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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>108,276</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>13,058</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Investment income</td>
<td>8,711</td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>Less: Cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gaming income from gaming (attach Schedule G if greater than $15,000)</td>
<td>19,455</td>
</tr>
<tr>
<td>6b</td>
<td>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)</td>
<td>3,651</td>
</tr>
<tr>
<td>6c</td>
<td>Less: direct expenses from gaming and fundraising events</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Less: Cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Gain or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, 7b, and 8</td>
<td>145,849</td>
</tr>
<tr>
<td>10</td>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Benefits paid to or for members</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 10 through 16</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Net assets or fund balances at beginning of year (from line 27, column (A))</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>187,545</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the separate instructions.
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?
TO CELEBRATE HOOD RIVER COUNTY'S DIVERSE CULTURAL HERITAGE AND PRESERVE OUR UNIQUE STORY.

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.

<table>
<thead>
<tr>
<th>28</th>
<th>CREATE, SUSTAIN AND ENHANCE OUR EXHIBITS, COLLECTION AND PROGRAMS TO MEET THE EVER-CHANGING NEEDS OF HOOD RIVER COUNTY'S CULTURAL HERITAGE AND COMMUNITY. HOLD IN TRUST A COLLECTION OF ARTIFACTS AND DOCUMENTS RELEVANT TO HOOD RIVER COUNTY HERITAGE. SHARE THE STORIES OF THESE ITEMS THROUGH EDUCATION, EXHIBITS AND DISCUSSION. EXPAND THE UNDERSTANDING OF HOOD RIVER COUNTY'S HERITAGE AS IT RELATES TO OUR PAST, PRESENT AND FUTURE. (Grants $ )</th>
</tr>
</thead>
<tbody>
<tr>
<td>28a</td>
<td>109,732</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>29</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>29a</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>30</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30a</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>31</th>
<th>OTHER PROGRAM SERVICES (DESCRIBE IN SCHEDULE O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31a</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>32</th>
<th>TOTAL PROGRAM SERVICE EXPENSES (ADD LINES 28A THROUGH 31A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>109,732</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEBORAH CHENOWETH</td>
<td>10.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERTA SCHWELLER</td>
<td>2.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER AT LA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TINA WEEKLY</td>
<td>10.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARY ELLEN BARILOTTI</td>
<td>3.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JEAN HARMON</td>
<td>3.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER AT LA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELAINE JOHNSON</td>
<td>2.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER AT LA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NANCY PAVLENKO</td>
<td>2.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEIDI SHOUP</td>
<td>4.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER AT LA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GREG SIMPSON</td>
<td>2.00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Schedule O to respond to any question in this Part V.

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.

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)?

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37b 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?

38b 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.

40e No

41 List the states with which a copy of this return is filed. ▶ OR ▶

The organization's books are in care of ▶

FIRST BUSINESS SERVICES

Telephone no. ▶

Located at ▶ PO BOX 683 HOOD RIVER, OR ZIP + 4 ▶

97031

42a 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 ▶

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.

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

44c Did the organization receive any payments for indoor tanning services during the year?

44d 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).
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I. 

| 46 | Yes | No |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

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

| 47 | Yes | No |

| 48 | Yes | No |

| 49a | Yes | No |

| 49b | Yes | No |

Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II.

| 47 | Yes | No |

Is the organization a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E.

| 48 | Yes | No |

b If “Yes,” was the related organization a section 527 organization?

| 49a | Yes | No |

| 49b | Yes | No |

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."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f Total number of other employees paid over $100,000.

| 51 | Yes | No |

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."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| 52 | 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.

Signature of officer

DEBORAH CHENOWETH CHAIR

Type or print name and title

Date

2020-07-27

Paid Preparer Use Only

Print/Type preparer’s name

CAROL D FRIEND

Preparer’s signature

Check □ if self-employed

PTIN

P00728631

Phone no. (541) 296-2000

305 EAST 5TH STREET

THE DALLES, OR 97058

May the IRS discuss this return with the preparer shown above? See instructions.

| 52 | Yes | No |
Software ID:
Software Version:
Form 990-EZ, Special Condition Description:

Special Condition Description
Public Charity Status and Public Support

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9. An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)


12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of a supported organization(s) (see instructions).

   a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

   b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

   c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

   d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

   e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

   f. Enter the number of supported organizations

   g. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
## 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 failed to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage for 2018 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test—2019. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10%-facts-and-circumstances test—2019. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Schedule A (Form 990 or 990-EZ) 2019
### Support Schedule for Organizations Described in Section 509(a)(2)

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

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

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>124,616</td>
<td>86,021</td>
<td>84,307</td>
<td>85,718</td>
<td>108,276</td>
<td>488,938</td>
</tr>
<tr>
<td>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</td>
<td>44,260</td>
<td>32,940</td>
<td>25,979</td>
<td>20,734</td>
<td>41,224</td>
<td>165,137</td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>86,021</td>
<td>32,940</td>
<td>25,979</td>
<td>20,734</td>
<td>41,224</td>
<td>165,137</td>
</tr>
<tr>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>32,940</td>
<td>25,979</td>
<td>20,734</td>
<td>41,224</td>
<td>165,137</td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>25,979</td>
<td>20,734</td>
<td>41,224</td>
<td>165,137</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 Total: Add lines 1 through 5

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>168,876</td>
<td>118,961</td>
<td>110,286</td>
<td>106,452</td>
<td>149,500</td>
<td>654,075</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>32,940</td>
<td>25,979</td>
<td>20,734</td>
<td>41,224</td>
<td>165,137</td>
<td></td>
</tr>
<tr>
<td>Add lines 7a and 7b</td>
<td>168,876</td>
<td>118,961</td>
<td>110,286</td>
<td>106,452</td>
<td>149,500</td>
<td>654,075</td>
</tr>
</tbody>
</table>

8 Public support: (Subtract line 7c from line 6)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>168,876</td>
<td>118,961</td>
<td>110,286</td>
<td>106,452</td>
<td>149,500</td>
<td>654,075</td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))

<table>
<thead>
<tr>
<th></th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100.000 %</td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))

<table>
<thead>
<tr>
<th></th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 %</td>
</tr>
</tbody>
</table>

19a 33 1/3% support tests—2019. 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.

<table>
<thead>
<tr>
<th></th>
<th>19a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
</tr>
</tbody>
</table>

19b 33 1/3% support tests—2018. 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.

<table>
<thead>
<tr>
<th></th>
<th>19b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
</tbody>
</table>

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

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a) (1) or (2))? If "Yes," provide detail in Part VI.

b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).
Part IV  Supporting Organizations (continued)

11  Has the organization accepted a gift or contribution from any of the following persons?
   a  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the
governing body of a supported organization?
   b  A family member of a person described in (a) above?
   c  A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly
   appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,”
describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s
   activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove
directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied
to such powers during the tax year.

2  Did the organization operate for the benefit of any supported organization other than the supported organization(s)
   that operated, supervised, or controlled the supporting organization? If “Yes,” explain in Part VI how providing such
   benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting
   organization.

Section C. Type II Supporting Organizations

1  Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or
   trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or
   management of the supporting organization was vested in the same persons that controlled or managed the supported
   organization.

Section D. All Type III Supporting Organizations

1  Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
   organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax
   year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the
   organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2  Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported
   organization(s) or (ii) serving on the governing body of a supported organization? If “No,” explain in Part VI how the
   organization maintained a close and continuous working relationship with the supported organization(s).

3  By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice
   in the organization’s investment policies and in directing the use of the organization’s income or assets at all times
during the tax year? If “Yes,” describe in Part VI the role the organization’s supported organizations played in this

Section E. Type III Functionally‑Integrated Supporting Organizations

1  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
   a  The organization satisfied the Activities Test. Complete line 2 below.
   b  The organization is the parent of each of its supported organizations. Complete line 3 below.
   c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see
      instructions)

2  Activities Test. Answer (a) and (b) below.
   a  Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the
      supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those
      supported organizations and explain how these activities directly furthered their exempt purposes, how the
      organization was responsive to those supported organizations, and how the organization determined that these activities
      constituted substantially all of its activities.
   b  Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the
      organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the
      organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s
      involvement.

3  Parent of Supported Organizations. Answer (a) and (b) below.
   a  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of
      each of the supported organizations? Provide details in Part VI.
   b  Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of
      its supported organizations? If “Yes,” describe in Part VI. the role played by the organization in this regard,
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td>1</td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</td>
</tr>
</tbody>
</table>
**Part V**  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

**(continued)**

### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>Other distributions (describe in Part VI). See instructions</td>
</tr>
</tbody>
</table>

#### 7 Total annual distributions. Add lines 1 through 6.

#### 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions

#### 9 Distributable amount for 2019 from Section C, line 6

#### 10 Line 8 amount divided by Line 9 amount

### Section E - Distribution Allocations

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI).

See instructions.

#### 3 Excess distributions carryover, if any, to 2019:

- **a** From 2014.
- **b** From 2015.
- **c** From 2016.
- **d** From 2017.
- **e** From 2018.

#### 4 Total of lines 3a through e

#### 5 Applied to underdistributions of prior years

#### 6 Carryover from 2014 not applied (see instructions)

#### 7 Remainder. Subtract lines 3g, 3h, and 3i from 3f.

### 4 Distributions for 2019 from Section D, line 7: $

- **a** Applied to underdistributions of prior years
- **b** Applied to 2019 distributable amount
- **c** Remainder. Subtract lines 4a and 4b from 4.

### 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

See instructions.

### 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.

#### 7 Excess distributions carryover to 2020. Add lines 3j and 4c.

#### 8 Breakdown of line 7:

- **a** Excess from 2015.
- **b** Excess from 2016.
- **c** Excess from 2017.
- **d** Excess from 2018.
- **e** Excess from 2019.
### Part VI

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

<table>
<thead>
<tr>
<th>Facts And Circumstances Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return Reference</td>
</tr>
<tr>
<td>Explanation</td>
</tr>
</tbody>
</table>
## Schedule B

**Schedule of Contributors**

- **Attach to Form 990, 990-EZ, or 990-PF.**
- **Go to** [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

### Name of the organization

HOOD RIVER COUNTY HERITAGE COUNCIL

### Employer identification number

46-2416826

### Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Form 990 or 990-EZ</th>
<th>Form 990-PF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>501(c)( ) (enter number) organization</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

### Check if your organization is covered by the **General Rule** or a **Special Rule.**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
### Part I

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESTRICTED</td>
<td>$ RESTRICTED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
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<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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<tbody>
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</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP 4

Relationship of transferor to transforee

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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Relationship of transferor to transforee

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</thead>
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</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP 4

Relationship of transferor to transforee

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<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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<tbody>
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</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP 4

Relationship of transferor to transforee

$ __________________
**SCHEDULE G**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

---

**Part I**  **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

<table>
<thead>
<tr>
<th>1</th>
<th>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Mail solicitations</td>
</tr>
<tr>
<td>b</td>
<td>Internet and email solicitations</td>
</tr>
<tr>
<td>c</td>
<td>Phone solicitations</td>
</tr>
<tr>
<td>d</td>
<td>In-person solicitations</td>
</tr>
<tr>
<td>e</td>
<td>Solicitation of non-government grants</td>
</tr>
<tr>
<td>f</td>
<td>Solicitation of government grants</td>
</tr>
<tr>
<td>g</td>
<td>Special fundraising events</td>
</tr>
</tbody>
</table>

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
[ ] Yes  [ ] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>10</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Total

---

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| Revenue | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>19,455</td>
<td></td>
<td></td>
<td>19,455</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>19,455</td>
<td></td>
<td></td>
<td>19,455</td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>3,651</td>
<td></td>
<td></td>
<td>3,651</td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td>3,651</td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>15,804</td>
</tr>
</tbody>
</table>

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?  
| Yes | No |

b If "No," explain:  

6 Volunteer labor  

7 Direct expense summary. Add lines 2 through 5 in column (d)  

8 Net gaming income summary. Subtract line 7 from line 1, column (d)  

9a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
| Yes | No |

b If "Yes," explain:  

---

Schedule G (Form 990 or 990-EZ) 2019
11 Does the organization conduct gaming activities with nonmembers?  □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization's facility  
   b An outside facility

   13a %
   13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶
Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  □ Yes □ No
   b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ __________ and the amount of gaming revenue retained by the third party ▶ $ __________.
   c If "Yes," enter name and address of the third party:

Name ▶
Address ▶

16 Gaming manager information:

Name ▶
Gaming manager compensation ▶ $ __________
Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  □ Yes □ No
   b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Schedule G (Form 990 or 990-EZ) 2019
Additional Data

Software ID:
Software Version:
**SCHEDULE O (Form 990 or 990-EZ)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990-EZ, PART I, LINE 16</td>
<td>MUSEUM STORE COST OF GOODS SOLD 2,971 EXPENSES ADVERTISING 4,760 OFFICE SUPPLIES 2,340 CONFERENCES, MEETINGS, ETC 75 INSURANCE 2,242 BANK FEES 1,835 EXHIBITS 1,215 MEMBERSHIP DUES 1,477 STAFF &amp; VOLUNTEER DEVELOP 367 MISC 59 ARCHIVES STORAGE SUPPLIES 228 TECH EQUIPMENT &amp; SERVICES 3,165 AMERICORPS 6,002 TOTAL 26,736</td>
</tr>
<tr>
<td>FORM 990-EZ, PART II, LINE 26</td>
<td>ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,527 1,520</td>
</tr>
<tr>
<td>FORM 990-EZ, PART III</td>
<td>TO CELEBRATE HOOD RIVER COUNTY’S DIVERSE CULTURAL HERITAGE AND PRESERVE OUR UNIQUE STORY.</td>
</tr>
<tr>
<td>FORM 990-EZ, PART III, LINE 28</td>
<td>CREATE, SUSTAIN AND ENHANCE OUR EXHIBITS, COLLECTION AND PROGRAMS TO MEET THE EVER-CHANGING NEEDS OF HOOD RIVER COUNTY’S CULTURAL HERITAGE AND COMMUNITY. HOLD IN TRUST A COLLECTION OF ARTIFACTS AND DOCUMENTS RELEVANT TO HOOD RIVER COUNTY HERITAGE. SHARE THE STORIES OF THESE ITEMS THROUGH EDUCATION, EXHIBITS AND DISCUSSION. EXPAND THE UNDERSTANDING OF HOOD RIVER COUNTY’S HERITAGE AS IT RELATES TO OUR PAST, PRESENT AND FUTURE.</td>
</tr>
</tbody>
</table>

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