Paid

Preparer

Use Only

ANDY PETERSON

Form

EXTENDED TO NOVEMBER 16, 2022949318406804

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

(Rev January 2020) Do not enter social security numbers on this form as it may be made publication Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service and ending A For the 2019 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable Address change COMMUNITY FOUNDATION OF THE KLAMATH BASI Name change 20-5502851 KLAMATH COMMUNITY FOUNDATION Doing business as Initial return Room/suite E Telephone number Number and street (or P 0, box if mail is not delivered to street address) 541-884-4164 Final return/ PO BOX 1903 termin-ated 500,307. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return KLAMATH FALLS, OR 97601 H(a) Is this a group return F Name and address of principal officer HEIDI NEEL-BIGGS Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) __ 501(c) () ◀ (insert no.) ____ 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.KLAMATHCOMMUNITYFOUNDATION.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Year of formation: 2007 M State of legal domicile: OR Partil Summary Briefly describe the organization's mission or most significant activities SERVING KLAMATH FALLS AND THE Governance GREATER KLAMATH BASIN BY PROVIDING GRANTS AND DESIGNATED FUNDS TO $oxed{oxed}$ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a RECEIVED b Net unrelated business taxable income from Form 990-T, line 39 7h **Prior Year Current Year** S-10\$(299,402 428,000. Contributions and grants (Part VIII, line 1h) JAN **2 0** 2021 0 Program service revenue (Part VIII, line 2g) 75,403 307. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11@GDEN. U Ο. 11 374,805. 500,307. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 63,913 40,636. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 39,239. 38,037. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,809. b Total fundraising expenses (Part IX, column (D), line 25) 37,846. 61,342. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 140,998. 140,015. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 233,807 360,292. Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 3,073,776. 2.422.899. 20 Total assets (Part X, line 16) -954. 2,130 21 Total liabilities (Part X, line 26) 420. 769. 074 Net assets or fund balances Subtract line 21 from line 20 ∥Part}IIS Signature Block 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 Sign EXECUTIVE DIRECTOR HEIDI NEEL-BIGGS, Here Type or print name and title PTIN Print/Type preparer's name

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions.

KLAMATH FALLS, OR 97601

Firm's name MOLATORE, SCROGGIN,

Firm's address > 824 PINE STREET

X Yes No Form 990 (2019) (

P00124161

self-employed

Firm's EIN > 93-0428202

Phone no. (541) 884-4164

PETERSON & CO.

	990 (2019) COMMUNITY FOUNDATION OF THE KLAMATH BASI 20-5502851 Page 2
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	SERVING KLAMATH FALLS AND THE GREATER KLAMATH BASIN BY PROVIDING
	GRANTS AND DESIGNATED FUNDS TO STRENGTHEN EXISTING AND POTENTIAL NEW
	PROGRAMS IN ORDER TO EFFECTIVELY ENHANCE THE QUALITY OF LIFE FOR
	FAMILIES AND CITIZENS IN OUR REGION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	The state of the s
40	F0 000
44	
	FUND DEVELOPMENT AND ADMINISTRATION.
	
46	
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
4d	Other program services (Describe on Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e_	Total program service expenses ► 70,230.
	Form 990 (2019)

	n 990 (2019) COMMUNITY FOUNDATION OF THE KLAMATH BASI 20-5502 rt IV Checklist of Required Schedules	<u>851</u>	Р	age 3
	Trial Officerial of Frequence Confedered		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	140
·	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	İ	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5	<u> </u>	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1	ĺ	}
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	}		
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		i	1
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X.
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l	ł	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Į	,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X -	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			.
	Schedule D, Parts XI and XII	12a	-	X
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	├	X
13		13	 	X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		^
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	i		1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		1
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>	-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ł	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>. </u>	†	1
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		<u></u>
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		l	37	

X

Form 990 (2019)

COMMUNITY FOUNDATION OF THE KLAMATH BASI 20-5502851 Form 990 (2019) Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Х Schedule L. Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 X Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes Nο 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

COMMUNITY FOUNDATION OF THE KLAMATH BASI 20-5502851 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11h 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the ,ŝ, 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 980 (2019) COMMUNITY FOUNDATION OF THE KLAMATH BASI 20-5502851 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions									
	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 11									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 15 15	.								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]		i						
	officer, director, trustee, or key employee?									
3										
	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X_						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			-						
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done .	12c	X	_						
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X_							
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			(
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			أحييا						
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶OR									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply	-								
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial							
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	ANDREW E PETERSON - 541-884-4164									
	824 PINE STREET, KLAMATH FALLS, OR 97601									

•							
Form 990 (2019)	COMMUNITY	FOUNDATION	OF TH	<u>E KLAMATH</u>	BASI	20-55028 <u>51</u>	Page 7
Part VII Compens	ation of Officers Dir	rectors Trustees	Key En	plovees. High	nest Con	nnensated	

Employees, and Independent Contractors

Ch	eck if Schedule	O contains a r	esponse or n	note to any line i	n this Part VII

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

 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEAN PINNIGER	1.00								0	•
DIRECTOR	1 00	X				-		0.	0.	0
(2) JOAN STAUNTON	1.00	X						0.	0.	^
DIRECTOR	2.00	^		_	-	-			U •	0
(3) ANDY PETERSON	4.00	x		x				0.	0.	0
TREASURER (4) ROBERT KINGZETT	2.00	<u> </u>	\vdash	-27	-				0.	
SECRETARY	2.00	x		х				0.	0.	0
(5) ANN CAVANAUGH	2.00								<u></u>	<u>×</u>
PRESIDENT		X		х				0.	0.	0
(6) MATT HURLEY	1.00									
VICE PRESIDENT		X						0.	0.	0
(7) JOANNE CARSON	1.00									
DIRECTOR		X						0.	0.	0
(8) NANCY WENDT	1.00	1							_	_
DIRECTOR		X				<u> </u>		0.	0.	0
(9) DON BOYD	1.00	.								
DIRECTOR	1 00	X				<u> </u>		0.	0.	0
(10) BARNEY SIMONSEN	1.00	.,							0	,
DIRECTOR		X				-		0.	0.	0
		1								
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<u> </u>		_								
		<u> </u>			<u> </u>					

(A) Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	1	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensation from the organization and related organizations
				,						_	<u>.</u>
						_					
									<u> </u>		
									-		
										_	
1b Subtotal							>	0.	·	0.	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) 2 Total number of individuals (including but n		ose	liste	ed at	oove	e) wł	no re	0. 0. ecceived more than \$100	,000 of reportable	0.	0.
compensation from the organization 3 Did the organization list any former officer,	director trust			mnl			hia	hest compensated emr	Novee on		Yes No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	uch ındıvıdual		-							ľ	3 X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	accrue comper	nsatı	on f	rom	any	unr			dual for services		4 X
rendered to the organization? If "Yes," com Section B. Independent Contractors								hat rassuud mars than	\$100,000 of a		5 X
Complete this table for your five highest co the organization. Report compensation for (A)										ensa ——	(C)
Name and business	address	NC	NE	<u> </u>				Description of s	ervices	C	ompensation
		-									
			_				-				
Total number of independent contractors (iii	=	ot lin		d to	_	_	sted	above) who received m	nore than	7, 4	
\$100,000 of compensation from the organiz	zation -				(<u>, </u>					- 000 (22.42)

Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated Revenue excluded Related or exempt Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and Contributiand and Other 428,000. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f | 1g |\$ 428,000 Total. Add lines 1a-1f f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 72,307. 72,307 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6<u>a</u> b Less rental expenses 6b ъc c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses . 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions

		<u>'OUNDATION OF</u>	'THE KLAMATH	<u> BASI 20-5</u>	502851 Page 10
43.005.00	Statement of Functional Expens				
Sect	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oti	her organizations must c	omplete column (A)	
	Check if Schedule O contains a respo			, , , , , , , , , , , , , , , , , , , ,	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	40,636.	. 40,636.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22		· ·		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	ĺ			
4	Benefits paid to or for members				
5	'Compensation of current officers, directors,		•		
	trustees, and key employees		,		
6	Compensation not included above to disqualified	,			Tarter f receptive diducations and the T
	persons (as defined under section 4958(1)(1)) and		,	1	
	persons described in section 4958(c)(3)(B)	. '			
7	Other salaries and wages	35,000.	26,250.	7,000.	1,750.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	•	` .		
9	Other employee benefits		,		***************************************
10	Payroll taxes	3,037.	2,278.	607.	152.
11	Fees for services (nonemployees):			•	
	Management		1	}	•
b	Legal				•
c	Accounting	· · · · · · · · · · · · · · · · · · ·			
d	Lobbying				•
e	Professional fundraising services. See Part IV, line 17	· · · · ·			
f	Investment management fees		27. NO. 330 N. CO. 431. N. CO. 401. N. C. CO. 401. N. C.	The state of the s	
g g	Other. (If line 11g amount exceeds 10% of line 25,			,	
3	column (A) amount, list line 11g expenses on Sch O)	441.	. .	441.	
12	Advertising and promotion	2,268.		2,268.	
13	Office expenses	1,171.		1,171.	
14	Information technology			,	
15	Royalties				
16	Occupancy				-
· 17	Travel				7
18	Payments of travel or entertainment expenses	•		***************************************	***************************************
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	•			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,880.	1,066.	907.	907.
23	Insurance •	15,651.		15,651.	,
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	24 220	TANK SANGARAN SAN	3.4 330	
a	PROGRAM EXPENSES	34,220.		34,220.	· · · · · · · · · · · · · · · · · · ·
b	LICENSES & FEES	3,250.	 	3,250.	
С	BANK FEES	1,151.	·	1,151.	
d	TELEPHONE EXPENSE	310.		310.	
e	All other expenses	140 015	70 020	66 076	2 000
25	Total functional expenses Add lines 1 through 24e	140,015.	70,230.	66,976.	2,809.
26	Joint costs Complete this line only if the organization	• •		,	, ,
	reported in column (B) joint costs from a combined	,] .	
	educational campaign and fundraising solicitation.				*

Form 990 (2019)
Part X Balance Sheet

	-,	Check if Schedule O contains a response or not	e to any line in this P	art X ' .*						
			-		(A) , Beginning of year		. (B) End of year			
	1	Cash - non-interest-bearing			376,369.	1	463,829.			
	2	Savings and temporary cash investments				2				
	3		Pledges and grants receivable, net							
	•4	Accounts receivable, net		4	260:					
	5	Loans and other receivables from any current or								
	1	trustee, key employee, creator or founder, subst								
_	} _	controlled entity or family member of any of thes		5						
	6	Loans and other receivables from other disqualif		ned						
	ļ.	under section 4958(f)(1)), and persons described	•			6				
y,	7	Notes and loans receivable, net	•	, ,	4	7				
Assets	8	Inventories for sale or use				8				
As	9	Prepaid expenses and deferred charges			,	9				
	_	Land, buildings, and equipment cost or other								
		basis Complete Part VI of Schedule D	10a 1	5,000.	a da pagent pa montronico en la capacida de ministra		ngaga Bumhan gabundunga panjerja dalaw er c			
	b	Less accumulated depreciation		0,680.	7,200.	10c	4,320.			
	11	Investments - publicly traded securities	2,001,354.	11	2,583,821.					
	12	Investments · other securities See Part IV, line 1		12						
	13	Investments - program-related. See Part IV, line	-	13						
	14	Intangible assets		14						
ļ	15	Other assets See Part IV, line 11			37,976.	15	21,546.			
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	• '	2,422,899.	16	3,073,776.			
	17	Accounts payable and accrued expenses	r		2,130.		-954.			
	18	Grants payable		-	· ·	18				
:	19	Deferred revenue		19	,					
	20	Tax-exempt bond liabilities			20					
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D)		21				
S	22	Loans and other payables to any current or form	er officer, director,							
iži Ei		trustee, key employee, creator or founder, subst	antial contributor, or	35%						
Liabilities		controlled entity or family member of any of thes	e persons			22				
=	23	Secured mortgages and notes payable to unrela	ted third parties			23				
	24	Unsecured notes and loans payable to unrelated	third parties			24	1			
	25	Other liabilities (including federal income tax, page	yables to related thir	d						
		parties, and other liabilities not included on lines	17-24) Complete Pa	art X						
		of Schedule D	•	•		25	,			
	26	Total liabilities. Add lines 17 through 25	· · · · · · · · · · · · · · · · · · ·		2,130.	26	-954.			
		Organizations that follow FASB ASC 958, che	ck here 🕨 🐰							
če		and complete lines 27, 28, 32, and 33.								
lan	27	Net assets without donor restrictions			2,420,769.	27	3,074,730.			
I Be	28 .	Net assets with donor restrictions	*			28				
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9	58, check here 🕨							
r F		and complete lines 29 through 33.								
ts a	29	Capital stock or trust principal, or current funds	•		29					
sse	30	Paid-in or capital surplus, or land, building, or eq	uipment fund			30				
ţ	31	Retained earnings, endowment, accumulated in	come, or other funds	5	<u> </u>	31	<u> </u>			
Ne .	32	Total net assets or fund balances	•		2,420,769.		3,074,730.			
	33	Total liabilities and net assets/fund balances		_	2,422,899.	_33	3,073,776.			

	1 990 (2019) COMMUNITY FOUNDATION OF THE KLAMATH BASI	<u> 20-5</u>	<u>502851</u>	Pag	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,3(</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	140	,01	<u>L5.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	360	, 29	<u>92.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,420	7.76	<u> 59.</u>
5	Net unrealized gains (losses) on investments	5	293	,66	<u>59.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	_8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,074	. 73	<u> 30.</u>
Pa	rt[XII] Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_ '``	ş	.,*
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1		أحس
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		"	- 1
	sèparate basis, consolidated basis, or both			,1=	1
	Separate basis Consolidated basis Both consolidated and separate basis		<u> -</u> -		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	`		: 1
	consolidated basis, or both.				•
	Separate basis Consolidated basis Both consolidated and separate basis				لــــــــــــــــــــــــــــــــــــــ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 1	Ì	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	redule O		<u> </u>]
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2	2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Nar	ame of the organization Employer identification number											
		COMM	UNITY FOUN	DATION OF TH	E KLA	MATH	BASI	2	0-5502851			
Pa	irt l	Reason for Public	Charity Status (All organizations must co	mplete th	ıs part) Se	ee instruction	s				
The	organ	ization is not a private found	dation because it is (For lines 1 through 12, o	heck only	one box))			
1		A church, convention of ch	urches, or association	on of churches described	d in section	n 170(b)(1)(A)(i).		$\overline{}$			
2	\sqcap	A school described in sect					X	1)				
3	而	A hospital or a cooperative					ii)					
4	Ħ	A medical research organiz					•	Viii\ Enter	the hospital's name			
7		city, and state.	anon operated in co	manonom with a moopha		500110	(2)(1)(1	Mini, Ento	and moophar o manne,			
5			or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental i	init describ	ned in			
3	ш	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)										
		A federal, state, or local go		nental unit decembed in	*: 4-	70/51/41/81	6.3					
6 7	片	•	_					ha aanaral	au bha dasarbad ia			
′	ш	An organization that norma	=	intial part of its support	ioin a gov	emmentai	unit or from	ne general	public described in			
_	[▼]	section 170(b)(1)(A)(vi). (C		(4)(4)(1) (Olata Dan								
	X	A community trust describe	• •						- 0			
9	لـــا	An agricultural research org	-			-		_				
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state o	r the colleg	e or			
	$\overline{}$	university.										
10	لـــا	An organization that norma	•						-			
		activities related to its exen	•	•					•			
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ired by the or	ganızatıon	after June 30, 1975			
		See section 509(a)(2). (Co	•									
11	片	An organization organized		•	-							
12	L	An organization organized	•	•	•			•	• •			
		more publicly supported or	-						Check the box in			
	_	lines 12a through 12d that	* *			-		-				
а	L_		<u>=</u>	•		-						
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting			
	<u></u>	organization. You must o	complete Part IV, Se	ections A and B.								
b			janization supervised	or controlled in connec	tion with it	s support	ed organization	on(s), by ha	iving			
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported			
	_	organization(s). You mus	t complete Part IV,	Sections A and C.								
C	L		egrated. A supporting	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,			
	_	its supported organizatio	n(s) (see instructions	 You must complete I 	Part IV, Se	ections A,	D, and E.					
d	L_		y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)			
		that is not functionally int	tegrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness			
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е	L_	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	ı Type I, Type	II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation			r			
f	Ente	er the number of supported o	organizations						L			
9		ride the following information			(iv) is the oros	nization lieted		 	T			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see ii		support (see instructions)			
						.,.						
				-		_						
		 					···					

Schedule A (Form 990 or 990-EZ) 2019 COMMUNITY FOUNDATION OF THE KLAMATH BASI20-5502851 Page 2 Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	· (a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4) = 3 (4)	(2)			(0)	7
•	membership fees received. (Do not						
	include any "unusual grants ")	290,914.	1,243,036.	261,473.	299,402.	428,000.	2,522,825.
2	Tax revenues levied for the organ-						·
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	290,914.	1,243,036.	261,473.	299,402.	428,000.	2,522,825.
5	The portion of total contributions	WYSELEN AND THE					
	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)						
	Public support. Subtract line 5 from line 4						2 522 825.
Sec	ction B. Total Support	<u></u>					
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	290,914.	1,243,036.	261,473.	299,402.	428,000.	2,522,825.
8	Gross income from interest,						
	dividends, payments received on				i		
	securities loans, rents, royalties,	04 005	25 425	60 010			
	and income from similar sources	21,225.	37,497.	69,012.	75,403.	72,307.	275,444.
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 VI)		FARMANA FRANCIS				0.700.000
	Total support. Add lines 7 through 10		220)	o Coming Sail Sail Sail Sail Sail Sail	HARLES TO SEE SEE	12	2,798,269.
12	Gross receipts from related activities, First five years. If the Form 990 is for	•	•	d fourth or fifth to	av vear as a sectio		
13	organization, check this box and stor	-	s mat, second, um	a, roarin, or min te	in year as a sectio	11 30 1(0)(3)	▶□
Sec	tion C. Computation of Publ		rcentage	 _			
	Public support percentage for 2019 (olumn (f))		14	90.16 %
	Public support percentage from 2018		•	(,,		15	91.67 %
	33 1/3% support test - 2019. If the o		•	n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies	-					$\triangleright x$
b	33 1/3% support test - 2018. If the	• • •	-		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·			e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2018. If the org	anızatıon did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or `
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts and circ	cumstances" test	The organization o	qualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s >

	edule A (Form 990 or 990 EZ) 2019 Cart III Support Schedule for (OMMUNITY Drganizations	FOUNDATIO Described in	Section 509(a)	KLAMA'I'H E)(2)	ASI20-5502	2851 Pagé 3
	(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under F	art II If the organiza	ation fails to
	qualify under the tests listed b	elow, please comp	plete Part II)				
Se	ction A. Public Support				·		<u></u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	·	l				
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 bus-						
	iness under section 513				-/		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			/			
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and			/		1	
	3 received from disqualified persons			/		<u> </u>	
t	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	ļ	/			1 1	
						 	
	Public support. (Subtract line 7c from line 6)						
	Public support. (Subtract line 7c from line 6) etion B. Total Support						
Sec		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(1) Total
Sec Cale	ction B. Total Support ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Sec Cale	ction B. Total Support ndar year (or fiscal year beginning in)	(a) 2015	(6) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Sec Cale 9 10a	ction B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Sec Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Sec Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Sec Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Sec Gale 9 10 <i>a</i> b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Sec Cale 9 10 a 10 a 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
Sec Cale 9 10 a 10 a 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)						
Cale 9 10 a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	r the organization's	s first, second, thir				
Cale 9 10a b 111 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here.	r the organization's	s first, second, thir	d, fourth, or fifth ta			
Cale 9 10a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	r the organization's ic Support Pe line 8, column (f), co	s first, second, thir rcentage divided by line 13,	d, fourth, or fifth ta		n 501(c)(3) organiza	ation,
Cale 9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publi	ic Support Pe	s first, second, thir rcentage divided by line 13,	d, fourth, or fifth ta		n 501(c)(3) organiza	ation,
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of/Publi Public support percentage from 2018	ic Support Peline 8, column (f), coschedule A, Part	s first, second, thir rcentage divided by line 13, III, line 15 e Percentage	d, fourth, or fifth to		n 501(c)(3) organiza	ation,
Cale 9 10 a b b c 11 12 13 14 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Ction C. Computation of Public support percentage from 2018	ic Support Pe line 8, column (f), c 3 Schedule A, Part stment Incom 019 (line 10c, column	s first, second, thir rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by line	d, fourth, or fifth to		n 501(c)(3) organiza	ition, % %
Cale 9 10 a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for check this box and stop here. Stion C. Computation of Public support percentage from 2018. Investment income percentage for 2019.	ic Support Pe line 8, column (f), column (s first, second, thir rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by line Part III, line 17	d, fourth, or fifth to	ax year as a section	15 16 17 18	% % %
Cale 9 10 a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here etion C. Computation of/Public support percentage for 2019 (Investment income percentage from 2018) Investment income percentage from 2018	r the organization's ic Support Pe line 8, column (f), column 3 Schedule A, Part stment Incom 2018 Schedule A, organization did no	s first, second, thir rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by line 17 not check the box	d, fourth, or fifth to	ax year as a section	15 16 17 18 33 1/3%, and line 17	% % %
Cale 9 10a 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for check this box and stop here extin C. Computation of Public support percentage from 2018. Stion D. Computation of Investment income percentage from 33 1/3% support tests - 2019. If the	ic Support Pe line 8, column (f), c 3 Schedule A, Part stment Incom 19 (line 10c, colum 2018 Schedule A, organization did in ind stop here. The	s first, second, thir rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by line Part III, line 17 not check the box organization qualif	d, fourth, or fifth to	e 15 is more than 3	15 16 17 18 33 1/3%, and line 17	## ## ## ## ## ## ## ## ## ## ## ## ##
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of/Public support percentage from 2018 Etion D. Computation of Investment income percentage from 23 3 1/3% support tests - 2019. If the more than 33 1/3% check this box a	ic Support Peline 8, column (f), construction of the structure of the stru	s first, second, thir rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by line Part III, line 17 not check the box organization qualitation check a box on op here. The orga	d, fourth, or fifth to column (f)) ne 13, column (f)) on line 14, and line fies as a publicly so the 14 or line 19a nization qualifies a	ax year as a section 15 is more than 3 upported organiza a, and line 16 is more is a publicly supported	15 16 17 18 33 1/3%, and line 17 ation ore than 33 1/3%, a orted organization	## ## ## ## ## ## ## ## ## ## ## ## ##

Schedule A (Form 990 or 990 EZ) 2019 COMMUNITY FOUNDATION OF THE KLAMATH BASI 20 - 550 2851 Page 4 Paint V Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 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)

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	edule A (Form 990 or 990 EZ) 2019 COMMUNITY FOUNDATION OF THE KLAMATH BASI20-	<u>550285</u>	1 Pa	age 5
Pa	Supporting Organizations (continued)			
•	e e e e e e e e e e e e e e e e e e e	Fr. Wassing September	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
,	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	/11b		
• с	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.	11c		L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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,			100
	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	4	Street Shirts	14 A S. A. S. A.
2	Did the organization operate for the benefit of any supported organization other than the supported	1919214		8 3 5
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, .			
500	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations	2	I	<u> </u>
560	atori of Type in Supporting Organizations		V	No
_	Many a manufacture of the appropriate and a discaplant as the state of the discaplant		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		2.3	497
	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	22.3	2	(A) (A)
	the supported organization(s).	<u> </u>		
Sec	tion D. All Type III Supporting Organizations		·	
		80 H 15 W	Yes इतक कड	No
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		307-7.	
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	C3199076.	12 W. 23 Va
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			10.5
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	india didinata	(m)
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 regard.	3	l	
Sec	tion 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 yea(see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions	s).	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			2
, -	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			0.0
	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	2a	Maricial	TO STATE OF
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	200	533X	The second
b	•			
•	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	1600000		T Della
	activities but for the organization's involvement.	2b	2170°C3	****
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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.	3a	الموادية الإنكامية	وويمي شوور
b _.	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		200	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990 EZ) 2019 COMMUNITY FOUNDATION OF			0-5502851 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust c	n Nov 20, 1970 (explain in F	Part VI) See instructions. All
	other Type III non functionally integrated supporting organizations must c	omplete	Sections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
•	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7_		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	MAX		
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b	-	
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	3/4		
	factors (explain in detail in Part VI)	i War		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integr	ated Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990 EZ) 2019 COMMUNITY FOUNDATION OF THE KLAMATH BASI20-5502851 Page 7 Part Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reason able cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j 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 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 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

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 COMMUNITY FOUNDATION OF THE KLAMATH BASI	ZU JJUZUJI rage a
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17 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 ai 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 D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions)	7b, Part III, line 12; nd 2, Part IV, Section C, Section B, line 1e, Part V,
(See Instructions)	
	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

		ON OF THE KLAMATH BASI	<u> 20-5502851 </u>
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or ,	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	14	
2	Aggregate value of contributions to (during year)	84,592.	
3	Aggregate value of grants from (during year)	723.	
4	Aggregate value at end of year	1,066,722.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		X Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the orga	anization during the tax
	year >		-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		tion easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
	▶ \$	-	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements t	that describes the
_	organization's accounting for conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial dain	
-	the following amounts required to be reported under FASB A	_	•
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assets included in Form 990, Part X		> \$

Sche Par		TY FOUNDAT							Page 2
								Contine	ueu)
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	tollowing that n	nake sig	nificant	use of its		
	collection items (check all that apply)								
а	Public exhibition	d		hange program	ı				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization	's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o				sımılar a	issets		_	
Tax	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran	-	ete if the organization	on answered "Ye	es" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pai								
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ns or other asse	ts not in	rcluded		_	
	on Form 990, Part X?						<u> </u>	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or c	ustodial accoun	nt liability	42		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII								
	t V Endowment Funds. Complete)			
		(a) Current year	(b) Prior year	(c) Two years t	back (d	i) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	504,607,	504,607	504	607.	5	04.607.		504,607.
b	Contributions								
c	Net investment earnings, gains, and losses								
ď	Grants or scholarships								
e	Other expenditures for facilities					_			
·	and programs								
	Administrative expenses	······································							
	·	504.607.	504 607	504	607		04 607.		504.607.
g	End of year balance Provide the estimated percentage of the curr				007.1		04,007.		304,007.
2		rent year end baland	% « (interig, column)	a)) Held as					
a	Board designated or quasi-endowment	%							
p	Permanent endowment	% %							
С									
	The percentages on lines 2a, 2b, and 2c sho				-l -f				
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administere	d for the	e organiz	ation	Г	<u> </u>
	by								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ıi)	X
b	If "Yes" on line 3a(ii), are the related organization			•				3b	
4	Describe in Part XIII the intended uses of the		owment funds						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990							
	Description of property	(a) Cost or o	1 ' '	t or other	,	cumulate		(d) Book	value
		basis (investr	ment) basis	(other)	depr	eciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment	<u> </u>							
е	Other		11	L5,000.		<u>10,6</u>	80.		<u>4,320.</u>
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line	10c)				4	<u>4,320.</u>

Complete if the organization answered "Ye			
a) Description of security or category (including name of securit	y) (b) Book value	(c) Method of valuation Cost or end	d-of-year market value
Financial derivatives .			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) it. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)]		10 th National Conference of the San	S S S S S S S S S S S S S S S S S S S
art VIII Investments - Program Related.		part of seconds of the second	() vary myoung
Complete if the organization answered "Ye		e 11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	d-of-year market value
(1)			
(2)			
3)		·	
4)			
(5)			
6)			
7)			
8)			
(9)			
at (Col. (b) must equal Form 990, Part X, col. (B) line 13.)] art IX Other Assets.	<u> </u>		
Complete if the organization answered "Ye	an Farm 000 Fort IV line	11d Cas Form 000 Dart V line 15	
	(a) Description	TIO See Form 990, Part X, line 15	(b) Book value
(1)	(4) - (4)		(5) 2 5 11 12 12 1
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5)			
(6)			
7)			
8)			
9)			
al. (Column (b) must equal Form 990, Part X, col (B)	line 15)	<u> </u>	
rt X Other Liabilities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability		*** 10 · · · · · · · · · · · · · · · · · ·	(b) Book value
Federal income taxes		<u>.</u>	
2)			
3)	•		
4)			
5)			
6)		·	
			I
8)			
(7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B)			

Schedule D (Form 990) 2019 COMMUNITY FOUNDATION Part XI Reconciliation of Revenue per Audited Financial			ge 4
Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a		
Total revenue, gains, and other support per audited financial statement		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		* .	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b	40	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12 l	5	
Part XII Reconciliation of Expenses per Audited Financia	al Statements With Expense		
Complete if the organization answered "Yes" on Form 990, Part		- Po	
	17, 1110 124	1	
	•		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	0-		
a Donated services and use of facilities	2a	 	
b Prior year adjustments	2b	 	
c Other losses	2c	 -	
d Other (Describe in Part XIII)	_2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1] [
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	. <u> 4b </u>	<u> </u>	
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18) .	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov		v, line 4, Part X, line 2, Part XI,	
PART V, LINE 4:			
FUNDS ARE HELD IN ENDOWMENTS DESIGNATED	D BY THE DONOR OR	DONOR ADVISED TO	
SUPPORT VARIOUS CHARITABLE PURPOSES IN	CLUDING YOUTH READ	ING PROGRAMS,	
WOMENS AND CHILDRENS ISSUES, EDUCATION	PROGRAMS, YOUTH A	ND ADULT SPORTS,	
MEDICAL SERVICES AND OTHER CHARITABLE	PURPOSES.		
	-		
	-		

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Schedule D (Form 990) 2019

CHEDULE !	Form 990)
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Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public

OMB No 1545-0047

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Internal Reve	Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.	inspection :
Name of 1	Name of the organization	Employer Identification number
	COMMUNITY FOUNDATION OF THE KLAMATH BASI	20-5502851
Part	Part I General Information on Grants and Assistance	
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grants of the selection	cot

-	DOES IN GUIDANIZATION MINIMINAL DECORDS TO SUBSTANTIATE THE AMOUNT OF THE GRANTS OF ASSISTANCE, AND THE SELECTION	[
crite	interia used to award the grants or assistance?	X Yes	å
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
Part II	Part II . Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	e 21, for any	

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	onal space is need	þed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
							ORGANIZATION WITH SUPPORT
CITIZENS FOR SAFE SCHOOLS			757.	0			FOR THEIR OWN PROGRAM
				-			PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
							ORGANIZATION WITH SUPPORT
FAVELL MUSEUM			10,000,	0.			FOR THEIR OWN PROGRAM
							PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
KIWANIS FOUNDATION OF KLAMATH				-			ORGANIZATION WITH SUPPORT
FALLS INC,			1,000.	0			FOR THEIR OWN PROGRAM
							PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
KLAMATH BASIN PICKLEBALL							ORGANIZATION WITH SUPPORT
ASSOCIATION INC			1,000.	0.			FOR THEIR OWN PROGRAM
							PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
KLAMATH COUNTY 4-H LEADERS							ORGANIZATION WITH SUPPORT
ASSOCIATION			750,	0			FOR THEIR OWN PROGRAM
							PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
							ORGANIZATION WITH SUPPORT
KLAMATH WORKS INC			5,000,	0,			FOR THEIR OWN PROGRAM
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	ganizations listed in the	e line 1 table				A

SEE PART IV FOR COLUMN (H) DESCRIPTIONS 3 Enter total number of other organizations listed in the line is able to Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

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Page 1	
20-5502851	
edule I (Form 990) COMMUNITY FOUNDATION OF THE KLAMATH BASI	rt'II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)
Sci	ă

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of valuation (non-cash shock EMV)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		•
							PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
MARTA'S HOUSE KLAMATH CRISIS							ORGANIZATION WITH SUPPORT
CENTER			1,113,	0.			FOR THEIR OWN PROGRAM
							PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
							ORGANIZATION WITH SUPPORT
PREGNANCY HOPE CENTER			1,000.	0			FOR THEIR OWN PROGRAM
				-			PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
	•						ORGANIZATION WITH SUPPORT
ROSS RAGLAND THEATER			2,000.	0			FOR THEIR OWN PROGRAM
							PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
							ORGANIZATION WITH SUPPORT
SMART READING PROGRAM			6,912,	0			FOR THEIR OWN PROGRAM
				-			PURPOSE OF THE GRANT WAS
							TO PROVIDE THE NON PROFIT
							ORGANIZATION WITH SUPPORT
WIARD MEMORIAL PARK			5,000	0			FOR THEIR OWN PROGRAM
							Schedule I (Form 990)

Schedule I (Form 990) (2019)

932102 10-26-19

Page 2

20-5502851

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

COMMUNITY FOUNDATION OF THE KLAMATH BASI

Schedule I (Form 990) (2019)

Part III

Schedule I (Form 990) COMMUNITY FOUNDATION OF THE KLAMATH BASI 20-5502851 Page 2 Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: FAVELL MUSEUM
(H) PURPOSE OF GRANT OR ASSISTANCE: PURPOSE OF THE GRANT WAS TO PROVIDE
THE NON PROFIT ORGANIZATION WITH SUPPORT FOR THEIR OWN PROGRAM EXPENSE
NAME OF ORGANIZATION OR GOVERNMENT:
KIWANIS FOUNDATION OF KLAMATH FALLS INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: PURPOSE OF THE GRANT WAS TO PROVIDE
THE NON PROFIT ORGANIZATION WITH SUPPORT FOR THEIR OWN PROGRAM EXPENSE
NAME OF ORGANIZATION OR GOVERNMENT:
KLAMATH BASIN PICKLEBALL ASSOCIATION INC
(H) PURPOSE OF GRANT OR ASSISTANCE: PURPOSE OF THE GRANT WAS TO PROVIDE
THE NON PROFIT ORGANIZATION WITH SUPPORT FOR THEIR OWN PROGRAM EXPENSE
,

932291 04-01-19 Schedule I (Form 990)

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

OMB No 1545-0047 Open to Public

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE KLAMATH BASI 20-5502851
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STRENGTHEN EXISTING AND POTENTIAL NEW PROGRAMS TO ENHANCE THE QUALITY
OF LIFE FOR FAMILIES AND CITIZENS IN OUR REGION.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE TAX RETURN WAS PROVIDED TO ALL BOARD MEMBERS ATTENDING THE
BOARD MEETING BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
ANY BOARD MEMBERS WITH POTENTIAL CONFLICTS OF INTEREST WILL ABSTAIN FROM
VOTES AND DISCUSSION ON ITEMS THAT ARE AFFECTED.
FORM 990, PART VI, SECTION B, LINE 15A:
THE ORGANIZATIONS ONLY PAID EMPLOYEE'S COMPENSATION WAS DETERMINED BY THE
BOARD OF DIRECTORS BASED ON THEIR KNOWLEDGE OF COMPENSATION OF SIMILAR
INDIVIDUALS IN THE REGION.
FORM 990, PART VI, SECTION C, LINE 19:
THE INFORMATION IS AVAILABLE AT 824 PINE STREET, KLAMATH FALLS, OREGON FOR
INSPECTION BY THOSE WISHING TO SEE THE INFORMATION (FORM 990, FORM 1023,
ETC).
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
JEAN PINNIGER - 4369 SELMA STREET, KLAMATH FALLS, OR 97603