

Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2012

Open to Public
Inspection

Form **990-EZ**

Under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
CLACKAMAS HERITAGE PARTNERS
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1726 WASHINGTON STREET
 City or town state or country and ZIP + 4
OREGON CITY, OR 97045-1058

D Employer identification number
20-1421190

E Telephone number
503-657-9336

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

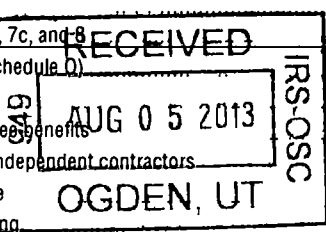
I Website ▶ **N/A**

J Tax exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990 EZ or Form 990 return is not required though Form 990 N (e postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990 EZ. ▶ \$ **177,041**

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) | | <input checked="" type="checkbox"/> | |
|--|--|-------------------------------------|----------------|
| Check if the organization used Schedule O to respond to any question in this Part I | | | |
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 143,993 |
| | 2 Program service revenue including government fees and contracts | 2 | 6,981 |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 968 |
| | 5a Gross amount from sale of assets other than inventory | 5a | 318 |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 318 |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| c Less direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory less returns and allowances | 7a | 24,781 | |
| b Less cost of goods sold | 7b | 12,738 | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 12,043 | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 164,303 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 63,636 |
| | 13 Professional fees and other payments to independent contractors | 13 | 1,250 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 45,796 |
| | 15 Printing, publications, postage, and shipping | 15 | 111 |
| | 16 Other expenses (describe in Schedule O) | 16 | 49,507 |
| 17 Total expenses Add lines 10 through 16 | 17 | 160,300 | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 4,003 | |
| Net Assets | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end of year figure reported on prior year's return) | 19 | 323,214 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | 3,024 |
| | 21 Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 330,241 |



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LHA For Paperwork Reduction Act Notice see the separate instructions

Form **990-EZ** (2012)

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Part II Balance Sheets (see the instructions for Part II)

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

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash savings and investments | 34,513 | 22 | 101,399 |
| 23 Land and buildings | 276,759 | 23 | 276,387 |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O | 16,368 | 24 | 13,682 |
| 25 Total assets | 327,640 | 25 | 391,468 |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 4,426 | 26 | 61,227 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 323,214 | 27 | 330,241 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here 28a 115,863

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a)

32 115,863

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

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

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter 0) | (d) Health benefits contributions to employee benefit plans and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------|--|--|---|--|
| FREDA BEAL SECRETARY | 1 00 | 0 | 0 | 0 |
| WADE BYERS DIRECTOR | 1 00 | 0 | 0 | 0 |
| JOYCE COHEN DIRECTOR | 1 00 | 0 | 0 | 0 |
| DAN FOWLER CHAIR | 1 00 | 0 | 0 | 0 |
| SCOTT GUPTILL DIRECTOR | 1 00 | 0 | 0 | 0 |
| JACK HAMMOND DIRECTOR | 1 00 | 0 | 0 | 0 |
| LOWELL MILES TREASURER | 1 00 | 0 | 0 | 0 |
| MARILYN MORRISSEY DIRECTOR | 1 00 | 0 | 0 | 0 |
| ROCKY SMITH, JR DIRECTOR | 1 00 | 0 | 0 | 0 |
| CAROL STURMAN DIRECTOR | 1 00 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If Yes attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1 000 or more during the year from business activities (such as those reported on lines 2 6a and 7a among others)?
b If Yes to line 35a has the organization filed a Form 990 T for the year? If No provide an explanation in Schedule O
c Was the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notice reporting and proxy tax requirements during the year? If Yes complete Schedule C Part III
36 Did the organization undergo a liquidation dissolution termination or significant disposition of net assets during the year? If Yes complete applicable parts of Schedule N
37a Enter amount of political expenditures direct or indirect as described in the instructions
b Did the organization file Form 1120 POL for this year?
38a Did the organization borrow from or make any loans to any officer director trustee or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If Yes complete Schedule L Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9
b Gross receipts included on line 9 for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 section 4912 section 4955
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 EZ? If Yes complete Schedule L Part I
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
e All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886 T
41 List the states with which a copy of this return is filed OR
42a The organization's books are in care of CLACKAMAS HERITAGE PARTNERS Telephone no 503-657-9336 Located at 1726 WASHINGTON STREET, OREGON CITY, OR ZIP + 4 97045
b At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account securities account or other financial account)? If Yes enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts
c At any time during the calendar year did the organization maintain an office outside of the U S? If Yes enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of Form 1041 Check here and enter the amount of tax exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If Yes Form 990 must be completed instead of Form 990 EZ
b Did the organization operate one or more hospital facilities during the year? If Yes Form 990 must be completed instead of Form 990 EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If Yes to line 44c has the organization filed a Form 720 to report these payments? If No provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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, Form 990 and Schedule R may need to be completed instead of Form 990 EZ (see instructions)

Table with columns Yes and No. Rows correspond to questions 33 through 45b. Marked with X in the Yes or No columns.

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

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

All section 501(c)(3) organizations must answer questions 47-49b and 52 and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|---|------------|-----------|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, complete Sch. C Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If Yes, was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits contributions to employee benefit plans and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None NONE

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
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| | | |

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

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

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

Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: JOHN D HAWKINS, JD, CPA
 Preparer's signature: *[Signature]*
 Date: 7/25/13
 Check if self-employed
 PTIN: P00178437
 Firm's name: GROVE, MUELLER & SWANK, P.C.
 Firm's address: 475 COTTAGE STREET NE, SUITE 200, SALEM, OR 97301
 Firm's EIN: 93-0874157
 Phone no: 503-581-7788

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

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.)

Section A Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts grants contributions and membership fees received (Do not include any unusual grants) | 483,471 | 217,916 | 68,730 | 72,002 | 143,993 | 986,112 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total Add lines 1 through 3 | 483,471 | 217,916 | 68,730 | 72,002 | 143,993 | 986,112 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f) | | | | | | 252,306 |
| 6 Public support Subtract line 5 from line 4 | | | | | | 733,806 |

Section B Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 483,471 | 217,916 | 68,730 | 72,002 | 143,993 | 986,112 |
| 8 Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources | 106,690 | 85,873 | 5,754 | 471 | 968 | 199,756 |
| 9 Net income from unrelated business activities whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 7,743 | | 1,790 | 4,400 | | 13,933 |
| 11 Total support Add lines 7 through 10 | | | | | | 1199801 |
| 12 Gross receipts from related activities etc (see instructions) | | | | | 12 | 414,200 |
| 13 First five years If the Form 990 is for the organization's first second third fourth or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2012 (line 6 column (f) divided by line 11 column (f)) | 14 | 61.16 % |
| 15 Public support percentage from 2011 Schedule A Part II line 14 | 15 | 62.60 % |
| 16a 33 1/3% support test 2012 If the organization did not check the box on line 13 and line 14 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test 2011 If the organization did not check a box on line 13 or 16a and line 15 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10% facts and circumstances test 2012 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 IV how the organization meets the facts and circumstances test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10% facts and circumstances test 2011 If the organization did not check a box on line 13 16a 16b or 17a and line 15 is 10% or more and if the organization meets the facts and circumstances test check this box and stop here Explain in Part IV how the organization meets the facts and circumstances test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 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.)

Section A Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a 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.) | | | | | | |

Section B Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a 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. | | | | | | |
| 11 Net income from unrelated business activities not included in 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 IV). | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15. | 16 | % |

Section D Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17. | 18 | % |

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization **CLACKAMAS HERITAGE PARTNERS** Employer identification number
20-1421190

FORM 990-EZ, PART I, LINE 4, RENTAL INCOME

| KIND AND LOCATION OF PROPERTY | AMOUNT |
|--|--------|
| COMMERCIAL RENTAL, 1726 WASHINGTON STREET, OREGON CITY, OR | 550 |

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME

| DESCRIPTION OF PROPERTY | AMOUNT |
|-------------------------|--------|
| INTEREST INCOME | 418 |

**FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY
INCOME**

| | |
|--|--------|
| 1 GROSS RECEIPTS | 24,865 |
| 2 RETURNS AND ALLOWANCES | 84 |
| 3 LINE 1 LESS LINE 2 | 24,781 |
| 4 COST OF GOODS SOLD (LINE 13) | 12,738 |
| 5 GROSS PROFIT (LINE 3 LESS LINE 4) | 12,043 |
| COST OF GOODS SOLD | |
| 6 INVENTORY AT BEGINNING OF YEAR | 7,044 |
| 7 MERCHANDISE PURCHASED | 16,124 |
| 8 COST OF LABOR | 0 |
| 9 MATERIALS AND SUPPLIES | 0 |
| 10 OTHER COSTS | 0 |
| 11 ADD LINES 6 THROUGH 10 | 23,168 |
| 12 INVENTORY AT END OF YEAR | 10,430 |
| 13 COST OF GOODS SOLD (LINE 11 LESS LINE 12) | 12,738 |

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization **CLACKAMAS HERITAGE PARTNERS** Employer identification number **20-1421190**

| DESCRIPTION OF OTHER EXPENSES | AMOUNT |
|-------------------------------|--------|
| OFFICE EXPENSE | 1,768 |
| INSURANCE | 5,543 |
| EXHIBIT COSTS | 4,291 |
| INFORMATION TECHNOLOGY | 3,730 |
| ADVERTISING | 316 |
| MEETINGS AND TRAVEL | 40 |
| DEPRECIATION | 33,819 |
| TOTAL TO FORM 990-EZ, LINE 16 | 49,507 |

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS

| CHANGES IN NET ASSETS OR FUND BALANCES | AMOUNT |
|--|--------|
| UNREALIZED GAIN ON INVESTMENTS | 3,024 |

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS

| DESCRIPTION | BEG OF YEAR | END OF YEAR |
|---------------------------------------|-------------|-------------|
| GRANTS RECEIVABLE | 5,000 | 0 |
| INVENTORIES | 7,044 | 10,430 |
| PREPAID EXPENSES AND DEFERRED CHARGES | 4,324 | 3,220 |
| RECEIVABLES | 0 | 32 |
| TOTAL TO FORM 990-EZ, LINE 24 | 16,368 | 13,682 |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES

| DESCRIPTION | BEG OF YEAR | END OF YEAR |
|---------------------------------------|-------------|-------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | 4,426 | 8,997 |
| DEFERRED REVENUE | 0 | 52,230 |

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

Schedule O (Form 990 or 990-EZ) (2012)

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

| | |
|--|---|
| Name of the organization CLACKAMAS HERITAGE PARTNERS | Employer identification number 20-1421190 |
|--|---|

| | | |
|-------------------------------|-------|--------|
| TOTAL TO FORM 990-EZ, LINE 26 | 4,426 | 61,227 |
|-------------------------------|-------|--------|

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - 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-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS
OPERATED THE VISITOR CENTER AT THE "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

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT

Depreciation and Amortization 990EZ
 (Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return: **CLACKAMAS HERITAGE PARTNERS**
 Business or activity to which this form relates: **FORM 990-EZ PAGE 1**
 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

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 500,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 2,000,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2. If zero or less enter 0 | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter 0. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c) lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10 but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 | 13 | |

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)

| | | | |
|----|--|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 33,159 |

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

Section A

| | | | |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012 | 17 | 660 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | <input type="checkbox"/> |

Section B Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3 year property | | | | | | |
| b 5 year property | | | | | | |
| c 7 year property | | | | | | |
| d 10 year property | | | | | | |
| e 15 year property | | | | | | |
| f 20 year property | | | | | | |
| g 25 year property | | | 25 yrs | | S/L | |
| h Residential rental property | / | | 27.5 yrs | MM | S/L | |
| | / | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs | MM | S/L | |
| | / | | | MM | S/L | |

Section C Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|---|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12 year | | | 12 yrs | | S/L | |
| c 40 year | / | | 40 yrs | MM | S/L | |

Part IV Summary (See instructions)

| | | | |
|----|---|----|--------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instr | 22 | 33,819 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles certain other vehicles 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | 24b If Yes is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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 depreciation allowance for qualified listed 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

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting by your employees? | Yes | No |
| 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 2012 tax year | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2012 tax year | | | | | 43 |
| 44 Total Add amounts in column (f) See the instructions for where to report | | | | | 44 |

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ **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

Electronic filing (e file) You can electronically file Form 8868 if you need a 3 month automatic extension of time to file (6 months for a corporation required to file Form 990 T) or an additional (not automatic) 3 month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870 Information Return for Transfers Associated With Certain Personal Benefit Contracts which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form visit www.irs.gov/efile and click on e file for Charities & Nonprofits

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

A corporation 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

| | | |
|--|---|--|
| Type or print | Name of exempt organization or other filer see instructions CLACKAMAS HERITAGE PARTNERS | Employer identification number (EIN) or 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 | Social security number (SSN) |
| | City town or post office state and ZIP code For a foreign address see instructions OREGON CITY, OR 97045-1058 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

01

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990 or Form 990 EZ | 01 | Form 990 T (corporation) | 07 |
| Form 990 BL | 02 | Form 1041 A | 08 |
| Form 4720 (individual) | 03 | Form 4720 | 09 |
| Form 990 PF | 04 | Form 5227 | 10 |
| Form 990 T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990 T (trust other than above) | 06 | Form 8870 | 12 |

CLACKAMAS HERITAGE PARTNERS

- The books are in the care of ▶ **1726 WASHINGTON STREET - OREGON CITY, OR 97045**
 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

1 I request an automatic 3 month (6 months for a corporation required to file Form 990 T) extension of time until **AUGUST 15, 2013** to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year **2012** or
 ▶ tax year beginning _____ and ending _____

2 If the tax year entered in line 1 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 | \$ | 0 |
| 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 | 3b | \$ | 0 |
| c Balance due Subtract line 3b from line 3a Include your payment with this form if required by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | \$ | 0 |

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. 1 2013)