 100,000.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52 23,717.
	53 Prepaid expenses and deferred charges		53 3,809.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 1,016,960.		
b Less: accumulated depreciation	57b 404,756.	57c 3,976.	
58 Other assets, including program-related investments (describe ▶ _____)		58	
59 Total assets (must equal line 74). Add lines 45 through 58		59 100,481.	
60 Accounts payable and accrued expenses		60 44,358.	
61 Grants payable		61	
62 Deferred revenue		62 106,690.	
63 Loans from officers, directors, trustees, and key employees		63	
64 a Tax-exempt bond liabilities		64a	
b Mortgages and other notes payable STMT 8		64b 189,000.	
65 Other liabilities (describe ▶ _____)		65 75,305.	
66 Total liabilities. Add lines 60 through 65		66 157,591.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67 <57,110.> 419,581.
	68 Temporarily restricted		68 34,660.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		73 <57,110.> 454,241.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74 100,481.	

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 82a through 91b regarding organizational services, compliance, and financial information.

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MUSEUM ADMISSIONS					157,481.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	38,637.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	2,784.	
102 Gross profit or (loss) from sales of inventory					<14,229.>
103 Other revenue:					
a OTHER			01	2,081.	
b CONCESSIONS INCOME			03	4,195.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		47,697.	143,252.
105 Total (add line 104, columns (B), (D), and (E))					190,949.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	ADMISSION TO THE MUSEUMS WHICH PRESENT HISTORICAL INFORMATION TO THE PUBLIC AND PRESERVE THE HERITAGE OF OUR LOCAL AREA.
102	SALE OF HISTORICAL ITEMS AND BOOKS RELATING TO LOCAL HISTORY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *[Signature]* Date: 11/14/07
 Type or print name and title: **DANN PORTER EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 11/13/07
 Firm's name (or yours if self-employed), address, and ZIP + 4: **GROVE, MUELLER & SWANK, P.C.
 475 COTTAGE STREET NE, SUITE 200
 SALEM, OR 97301**
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X):
 EIN:
 Phone no: **(503) 581-7788**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CLACKAMAS HERITAGE PARTNERS

Employer identification number

20 1421190

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ 0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III **Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		X
3b Did the organization have a section 403(b) annuity plan for its employees?		X
3c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
3d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
4b Did the organization make any taxable distributions under section 4966? N/A		
4c Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d Enter the total number of donor advised funds owned at the end of the tax year ► N/A		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► N/A		
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0.		
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ► 0.		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	326,144.	10,105.			336,249.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	208,845.				208,845.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	77,539.				77,539.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	2,068.		SEE STATEMENT 11		2,068.
23 Total of lines 15 through 22	614,596.	10,105.	0.	0.	624,701.
24 Line 23 minus line 17	405,751.	10,105.			415,856.
25 Enter 1% of line 23	6,146.	101.			
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 8,317.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 33,366.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 415,856.
d Add Amounts from column (e) for lines 18 77,539. 19 22 2,068. 26b 33,366.					26d 112,973.
e Public support (line 26c minus line 26d total)					26e 302,883.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 72.8336%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A					
c Add Amounts from column (e) for lines 15 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
TUMWATER ROOM		1	116,928.
TOTAL TO FORM 990, PART I, LINE 6A			116,928.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		1,595.	
PERSONNEL		53,689.	
PROFESSIONAL SERVICES		750.	
MEALS		1,864.	
EQUIPMENT RENT AND REPAIRS		2,323.	
FEES, PERMITS AND TAXES		243.	
INSURANCE		2,566.	
ADVERTISING		5,631.	
SUPPLIES		3,425.	
POSTAGE AND PRINTING		1,046.	
DUES & PUBLICATIONS		200.	
AUDIO VISUAL SERVICE		2,172.	
MISCELLANEOUS		800.	
BANK FEES		1,987.	
- SUBTOTAL -	1		78,291.
TOTAL TO FORM 990, PART I, LINE 6B			78,291.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
LEARNING JOURNEY DINNER	13,065.		13,065.	10,281.	2,784.	
TO FM 990, PART I, LINE 9	13,065.		13,065.	10,281.	2,784.	

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 4

INCOME		
1. GROSS RECEIPTS	95,634	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		95,634
4. COST OF GOODS SOLD (LINE 13)	109,863	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<14,229>
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR	23,717	
7. MERCHANDISE PURCHASED	40,202	
8. COST OF LABOR	50,807	
9. MATERIALS AND SUPPLIES	2,473	
10. OTHER COSTS	5,715	
11. ADD LINES 6 THROUGH 10		122,914
12. INVENTORY AT END OF YEAR	13,051	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		109,863

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
WRITE OFF RELATED PARTY PAYABLE	86,787.
TRANSFER OF PROPERTY FROM OREGON TRAIL FOUNDATION	517,044.
TOTAL TO FORM 990, PART I, LINE 20	603,831.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL SERVICES	16,442.	702.	15,740.	
INTERPRETIVE EXHIBITS	2,759.	2,759.		
MARKETING	15,705.	15,705.		
DUES AND PUBLICATIONS	825.	330.	495.	
INSURANCE	9,195.	2,387.	6,808.	
SECURITY SERVICES	5,105.	4,666.	439.	
MEALS	641.	222.	378.	41.
FEEES AND PERMITS	1,633.	600.	1,033.	
BANKING FEES	160.		160.	
VOLUNTEER EXPENSES	0.			
MISCELLANEOUS	170.	30.	140.	
TOTAL TO FM 990, LN 43	52,635.	27,401.	25,193.	41.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

TO PRESERVE THE HERITAGE, EDUCATE THE PUBLIC, AND INTERPRET THE HISTORY OF THE OREGON TERRITORY, CLACKAMAS COUNTY, AND OREGON CITY, THE WESTERN TERMINUS OF THE OREGON TRAIL.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 8

LENDER'S NAME TERMS OF REPAYMENT

OREGON CITY INTEREST ONLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
02/01/06		90,000.	6.50%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

LAND

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	90,000.

LENDER'S NAME TERMS OF REPAYMENT

KEY BANK INTEREST ONLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		99,000.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

NONE OPERATING FUNDS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	99,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 189,000.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 9
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID PORTER 1726 WASHINGTON STREET OREGON CITY, OR 97045	EXECUTIVE DIRECTOR 40.00	56,250.	2,250.	0.
FREDA BEAL 1726 WASHINGTON STREET OREGON CITY, OR 97045	DIRECTOR 1.00	0.	0.	0.
WADE BYERS 1726 WASHINGTON STREET OREGON CITY, OR 97045	VICE CHAIR 1.00	0.	0.	0.
JOYCE COHEN 1726 WASHINGTON STREET OREGON CITY, OR 97045	DIRECTOR 1.00	0.	0.	0.
CRAIG DANIELSON 1726 WASHINGTON STREET OREGON CITY, OR 97045	DIRECTOR 1.00	0.	0.	0.
DAVID DICKSON 1726 WASHINGTON STREET OREGON CITY, OR 97045	SECRETARY 1.00	0.	0.	0.
TRACY FORTMANN 1726 WASHINGTON STREET OREGON CITY, OR 97045	DIRECTOR EX-OFFICIO 1.00	0.	0.	0.
DAN FOWLER 1726 WASHINGTON STREET OREGON CITY, OR 97045	DIRECTOR 1.00	0.	0.	0.
SCOTT GUPTILL 1726 WASHINGTON STREET OREGON CITY, OR 97045	DIRECTOR 1.00	0.	0.	0.
JOHN HAMMOND 1726 WASHINGTON STREET OREGON CITY, OR 97045	CHAIR 1.00	0.	0.	0.
JOANNE HAZEL 1726 WASHINGTON STREET OREGON CITY, OR 97045	DIRECTOR 1.00	0.	0.	0.

JACKSON LEWIS 1726 WASHINGTON STREET OREGON CITY, OR 97045	DIRECTOR 1.00	0.	0.	0.
LOWELL MILES 1726 WASHINGTON STREET OREGON CITY, OR 97045	TREASURER 1.00	0.	0.	0.
MARTHA SCHRADER 1726 WASHINGTON STREET OREGON CITY, OR 97045	DIRECTOR 1.00	0.	0.	0.
MICHAEL NORRIS 1726 WASHINGTON STREET OREGON CITY, OR 97045	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>56,250.</u>	<u>2,250.</u>	<u>0.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 10
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
OREGON TRAIL FOUNDATION	X	
CLACKAMAS COUNTY HISTORICAL SOCIETY	X	

SCHEDULE A OTHER INCOME STATEMENT 11

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	<u>2,068.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
TOTAL TO SCHEDULE A, LINE 22	<u>2,068.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

4562

Form Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property) RENT 1

See separate instructions. Attach to your tax return.

OMB No 1545-0172

2006

Attachment Sequence No 67

CLACKAMAS HERITAGE PARTNERS

TUMWATER ROOM

Identifying number 20-1421190

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 2 columns: Line number and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Line number and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year placed, Basis, Recovery period, Convention, Method, and Depreciation deduction. Includes lines 19a-i for general depreciation system.

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Class life, Basis, Recovery period, Method, and Depreciation deduction. Includes lines 20a-c for alternative depreciation system.

Part IV Summary (see instructions)

Table with 2 columns: Line number and Amount. Includes lines 21-23 for summary of depreciation.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Clackamas Heritage Partners [21960]
Net Book Value - Depreciation

Sorted: General - system number

Federal
01/01/2006 - 12/31/2006

System No.	Description	Cost / Other Basis	Total Reductions	Net Book Value
1	SANYO XP46 PROJECTOR	4,970.00	1,877.56	3,092.44
2	TWO 36" X 60" PHELONIC PANELS	4,948.00	247.40	4,700.60
3	SANYO PLC-XP46 MULTIMEDIA PROJECTOR	3,799.95	380.00	3,419.95
4	REROOF STEVENS CRAWFORD HOUSE	8,725.46	83.90	8,641.56
5	CHANELBIND MACHINE	2,484.25	2,484.25	0.00
6	COMPUTER	1,760.00	1,760.00	0.00
7	PERSONAL COMPUTER	923.99	923.99	0.00
8	PERSONAL COMPUTER	2,164.24	2,164.24	0.00
9	PERSONAL COMPUTER	1,370.00	1,370.00	0.00
10	PERSONAL COMPUTER	1,451.93	1,451.93	0.00
11	COMPUTER & MONITOR	1,223.99	1,223.99	0.00
12	MAS90 SOFTWARE	3,269.00	3,269.00	0.00
13	MODEM / ZIP DRIVE	319.90	319.90	0.00
14	UPGRADE 2 MAC PERFORMAS	2,378.17	2,378.17	0.00
15	PERSONAL COMPUTER - POWER MAC	2,865.00	2,865.00	0.00
16	SMITH CORONA TYPEWRITER	60.00	60.00	0.00
17	MACINTOSH COMPUTER	550.00	550.00	0.00
18	MAC LC II 10MB RAM & 13" MONITOR	350.00	350.00	0.00
19	COSTAR II LABEL PRINTERS - 2	70.00	70.00	0.00
20	MACINTOSH SPARE BATTERIES - 4	40.00	40.00	0.00
21	SPORTSTER 33.6 FAX/MODEM	139.00	139.00	0.00
22	BROTHER INTELLIFAX	299.99	299.99	0.00
23	MAC CPU UPGRADE	205.00	205.00	0.00
24	MAS90W UPGRADE VER3 2 Y2K CERT	1,709.50	1,709.50	0.00
25	PPRINT PRO 3.0 2-110V-MAC SOFTWARE	235.00	235.00	0.00
26	WHIRLPOOL AIR CONDITIONER (14K BTU)	561.00	561.00	0.00
27	MAC MEMORY (16MB,32MB,64MB)	220.00	220.00	0.00
28	STYLUS COLOR 3000 MAC/PC COLOR PRINTE	1,199.00	1,199.00	0.00
29	POWER MAC CPU UPGRADE	707.95	707.95	0.00
30	CALBES & LANPORT FOR MAC	214.90	214.90	0.00
31	ADOBE ILLUSTRATOR	595.00	595.00	0.00
32	EMACHINE CYRIX 300MII/4MEGX9-60NS 3 CHIF	590.71	590.71	0.00
33	4.3GB HARD DRIVE	99.97	99.97	0.00
34	NEC COLOR MONITOR	200.00	200.00	0.00
35	712C PRINTER (HP DESKJET COLOR)	155.28	155.28	0.00
36	POWERMAC-USED CPU 7300/180 16/4 GB/CD	717.50	717.50	0.00
37	Iomega Internal Zip Drive	69.99	69.99	0.00
38	Sylvania 17" Color Monitor	189.99	189.99	0.00
39	Adobe Photoshop V5.5 MAC CD w/ Imageready	639.95	607.95	32.00
40	Macromedia Flash V4.0 MAC CD	299.95	284.96	14.99
41	CD Copier 10N1 RWW-8X	2,000.00	1,900.00	100.00
42	LaserWriter 4/600 PS and 4meg memory	309.98	273.80	36.18
43	G3 processor (for mac's)	150.00	150.00	0.00
44	Powermac 7600 w/zip drive	750.00	750.00	0.00
45	4 complete system parts (pc celeron 33/20gig hd	1,980.00	1,980.00	0.00
46	2 - 17" monitors	339.90	339.90	0.00
47	6 sony cdrw 8x4x32	509.70	509.70	0.00
48	Misc computer peripherals	104.60	104.60	0.00
49	HP laserjet 1200	474.99	427.50	47.49
50	eMACHINE	399.99	340.00	59.99
51	G4/350 384/10gb/dvd-ram/zip/56 (mac computer)	894.00	655.60	238.40
52	Combo drive sd-r1312-internal (for the mac)	129.00	94.60	34.40
53	Hp laserjet 1220 and iogear usb pci card	553.00	377.88	175.12
54	Hp jetdirect 310x external print server	229.99	157.16	72.83
55	HP LASERJET PRINTER	799.99	799.99	0.00
56	HP DESJET COLOR PRINTER	299.99	299.99	0.00
57	COMPUTER PRINTER	700.00	462.78	237.22
58	18"X12X16" SENATOR MAILBOX (BLD/INSTALL	1,245.00	615.58	629.42
59	Donated Artifacts	2,805.00	0.00	2,805.00
61	TELEVISION	329.96	229.14	100.82
62	COLOR TV	50.00	32.77	17.23

Clackamas Heritage Partners [21960]
 Net Book Value - Depreciation

Federal
 01/01/2006 - 12/31/2006

System No.	Description	Cost / Other Basis	Total Reductions	Net Book Value
63	CASH REGISTER	139.99	90 21	49.78
64	ELECTRONIC CASH REGISTER	349.99	194 43	155.56
65	VISTA SCANNER	488 00	488 00	0.00
66	KODAK DIGITAL CAMERS	658.00	658.00	0.00
67	PHOTOSHOP MAC SOFTWARE	560.00	560.00	0.00
68	HPDESKJET PRINTER	68.00	68.00	0 00
69	IBM 6X86 PR200MMX 32 MB RAM CPU	1,109 00	1,109.00	0 00
70	PANASONIC HEADSETS W/ CONTROL BOX (2E	418.00	418.00	0 00
71	TIMECLOCK #3500	279.99	279 99	0 00
72	2 486 COMPUTERS, 1 B/W MONITOR, MISC	500.00	500 00	0.00
73	eMachine 433 MHz Celeron 32MB SDRAM/4 3GI	475.00	475.00	0.00
74	Timeclock #3500	279 99	127.56	152.43
75	Debit/credit processing terminals x 2	1,691 85	606.26	1,085.59
76	TIPI	748.00	623.34	124.66
77	TENT POLES/CANOPY CONNECTORS	467.00	389.16	77.84
78	2 WHEEL TRAILER	651.81	532.30	119.51
79	CANOPY	900 00	720.00	180 00
80	LIGHTING - SUNSET ELECTRIC	7,609 00	5,833.57	1,775.43
81	AV EQUIPMENT - JAMES MEDIA	3,734 00	2,862.73	871.27
82	JAMES MEDIA - PROJECTORS	7,720 00	5,661 34	2,058.66
83	AV EQUIPMENT - JAMES MEDIA	1,275.00	977 50	297.50
84	56 FOLDING CHAIRS	1,000.00	683.34	316 66
85	AWNING	1,050.00	711.67	338 33
86	2 METAL DESKS	200.00	132.22	67 78
87	3 PICNIC TABLES	450 00	295 00	155.00
88	7 PICNIC TABLES	1,050.00	682 50	367.50
89	PRICE COSTCO	89 99	57 99	32.00
90	2 PICNIC TABLES	300 00	188 33	111.67
91	ROPE & STANCHIONS	289.25	181.58	107 67
92	WHEELCHAIR	175.00	109 87	65 13
93	3 PICNIC UMBRELLAS	299.85	188.24	111 61
94	6' FOLDING TABLES - 8	287.92	169.54	118 38
95	4X14 LEAN TO SHED	1,325.00	765.55	559.45
96	CEDAR PICNIC TABLE	175.00	100.15	74.85
97	40 GAL PERMAWOOD TRASH CANS - (2EA)	916.60	514 32	402.28
98	INLINE 1024G LINE DOUBLER (CASCADE THEA	2,435.00	1,325 72	1,109.28
99	4X10 LEAN TO STYLE SHED, INSTALLED	1,137.00	568.50	568.50
100	Laserdisc player (used)	365.63	150.32	215.31
101	2 3 BARRELL RECYCLING CTRS	2,238.00	646.53	1,591.47
102	DISPLAY RACKS, BRACKETS, ETC GEN STORE	999.00	499 50	499.50
103	EXHIBITS	3,500 00	2,858 33	641.67
104	EXHIBITS	1,500 00	1,216.67	283 33
105	EXHIBITS	7,000 00	5,600.01	1,399 99
106	CURATORIAL SERVICES & EXPENSES	823.65	668.84	154.81
107	EXHIBITRY PRODUCTION - JAMES MEDIA	60,503.00	46,385.63	14,117.37
108	DESIGN WORK - MAYER REED CONTRACT	30,964.26	23,739.26	7,225.00
109	PRODUCTION - GARY MCCARTIE	2,971 13	2,277.88	693.25
110	CONSULTING - CGM MULTIMEDIA	800 00	613.33	186.67
111	EXHIBITRY - PPI	31,271.10	23,974 51	7,296 59
112	SCRIPTWRITING - DONNA MATRAZZO	3,000 00	2,300.00	700 00
113	MULTI-MEDIA PRESENTATION - NEWTON BARE	23,500.00	18,016.67	5,483 33
114	MULTIMEDIA PRESENTATION - SCRIPTS INK	15,804.00	12,116.40	3,687.60
115	AV EQUIPMENT - TYBACH PRODUCTIONS	25,376.50	19,455.32	5,921.18
116	COPYWRITING - STEVEN BECKHAM	10,000 00	7,666.67	2,333.33
117	COPY LANGUAGE - NIGGLETYTWIST	100 00	70 56	29 44
118	POST SHOW - OREGON SCENIC & LIGHTING	27,995 60	21,463.29	6,532 31
119	PHOTO REPRODUCTIONS	705.00	624.85	80.15
120	PHOTO REPRODUCTIONS - BORLAND	525.00	385.00	140.00
121	JAMES MEDIA	144 00	104 00	40.00
122	MADE IN OREGON	900.00	645.00	255.00
123	BILL MOELLER	525.00	376.25	148.75

Clackamas Heritage Partners [21960]
Net Book Value - Depreciation

Sorted: General - system number

Federal

01/01/2006 - 12/31/2006

System No.	Description	Cost / Other Basis	Total Reductions	Net Book Value
124	ACME SCENIC & DISPLAY	580.00	412 45	167 55
125	SIGN LANGUAGE & DESIGN - KIOSK	2,000.00	1,422 22	577.78
126	AMERICAN FLAG & GIFT - FLAGS	301.45	212 70	88 75
127	AMAZON DRY GOODS - DISPLAY BOOKS	129 89	91.65	38 24
128	JAMES MEDIA - CONSULTATION, CHALK DRAW	825 00	582.08	242.92
129	FLAGS	100.26	69.06	31.20
130	DISPLAY/LIBRARY BOOKS	52.28	35 73	16.55
131	KIOSK	2,436 00	1,664.60	771.40
132	MAPS FOR SLIDE SHOW	14.00	9.40	4.60
133	ELK INSTALLATION	510.00	342 83	167.17
134	SLIDE EXHIBIT	750 00	504 17	245 83
135	SIGNAGE	870.00	584.83	285 17
136	SIGNAGE - AMPITHEATER MAP	120.00	79.33	40 67
137	SIGNAGE - AMPITHEATER SIGN	40 00	26.45	13 55
138	BUST OF LINCOLN	10 00	6.56	3.44
139	MAIN ENTRY IDENTIFICATION SIGN	1,620 00	1,035.00	585.00
140	SIGNAGE	555.00	354 58	200 42
141	MISC INFORMATIONAL SIGNAGE	473 00	291 68	181 32
142	WOODEN DISPLAY STAND	200 00	119.99	80 01
143	TRAIL FLAGS - GATHERING CIRCLE	316.95	188 41	128.54
144	20X24 PRINT 72 DPI WEB SITE MAP	91.60	53.95	37.65
145	MPD A-FRAME & MAGNETIC SIGNS	473.00	278.54	194.46
146	WAGAN CANVAS - 12X12 W/GROMMETS	495.00	286.00	209.00
147	END OF OREGON TRAIL WEB SITE	5,000.00	2,722.22	2,277.78
148	TRADING POST CANVAS-12X24 W/GROMMETS	545 00	308 83	236.17
149	WOODEN DISPLAY TABLES (4EA)	500 00	283.33	216 67
150	CEDAR SPLIT RAIL FENCE	636.80	357.31	279.49
151	DOUBLE FACE NON ILLUMINATED ENTRY SIGN	1,250.00	687.49	562.51
152	MISCELLANEOUS SIGNAGE	480.06	253.36	226.70
153	MISCELLANEOUS SIGNAGE	1,629 00	832.60	796 40
154	Exhibit signs WATER PUMP	65.00	29.97	35 03
155	Exhibit signs. DOCTOR'S BUGGY circa 1873	90 00	39.50	50.50
156	Signage. Misc signage	315.00	138.25	176.75
157	Hands On and Interpretive Signage	534.00	207.67	326 33
158	SONNY DOWNS	1,035 00	736 00	299.00
159	ANIMAL PENS - WILCO FARMERS	380.00	291 33	88.67
160	WENGER STAGE	3,759.00	2,881.90	877.10
161	NATIVE AMERICAN SLIDE SHOW	4,000.00	3,066.67	933 33
162	CANOE BUILDING EXHIBIT/DEMONSTRATION	5,025.00	3,852.50	1,172 50
163	ENHANCED SIGNAGE	2,392.00	1,833 87	558 13
164	DONOR WALL - ANDREW WHEELER	6,212 00	4,417 42	1,794 58
165	Oc signs (old oregon city exhibit)	904 00	231 03	672.97
166	Oc signs/site signage	154.00	31.66	122.34
230	Linda Lander, Media Show in Cascade Forest (R	3,000.00	700.00	2,300 00
231	Linda Lander, Media Show in Cascade Forest (Ac	-3,000.00	-700.00	-2,300.00
232	Linda Lander, Media Show in Cascade Forest (C	525.00	122.50	402.50
233	Linda Lander, Media Show in Cascade Forest	3,379 10	788.45	2,590.65
234	Linda Lander, Media Show in Cascade Forest	4,125 00	962 50	3,162.50
235	Cinemajic Studios, Bound for Oregon Research	1,056.00	246 40	809.60
236	Linda Lander, Media Show in Cascade Forest	5,250.00	1,225.00	4,025.00
237	James Media, Media Show in Casade Forest	548.60	128 00	420 60
238	Cinemajic Studios, Bound for Oregon Production	14,650.00	3,418.34	11,231.66
239	Lisa Consolo, Bound for Oregon Production	1,066 00	248.74	817.26
240	Linda Lander, Media Consultant-Bound for Oregc	4,162 50	971 25	3,191.25
241	Newton Bard, Bound for Oregon	10,000.00	2,333.34	7,666 66
242	James Media, Bound for Oregon	1,250.00	291 66	958.34
243	David Porter, Bound for Oregon (3nver crossing s	255.14	59.53	195 61
244	Cinemajic Studios, Bound for Oregon Production	10,000.00	2,333 34	7,666.66
245	Cinemajic Studios, Bound for Oregon Production	14,650.00	3,418.34	11,231.66
246	Lisa Consolo, Bound for Oregon Production	1,066.00	248.74	817 26
247	Linda Lander, Media Consultant-Bound for Oregc	7,103.27	1,657.43	5,445 84

Clackamas Heritage Partners [21960]
Net Book Value - Depreciation

Sorted: General - system number

Federal
01/01/2006 - 12/31/2006

System No.	Description	Cost / Other Basis	Total Reductions	Net Book Value
248	Issuionary Designs, Bound for Oregon (Wig-McL	300.00	70.00	230.00
249	Fred Meyer, Bound for Oregon (contact lens' for i	39.00	9.10	29.90
250	James Media, Bound for Oregon (payment on FS	14,995.00	3,498.84	11,496.16
251	James Media, Bound for Oregon-production wor	1,250.00	291.66	958.34
252	Cinemajic, Bound for Oregon Production/Editing	557.94	130.19	427.75
253	Cinemajic, Bound for Oregon Production/Editing	1,391.01	324.56	1,066.45
254	Lisa Consolo, Bound for Oregon Production	1,066.00	248.74	817.26
255	Linda Lander, Media Consultant-Bound for Oregc	11,129.34	2,596.85	8,532.49
256	Cinemajic Studios, Bound for Oregon Production	14,650.00	3,418.34	11,231.66
257	Cinemajic Studios, Bound for Oregon Production	17.31	4.03	13.28
258	Linda Lander, Media Consultant-Bound for Oregc	3,167.31	739.03	2,428.28
259	Linda Lander, Media Consultant-Bound for Oregc	2,962.50	691.25	2,271.25
260	Cinemajic, Bound for Oregon Production/Editing	181.45	42.35	139.10
261	James Media, Bound for Oregon-production wor	1,250.00	291.66	958.34
262	Kate Hawkes, Bound for Oregon - casting, produ	1,500.00	350.00	1,150.00
263	Lavender's Green, costumes	1,260.00	294.00	966.00
264	New Vista, actors	4,008.25	935.27	3,072.98
265	Lavender's Green, costumes	543.00	126.70	416.30
266	Susan Butrulle, production consultation	1,000.00	233.34	766.66
267	Iron Wheel Stables, wagon rent	150.00	35.00	115.00
268	Cinemajic, Bound for Oregon Production/Editing	1,744.50	407.05	1,337.45
269	Cinemajic, Bound for Oregon Production/Editing	804.11	187.63	616.48
270	Lavender's Green, costumes	350.00	81.66	268.34
271	Linda Lander, Media Consultant-Bound for Oregc	3,150.00	735.00	2,415.00
272	New Vista, actors	731.20	170.62	560.58
273	New Vista, actors	3,755.92	876.37	2,879.55
274	Ursa Talent, actors	32.30	7.53	24.77
275	James Media, Bound for Oregon-production wor	1,250.00	291.66	958.34
276	James Media, Bound for Oregon-production wor	1,250.00	291.66	958.34
277	je-0225 cp rc 1700-600/1725-600	29,292.00	6,834.80	22,457.20
278	James Media, Bound for Oregon-production wor	2,400.00	560.00	1,840.00
279	James Media, Bound for Oregon-production wor	1,250.00	291.66	958.34
280	Cal Scott Music	3,967.00	925.64	3,041.36
281	je-0024 cp rc 1700-600/1725-600	22,955.64	5,356.32	17,599.32
282	James Media, Bound for Oregon-production wor	1,250.00	291.66	958.34
283	je-0188 cp rc 1700-600/1725-600	8,475.09	1,977.53	6,497.56
284	je-0023 cp rc 1700-600/1725-600	7,809.00	1,822.10	5,986.90
285	Cinemagic Studios, editing package	10,000.00	2,333.34	7,666.66
286	InFocus Corp, digital video equipment	18,396.00	4,292.40	14,103.60
287	Cinemagic Studios, editing package	85.00	19.84	65.16
288	Justin Porter, web site design	300.00	70.00	230.00
289	Jose Solis, set design/construction	750.00	175.00	575.00
290	Cinemagic Studios, editing package	67.50	15.75	51.75
291	Prairie Pictures, license	463.50	108.15	355.35
292	Jose Solis, set design/construction	1,990.00	464.34	1,525.66
293	Cal Scott Music	3,966.00	925.40	3,040.60
294	Stephen Hart Library, trans-wagon	16.00	3.74	12.26
295	Various Museums, rights of use for images	595.00	138.84	456.16
296	Greg Archuleta, consultation	3,040.93	709.55	2,331.38
297	James Media, Bound for Oregon-production wor	1,250.00	291.66	958.34
298	Cinemagic Studios, editing package	19.75	4.62	15.13
299	Cal Scott Music	10,600.00	2,473.34	8,126.66
300	Rawson Construction, demo in theater/carpet rei	2,150.00	501.66	1,648.34
301	Saxton Bradley, marquee chairs	7,744.00	1,806.94	5,937.06
302	Jose Solis, set design/construction	3,233.00	754.36	2,478.64
303	Rawson Construction, steel railings in theater (ad	300.00	70.00	230.00
304	Cinemagic Studios, editing package	2,271.04	529.90	1,741.14
305	Cinemagic Studios, editing package	19,572.00	4,566.80	15,005.20
306	The New York Public Library	15.00	3.50	11.50
307	Linda Lander, project lead	6,678.00	1,558.20	5,119.80
308	Linda Lander, project lead	2,000.00	466.66	1,533.34

Clackamas Heritage Partners [21960]
Net Book Value - Depreciation

Federal
 01/01/2006 - 12/31/2006

System No.	Description	Cost / Other Basis	Total Reductions	Net Book Value
309	James Media, Bound for Oregon-production work	1,250.00	291.66	958.34
310	Jose Solis, set design/construction	381.42	89.00	292.42
311	Linda Lander, project lead	6,150.00	1,435.00	4,715.00
312	James Media, production work	34,147.48	7,967.75	26,179.73
313	Cinemajic Studios	36.75	8.58	28.17
338	POWER TO COFFEE CART	1,500.00	708.33	791.67
339	MACII 20MB RAM & 13" MONITOR	400.00	400.00	0.00
340	Magazine and Literature Racks	326.70	141.57	185.13
341	Signage Trolley and Visitor Information	790.00	342.34	447.66
342	Signage: Visitor Information	340.00	147.34	192.66
343	John Forsloff Design - signage	6,350.00	1,305.27	5,044.73
344	PANASONIC TELEPHONE SYSTEM	8,495.00	8,495.00	0.00
345	PANASONIC VSP 200 VOICE MAIL/4 PORT CAF	4,000.00	4,000.00	0.00
346	PANASONIC 7230 TELEPHONES X 2	500.00	500.00	0.00
347	Panasonic 7230 Telephone	260.00	260.00	0.00
348	Panasonic 7230 Telephone	250.00	245.83	4.17
349	CLARK'S LAWN & GARDEN	373.58	238.69	134.89
350	8-9.5X5'X7'X7' PORT-A-POT ENCLOSURE	500.58	241.94	258.64
351	15x16 shed with cedar shakes and 2x2 window	2,160.00	948.00	1,212.00
352	Panasonic KX-T7230 24 Button Display Speaker	250.00	108.34	141.66
394	05/14/02: ProCom Communications, Telephone	2,667.35	800.20	1,867.15
395	05/15/02 Sound Security Inc, Alarm System	1,225.00	367.51	857.49
396	06/06/02 Oregon City Signs, Doors to Remain C	30.00	9.00	21.00
397	06/06/02: Park Place Wood Products, Brochure	3,750.00	1,125.00	2,625.00
398	06/24/02 Oregon City Signs, Region signs	80.00	23.99	56.01
399	06/24/02: Park Place Wood Products, Brochure	3,750.00	1,125.00	2,625.00
400	06/25/02: Grand & Benedicts, Brochure Holders	739.04	221.71	517.33
401	07/16/02: Grand & Benedicts, Brochure Holders	333.76	100.13	233.63
413	LAND ACQUISITION - FENCE REMOVAL	1,590.34	0.00	1,590.34
414	APPRAISAL - LYON, SKELTE, SPEIRS	2,500.00	0.00	2,500.00
415	LEGAL - DAVIS, WRIGHT, TREMAINE	153.59	0.00	153.59
416	ENVIRONMENTAL RETAINER	2,330.00	0.00	2,330.00
417	MOCKFORD LAND PURCHASE	112,500.00	0.00	112,500.00
418	ELECTRICAL PERMIT - CITY OREGON CITY	50.40	0.00	50.40
419	LAND APPLICATION - CITY OREGON CITY	500.00	0.00	500.00
420	APPRAISAL - STEIN	500.00	0.00	500.00
421	Artifacts	80,813.24	0.00	80,813.24
Subtotal.		1,016,960.47	404,756.39	612,204.08
Less dispositions and exchanges:		0.00	0.00	0.00
Grand Totals:		1,016,960.47	404,756.39	612,204.08

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization CLACKAMAS HERITAGE PARTNERS	Employer identification number 20-1421190
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1726 WASHINGTON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OREGON CITY, OR 97045-1058	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **CLACKAMAS HERITAGE PARTNERS**
Telephone No ▶ **503/657-9336** FAX No ▶ **503/**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2006** or
▶ tax year beginning _____, and ending _____
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 12-2006)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	CLACKAMAS HERITAGE PARTNERS	20-1421190
	Number, street, and room or suite no. If a P.O. box, see instructions. 1726 WASHINGTON STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OREGON CITY, OR 97045-1058	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **CLACKAMAS HERITAGE PARTNERS**
Telephone No. **503-657-9336** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007**.
- 5 For calendar year **2006**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA** Date **8/13/07**

Notice to Applicant. (To Be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10 day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name GROVE, MUELLER & SWANK PC
	Number and street (include suite, room, or apt. no.) or a P.O. box number P.O. BOX 2122
	City or town, province or state, and country (including postal or ZIP code) SALEM, OR 97308-2122

623832 05-01-07