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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

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2019

OMB No. 1545-0052

Return of Private Foundation

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

						Inspection				
For	caler	ndar year 2019, or tax year beginning 01-01-20)19 , a	nd ending 12-31	-2019					
		indation		A Employer ic	lentification numbe	r				
VVI	ENDI FA	AMILY FOUNDATION		94-3229232						
		street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone nu	ımber (see instructior	ns)				
21	936 BIE	HN STREET		(541) 273-673	(541) 273-6734					
		n, state or province, country, and ZIP or foreign postal code ALLS, OR 97601		C If exemption	application is pending	a. check here				
NLAI	'IAIN FA	4LL3, OK 97001		- I exemption	application is penalli	▶ ∐				
G Cł	neck al		former public charity		ganizations, check he	▶ ⊔				
		☐ Final return ☐ Amended return			rganizations meeting ck here and attach cor					
		☐ Address change ☐ Name change	.	E If private fo	undation status was t	erminated \square				
		rpe of organization: Section 501(c)(3) exempt private a 4947(a)(1) nonexempt charitable trust Other taxabl	foundation e private foundation	under section	on 507(b)(1)(A), chec	k here 🕨 🔲				
			Cash 🗹 Accru	F If the found	ation is in a 60-month	termination —				
of	year (f	rom Part II, col. (c),	Casii E Accit		on 507(b)(1)(B), chec					
IIne	≘ <i>16)</i>	(Part I, column (d) must	be on cash basis.)							
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and			(d) Disbursements				
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes				
		equal the amounts in column (a) (see instructions).)	books			(cash basis only)				
	1	Contributions, gifts, grants, etc., received (attach schedule)	10,000							
	2	Check ▶ ☐ if the foundation is not required to attach								
	_	Sch. B	005							
	3 4	Interest on savings and temporary cash investments Dividends and interest from securities	982							
	5a	Gross rents	21,103	21,103	21,103					
	b	Net rental income or (loss) -36,672								
ne	6a	Net gain or (loss) from sale of assets not on line 10	4,899	9						
Reverne	b	Gross sales price for all assets on line 6a 4,899								
	7	Capital gain net income (from Part IV, line 2)		3,537						
	8	Net short-term capital gain			0					
	9	Income modifications								
	10a b	Gross sales less returns and allowances								
	C	Less: Cost of goods sold								
	11	Other income (attach schedule)	5,865	5 0	5,865					
	12	Total. Add lines 1 through 11	42,909	25,682	28,010					
	13	Compensation of officers, directors, trustees, etc.	153,000) (0	153,000				
	14	Other employee salaries and wages								
es	15	Pension plans, employee benefits	15,830	0	0	15,830				
Sue	16a	Legal fees (attach schedule)	249	C	0	249				
perating and Administrative Expenses	ь	Accounting fees (attach schedule)	7,690	1,538	0	6,152				
/e E	c	Other professional fees (attach schedule)	76,059			76,059				
ati∖	17	Interest	84		_	84				
<u>ist</u>	18	Taxes (attach schedule) (see instructions)	12,026	157	0	11,869				
Ē	19	Depreciation (attach schedule) and depletion								
Ad	20 21	Occupancy	10,110) (0	10,110				
nd Ind	22	Printing and publications	10,110	,		10,110				
g G	23	Other expenses (attach schedule)	64,253	50,413	36,672	13,472				
ati	24	Total operating and administrative expenses.								
ber		Add lines 13 through 23	339,301	. 52,108	36,672	286,825				
0	25	Contributions, gifts, grants paid	561,000			561,000				
	26	Total expenses and disbursements. Add lines 24 and 25	222		35.5					
	27	Subtract line 26 from line 12:	900,301	. 52,108	36,672	847,825				
	a	Excess of revenue over expenses and								
	ь	disbursements Net investment income (if negative, enter -0-)	-857,392							
	B	Adjusted net income (if negative, enter -0-)		C						
For		work Reduction Act Notice, see instructions.	<u> </u>	Cat. No. 11289	Ι ^υ X For	<u> </u> m 990-PF (2019)				

Attached schedules and amounts in the description column

Beginning of year

7,009

10,703,328

10,703,328

10,710,337

11,806

10,367,373

10,367,373

10.379.179

1

2

3

4

5

6

10,703,328

10,367,373

10,367,373 Form **990-PF** (2019)

-857,392

521,437

Page 2

End of year

Form 990-PF (2019)

Balance Sheets

Accounts receivable ▶

Less: allowance for doubtful accounts ▶

Part II

3

23

24 25

26

27

28

29

30

Part III

2

3

Net Assets or Fund Balances

	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	10,523,960	10,163,222	10,163,222
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	65,000	9 65,000	65,000
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	10,710,337	10,379,179	10,379,179
	17	Accounts payable and accrued expenses	6,812	11,762	
	18	Grants payable			
iabilities	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
ia T	21	Mortgages and other notes payable (attach schedule)			

		·			l
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	10,710,337	10,379,179	:
	17	Accounts payable and accrued expenses	6,812	11,762	
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe	9 197	9 44	

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here ▶

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Total net assets or fund balances (see instructions) . . .

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds . . .

Paid-in or capital surplus, or land, bldg., and equipment fund

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions .

Net assets with donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Page **3**

(a) List and describ 2-story brick wa	(b) How acquired P—Purchase D—Donation		(c) te acquired o., day, yr.)	(d) Date sold (mo., day, yr.)				
1 a CAPITAL GAINS DIVIDEN	IDS		Р					
b								
c								
d								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)			
a	3,537					3,537		
b								
c								
d								
e								
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	1		I)		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col. (i) l. (j), if any	со	Gains (Col. (l l. (k), but not	h) gain minus less than -0-) or om col.(h))		
a			(3),			3,537		
b						·		
С								
d								
e								
· · ·	or (net capital loss) { gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction	ons). If (loss), enter -0	,	3		3,537 0		
	Jnder Section 4940(e) for Re)			
For optional use by domestic p	rivate foundations subject to the sec	tion 4940(a) tax on ne	et investment inco	me.)				
f section 4940(d)(2) applies, le	eave this part blank. e section 4942 tax on the distributal	ale amount of any year	r in the base perio	42	□ ∨	es 🗸 No		
	ot qualify under section 4940(e). Do		· ·	u:		110		
	nount in each column for each year;			es.				
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(col.	(d) Distribution rati (b) divided by co			
2018	862,186		14,212,250			0.060665		
2017	1,320,039		16,532,712			0.079844		
2016	1,413,866		17,805,010			0.079408		
2015	324,989		6,147,339			0.052867		
2014	300,124		1,602,945			0.187233		
2 Total of line 1, column (d)		2			0.460017		
number of years the four	ofor the 5-year base period—divide to Idation has been in existence if less to Incharitable-use assets for 2019 from	than 5 years . ´.				0.092003 11,394,438		
5 Multiply line 4 by line 3			5			1,048,322		
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6			0		
7 Add lines 5 and 6			7			1,048,322		
8 Enter qualifying distributi	ons from Part XII, line 4 , eater than line 7, check the box in Pa			ing a 1%	% tax rate. Se	847,825		
mod accions.								

	990-F1 (2019)		- 4-20.14	— • • • • • • • • • • • • • • • • • • •	,		P	age (
श्च		ing Activities for Which	Form 4720 May Be	Required (continued)	<i>)</i>			
ā	During the year did the foundation p	·					Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?								
(2) Influence the outcome of any specific public election (see section 4955); or to carry								
	on, directly or indirectly, any vot	er registration drive?		· · 🗌 Yes 🛭	✓ No			
	(3) Provide a grant to an individual	for travel, study, or other sim	ilar purposes?	☐ Yes ☐	▼ No			
	(4) Provide a grant to an organization	on other than a charitable, etc	, organization described		<u> </u>			
	in section 4945(d)(4)(A)? See in	structions		· · □ v [✓ No			
	(5) Provide for any purpose other th	an religious, charitable, scien	tific, literary, or	· · L Yes	⊻ No			
	educational purposes, or for the	prevention of cruelty to childr	en or animals?					
b	If any answer is "Yes" to $5a(1)-(5)$,	•		Ceptions described in	⊻ No			
	Regulations section 53.4945 or in a	•		•		5b		
	Organizations relying on a current no			_	t			
_	If the answer is "Yes" to question 5a				ШΙ			
	tax because it maintained expenditu	• • •	•		_			
	If "Yes," attach the statement requir			' '	_ No			
	•	· -						
ìа	Did the foundation, during the year,	, , ,						
	a personal benefit contract?			⊔ Yes D	✓ No			
b	Did the foundation, during the year,	pay premiums, directly or ind	lirectly, on a personal be	nefit contract?		6b		No
	If "Yes" to 6b, file Form 8870.							
'a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter tra	nsaction? Yes	✓ No			
b	If "Yes", did the foundation receive a	any proceeds or have any net	income attributable to the			7b		
3	Is the foundation subject to the sect	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess parachute payment during th	e year?		· · 🗌 Yes	√ N° [
	Information About O	fficers, Directors, Trust	tees. Foundation Ma			ees.		
Pai	t VIIII and Contractors	, 2, 11	,		,	,,		
1	List all officers, directors, trustee	s. foundation managers ar	nd their compensation	See instructions				
	List an officers, an ectors, trustee	(b) Title, and average	(c) Compensation (If	(d) Contributions to	1,,	_		
	(a) Name and address	hours per week	not paid, enter	employee benefit plans a			ise acci	
		devoted to position	-0-)	deferred compensation	י ו	iller ai	lowanic	.63
ee A	Additional Data Table							
2	Compensation of five highest-pai	d employees (other than t	l hose included on line :	l—see instructions). If ⊢	none, er	ter "l	NONE.	71
	, , ,			(d) Contributions to	1			•
a)	Name and address of each employee [paid (b) Title, and average hours per week	(c) Compensation	employee benefit			se acco	
	more than \$50,000	devoted to position	(c) compensation	plans and deferred	otl	ner all	owance	es
				compensation				
ONI	<u> </u>							
					\perp			
nt2	I number of other employees paid ove	r \$50 000.						
Jid	. Hamber of other employees paid ove				Farr	~ QQ(0-PF (2010
					LOL	□ プラし	5-PF (Z019

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service (c) Compensation
NEXTJOB CON	SULTING 55,000
2636 BIEHN ST KLAMATH FALLS, OR 97601	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include rel organizations and other beneficiaries served, conferences convened, research papers produ	
1 CONSULTING, POLICY DEVELOPMENT, ANALYSIS, AND PROGRAM IMPLEMS ON VARIOUS SOCIAL WELFARE ISSUES AND PROGRAMS.	92,231
2 GENERAL PHILANTHROPIC ACTIVITIES CONSISTING PRIMARILY OF GRAN ORGANIZATIONS FOR COMMUNITY IMPROVEMENT, EDUCATIONAL, HEALT	
4	
Part IX-B Summary of Program-Related Investments (see	instructions)
Describe the two largest program-related investments made by the foundation during t	,
1	All tax year on lines 2 and 2.
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	
<u>-</u>	Form 990-PF (2019)

4

5

6

7

1a

1b

2

3a 3b

4

5

847,825

847,825

847.825

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Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

4 5

6

1

2

3

4

5

b

Part XII

a From 2014.

b From 2015. . . . c From 2016. . . **d** From 2017. . . . e From 2018.

XII, line 4: ► \$

indicated below:

Part

(d)

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30-F1 (20	0-F1 (2013)									
XIII	Undistributed Income (see instruc	ctions)								
		(a)	(b)	(c)						

	Corpus	Years prior to 2018	2018	2019
Distributable amount for 2019 from Part XI, line 7				0
Undistributed income, if any, as of the end of 2019:				
Enter amount for 2018 only			0	

2 l **b** Total for prior years: 3 Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e.

same amount must be shown in column (a).)

4 Qualifying distributions for 2019 from Part

a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2019 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

6 Enter the net total of each column as

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. . c Excess from 2017. . d Excess from 2018. . e Excess from 2019. .

3,653,301

3,653,301

3,653,301

3,653,301

activities

3 Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test—enter: (1) Value of all assets . . . (2) Value of assets qualifying

d Amounts included in line 2c not used directly for active conduct of exempt

under section 4942(j)(3)(B)(i) **b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in

Part X, line 6 for each year listed. . .

from an exempt organization

Information Regarding Foundation Managers:

(4) Gross investment income

ROBERT KINGZETT

Part XV

"Support" alternative test—enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5), or royalties). (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . (3) Largest amount of support

Part X If the found

²F (20	019)	
IV	Private Operating Foundations (see instructions and Part VII-A, question	1 9)
	lation has received a ruling or determination letter that it is a private operating , and the ruling is effective for 2019, enter the date of the ruling.	
	to indicate whether the organization is a private operating foundation described in section	4942(j)(3) or

4942(j)(5) Check 2a Enter the lesser of the adjusted net Tax year Prior 3 years income from Part I or the minimum (a) 2019 (b) 2018 (c) 2017 (d) 2016

investment return from Part X for each 152,367 year listed 129,512 85% of line 2a Qualifying distributions from Part XII,

6,514

(e) Total

152,433 129,568

5.537

311,314 264,617

847,825 862,186

1,320,039

1,413,866

1,413,866

593,501

4,443,916

4,443,916

1,998,149

0

0

0

line 4 for each year listed

. Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . .

847,825

862,186

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

473,742

1,320,039

551,091

379,815

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

assets at any time during the year-see instructions.)

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here \blacktriangleright oxdot if the foundation only makes contributions to preselected charitable organizations and does not accept

unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

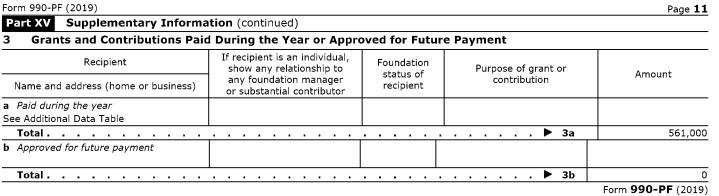
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

RODERICK C WENDT 3250 LAKEPORT BLVD

KLAMATH FALLS, OR 97601 (541) 882-3451 RODW@JELD-WEN.COM

b The form in which applications should be submitted and information and materials they should include: NO SPECIFIC FORMAT REQUIRED. c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE.



Part XV	I-A Analysis of Income-Producing	Activities				
Enter gross	s amounts unless otherwise indicated.	Unrelated by	usiness income	Excluded by section	1 512, 513, or 514	(e) Related or exempt function income
1 Program	n service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
	_					
	_					
f						
	and contracts from government agencies					
	ership dues and assessments					
investn	, ,			14	982	
4 Divider	nds and interest from securities			14	21,163	
	ntal income or (loss) from real estate:					
	financed property					-3,846
	lebt-financed property					-32,826
	nvestment income					
	(loss) from sales of assets other than					
invento	<i>'</i>			18	4,899	
	ome or (loss) from special events: profit or (loss) from sales of inventory					
l 1 Other i	•					
a IRS RE		525990	5,865			
	al. Add columns (b), (d), and (e).		5,865		27,044	-36,672
.3 Total.	Add line 12, columns (b), (d), and (e)				3	-3,763
(See we	orksheet in line 13 instructions to verify calcu -B Relationship of Activities to the		mont of Even	nt Duynasas		
	Explain below how each activity for which			-	ited importantly to	
Line No. ▼	the accomplishment of the foundation's exinstructions.)					
.1B	REFUND USED TO OFFSET OPERATING EXPE	INSES.				
					F-	000-BE (2010)

orm 99	0-PF (2												Pa	ge 13
Part	XVII	Information Re Exempt Organi		ansf	fers To a	nd Transa	ctio	ns and	Relatio	nships With No	ncharit	able		
		anization directly or in nan section 501(c)(3)									ion 501		Yes	No
a Tran	nsfers fr	om the reporting foun	dation to a no	oncha	ritable exe	mpt organiza	ation	of:	-					
(1) Cash										1a(1)		No		
(2)	Other	assets										1a(2)		No
b Oth	er trans	actions:												
(1)	Sales	of assets to a nonchari	table exempt	orga	nization.							1 b(1)		No
(2)	Purcha	ses of assets from a n	oncharitable	exem	pt organiz	ation					[1 b(2)		No
(3)	Rental	of facilities, equipmer	nt, or other as	sets.								1 b(3)		No
(4)	Reimb	ursement arrangemen	ts								.	1 b(4)		No
(5)	Loans	or loan guarantees.										1b(5)		No
		nance of services or m			_						.	1b(6)		No
	-	acilities, equipment, n									.	1c		No
of th	ne good ny trans	er to any of the above s, other assets, or ser- action or sharing arra (b) Amount involved	vices given by ngement, sho	y the ow in	reporting f column (d	oundation. If	the f f the	foundati goods, o	on receive other asse	d less than fair ma	rket valud ived.	е	ngemen	nts
							-							
							-							
							+							
							+							
desc	cribed in	lation directly or indire a section 501(c) (other applete the following so (a) Name of organization	than section		c)(3)) or ii	n section 527	'? .			_	-	No		
		(a) Name of organization	M1		()) Type of orga	lizatio	111		(C) Description	ii oi reiatio	пэшр		
Sign	of my	penalties of perjury, knowledge and belief preparer has any kno	, it is true, co								ased on		matio	n of
Here	*:	****				2020-11-18			*****		return			
	7 -	gnature of officer or t	rustee			Date		—)	Title		below	str.) 🔽	_	
		Print/Type preparer's	name	Prepa	arer's Sign	ature		Date		Check if self-	PTIN	P00136	5209	
Paid	246-	TERRY SCROGGIN								employed ▶ 🗹				
Prep Use (ATORE SCRO		PETERSON	N & CO LLP					Firm's El	.N ▶93	-04282	202
		Firm's address ► 82	4 PINE STRE	ET										
		KLAMATH FALLS, OR 97601							Phone no	Phone no. (541) 884-4164				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -O-) employee benefit plans and deferred compensation RODERICK C WENDT **PRESIDENT** 0 0 0

2636 BIEHN STREET KLAMATH FALLS, OR 97601	PRESIDENT/TREASURER 3.00			
MATTHEW R WENDT	VICE	0	0	0
2636 BIEHN STREET KLAMATH FALLS, OR 97601	1.00			

KLAMATH FALLS, OR 97601	3.00			
MARK R WENDT	DIRECTOR	0	0	0
2636 BIEHN STREET KLAMATH FALLS, OR 97601	0.50			
NANCY J WENDT	DIRECTOR	0	0	0
2636 BIEHN STREET	0.50			

KLAMATH FALLS, OR 97601				
NANCY J WENDT	DIRECTOR	0	0	0
2636 BIEHN STREET KLAMATH FALLS, OR 97601	0.50			
JAMES MADDEN	DIRECTOR	0	0	0
2636 BIEHN STREET	0.50			

	DIRECTOR		1	
2636 BIEHN STREET KLAMATH FALLS, OR 97601	0.50			
JAMES MADDEN	DIRECTOR	0	0	0
2636 BIEHN STREET KLAMATH FALLS, OR 97601	0.50			
ANDREA OLSON	SECRETARY	0	0	0
ANDREA OLSON	SECRETARY 1 00	0	0	

,				
JAMES MADDEN	DIRECTOR	0	0	0
2636 BIEHN STREET KLAMATH FALLS, OR 97601	0.50			
ANDREA OLSON	SECRETARY	0	0	0
2636 BIEHN STREET KLAMATH FALLS, OR 97601	1.00			

KLAMATH FALLS, OR 97601				
ANDREA OLSON	SECRETARY	0	0	0
2636 BIEHN STREET KLAMATH FALLS, OR 97601	1.00			
ROBERT KINGZETT	EXECUTIVE DIRECTOR	153,000	5,132	0

2636 BIEHN STREET KLAMATH FALLS, OR 97601	1.00			
ROBERT KINGZETT	EXECUTIVE DIRECTOR	153,000	5,132	0
2636 BIEHN STREET KLAMATH FALLS, OR 97601	40.00			

	ROBERT KINGZETT	EXECUTIVE DIRECTOR	153,000	5,132	0
П	2636 BIEHN STREET KLAMATH FALLS, OR 97601	140.00			
	ROBERT TURNER	DIRECTOR	0	0	0
	2636 BIEHN STREET	0.50			

ASSISTANT EXECUTIVE

DIRECTOR

0.50

0

0

0

KLAMATH FALLS, OR 97601

KLAMATH FALLS, OR 97601

ASHLEY WENDT

2636 BIEHN STREET

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or husiness)

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
FAVELL MUSEUM125 W MAIN ST KLAMATH FALLS, OR 97601		ELIGIBLE	OPERATIONS	42,000

KLAMATH BASIN AUDUBON SOCIETYWINTER WINGS FESTIVAL PO BOX 354 KLAMATH FALLS, OR 97601	ELIGIBLE	FESTIVAL OPERATIONS	
			i

PO BOX 354 KLAMATH FALLS, OR 97601				
KLAMATH COMMUNITY FOUNDATION PO BOX 1903	N/A	ELIGIBLE	OPERATIONS	15,00

KLAMATH FALLS, OR 97601				
KLAMATH COMMUNITY FOUNDATION PO BOX 1903 KLAMATH FALLS, OR 97601	N/A	ELIGIBLE	OPERATIONS	15,000

1,000

561,000

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
I/I AMATU ICE CRORTO INC	B1/A	FLICIBLE	FIGURE CIVATING CRECTACULAR	1 000

KLAMATH ICE SPORTS INC 5075 FOX SPARROW DRIVE KLAMATH FALLS, OR 97601	N/A	ELIGIBLE	FIGURE SKATING SPECTACULAR EVENTOPERATIONS	1,000
OREGON TECH ATHLETICS	N/A	ELIGIBLE	LED LIGHT PROJECT FOR DANNY	5,000

KLAMATH FALLS, OR 97601				
OREGON TECH ATHLETICS 3201 CAMPUS DRIVE KLAMATH FALLS, OR 97601	N/A	ELIGIBLE	LED LIGHT PROJECT FOR DANNY MILES COURT	5,000
OREGON TECH FOUNDATION 3201 CAMPUS DRIVE	N/A	ELIGIBLE	CATALYZE EVENT SPONSORSHIP	3,000

3201 CAMPUS DRIVE KLAMATH FALLS, OR 97601			MILES COURT	·
OREGON TECH FOUNDATION 3201 CAMPUS DRIVE KLAMATH FALLS, OR 97601	N/A	ELIGIBLE	CATALYZE EVENT SPONSORSHIP	3,000
Total	561.000			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Total .

a Paid during the year				
SANFORD HEALTH3001 DAGGETT AVE KLAMATH FALLS, OR 97601		PC	SIOUX FALLS FUND FOR SANFORD CHILDRENS CLINIC- KLAMATH FALLS	175,000
WILAMETTE UNIVERSITY	N/A	ELIGIBLE	JELD WEN FREE ENTERPRISE	300,000

WILAMETTE UNIVERSITY 900 STATE STREET SALEM, OR 97301	N/A	ELIGIBLE	JELD WEN FREE ENTERPRISE CHAIR	300
BILL COLLIER COMMUNITY ICE ARENA		ELIGIBLE	OPERATIONS	15

900 STATE STREET SALEM, OR 97301		CHAIR	
BILL COLLIER COMMUNITY ICE ARENA 5075 FOX SPARROW DRIVE KLAMATH FALLS, OR 97601	ELIGIBLE	OPERATIONS	15,000

561,000

SALEM, OR 9/301			
BILL COLLIER COMMUNITY ICE ARENA 5075 FOX SPARROW DRIVE KLAMATH FALLS, OR 97601	ELIGIBLE	OPERATIONS	15,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

▶ 3a

561,000

any foundation manager

or substantial contributor

Name and address (home or business)

KLAMATH FALLS, OR 97601

Total .

a Paid during the year			
UNITED WAY KLAMATH BASIN PO BOX 1839 KLAMATH FALLS, OR 97601	ELIGIBLE	OPERATIONS	1,500
ROTARY CLUB OF KLAMATH FALLS PO BOX 492	ELIGIBLE	KLAMATH CARE KLAMATH READS PROGRAM	1,000

KLAMATH FALLS, OR 9/601			
ROTARY CLUB OF KLAMATH FALLS PO BOX 492 KLAMATH FALLS, OR 97601	ELIGIBLE	KLAMATH CARE KLAMATH READS PROGRAM	1,000
KLAMATH COMMUNITY FOUNDATION PO BOX 1903	ELIGIBLE	TIPPING POINT RESILIENCE PROGRAM	1,500

efile GRAPHIC print - DO NOT F	ROCESS As F	iled Data -		DI	N: 93491323001270
TY 2019 Accounting Fo	ees Schedul	е			_
	Name: WE	NDT FAMIL	Y FOUNDATIO	N	
	EIN: 94-3				
	EIN: 94	3229232			
Category	Amount	Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING		7,690	1,538	0	6,152

DLN: 93491323001270

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Gain Loss Sale Other Asse	ts Schedule									
Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
EQUILIBRIUM PARTNERS I, L.P. K-1		PURCHASED			1,362			0	1,362	

TY 2019	Investments	Corporate	Stock	Schedule	•

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: WENDT FAMILY FOUNDATION

EIN: 94-3229232

Investments Corneration Steels Schodule

Investments Corporation Stock Schedule			
Name of Stock	En	d of Year Book Value	End of Year Fair Market Value
BROOKS RESOURCE CORPPORATION		1,215,180	1,215,180
CHILENO BAY DEVELOPMENT		2,000,000	2,000,000
EQUILIBRIUM PARTNERS LP		747,676	747,676
IMS FUND		274,803	274,803
JELD-WEN HOLDING COMPANY		5,925,563	5,925,563

DLN: 93491323001270

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491323001270
TY 2019 Investments - Other	Schedule	
Name:	WENDT FAMILY FOUNDATION	
ETNI	04-3220232	

Category / Item	Listed at Cost or	Book Value	End of Year Fair	
Investments Other Schedule 2				
EIN: 94-322923	2			

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
PAINTING - EDGAR S PAXSON	AT COST	65,000	65,000

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	i: 93491323001270	
TY 2019 Legal Fees Schedu	ile			_	
Name: WENDT FAMILY FOUNDATION EIN: 94-3229232					
	-			1	
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable Purposes					
OTHER PROFESSIONAL	249	0	0	249	

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
Other Expenses Schedule							
EIN:	94-3229232						
Name:	WENDT FAMILY	FOUNDATION					
TY 2019 Other Expenses Schedule							
	-		DLIN	93491323001270			
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DIN	93491323001270			

9,088

3,326

8,181

640

1,213

2,366

2,767

3,846

32,826

0

0

7,395

1,213

2,366

2,767

3,846

32,826

3,846

32,826

9,088

3,375

369

640

0

0

0

0

0

SUBSCRIPTIONS

OFFICE EXPENSE

BANK CHARGES

INVESTMENT INTEREST EXPENSE-PARTNERSHIP

PORTFOLIO EXPENSES-EQUILIBRIUM

EQUILIBRIUM PARTNERS I L.P.

EQUILIBRIUM PARTNERS I L.P.

OTHER DEDUCTIONS-EQUILIBRIUM PARTNERSHIP

INSURANCE

PARTNERSHIP

Name: WENDT FAMILY FOUNDATION

As Filed Data -

IRS REFUND

FTN:	94-3229232	

Other Income Schedule

5,865

Net Investment

Income

5,865

Description

efile GRAPHIC print - DO NOT PROCESS

Revenue And

Expenses Per Books

Adjusted Net Income

DLN: 93491323001270

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491323001270			
TY 2019 Other Increases Schedule						
	WENDT FAMILY 94-3229232	/ FOUNDATION				
Des	scription		Amount			
Des UNREALIZED GAINS/LOSSES ON INVESTM	•		Amount 469,268			
	•					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491323001270		
TY 2019 Other Liabilities Schedule						
Name:	WENDT FAMIL	Y FOUNDATI	ON			
EIN:	94-3229232					
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
PAYROLL LIABILITIES			197	44		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491323001270	
TY 2019 Other Professional Fees Schedule					
	: WENDT FAM	ILY FOUNDATION			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
CONTRACT LABOR	9,409	0	0	9,409	

66,650

66,650

OUTSIDE CONSULTANTS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	<u>-</u>	DLI	N: 93491323001270		
TY 2019 Taxes Schedule						
				'		
Name	• WENDT FAM	1ILY FOUNDATION		1		
				,		
EIN	I: 94-3229232					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
OREGON CT-12 FILING FEE	1,220	0	0	1,220		
FEDERAL INCOME TAX	8,243	100	0	8,143		
STATE REGISTRATION FEES	50	0	0	50		
FOREIGN INCOME TAX	57	57	0	0		

2,456

2,456

OREGON INCOME TAX

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491323001270
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest infor	mation.	2019
Name of the organization WENDT FAMILY FOUNDATI	ON		Employer	dentification number
Organization type (chec			94-322923	2
organization type (onco	K Onloy.			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt cl	naritable trust not treated as a p	orivate foundation	
	☐ 527 political organization			
Form 990-PF	☑ 501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt ch	naritable trust treated as a priva	te foundation	
	501(c)(3) taxable private	foundation		
	ion filing Form 990, 990-EZ, or 99 property) from any one contributor			
Special Rules				
under sections 50 received from any	on described in section 501(c)(3) fi 9(a)(1) and 170(b)(1)(A)(vi), that cone contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that
during the year, to	on described in section 501(c)(7), (tal contributions of more than \$1,0 ne prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	aritable, scientific, literary,	
during the year, could be during the year.	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this or	it no such contributions to ne year for an <i>exclusively</i> r rganization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	that isn't covered by the General must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't	e 2, of its Form 990; or check th	e box on line H of its Forn	•
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)

for Form 990, 990-EZ, or 990-PF.

(d)

Type of contribution

Employer identification number

(c)

Total contributions

94-3229232

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

(b)

Name, address, and ZIP + 4

1	ROBERT P KINGZETT		✓ Person
1	6419 FIESTA CT		Payroll
		\$ 10,000	Noncash
	KLAMATH FALLS, OR 97603		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Trume, address, and Zir 1 4	Total contributions	Person
-			☐ Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2019)