EXTENDED	ΤO	MAY	15,	2019
----------	----	-----	-----	------

Form 9	190	Heturn of Organization Exempt Fr Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	OM II	NCOMO I AX ept private foundation	s) 2017
Departmen	t of the Treusury	Do not enter social security numbers on this form as			Open to Public
Internal Rev	renue Sorvico	► Go to www.irs.gov/Form990 for instructions and th		2 2 2 2	Inspection
			ding J	UN 30, 2018	
B Check i	C Name of	organization		D Employer Identifica	ation number
\dda	KLAM	ATH & LAKE COMMUNITY ACTION SERVICE	es		
Mam		usiness as		93-13	29382
initia retur	Number	and street (or P.O. box if mall is not delivered to street address) Roc	om/suite	E Telephone number	
I mai	1000	CLAIRMONT DRIVE		541.8	82.3500
lorn ated Aine	City or to	own, state or province, country, and ZIP or foreign postal code ATH FALLS, OR 97601		G Groon recolpts \$	3,543,599.
Appl	u I vana	ATH FALLS, OR 97601  nd address of principal officer: SILVIA PACHECO		H(a) is this a group return for subordinates?	[ ] [ ]
psnu		CLAIRMONT DRIVE, KLAMATH, FALLS, OR	976	H(b) Are all subordinates incl	
I Tax ex	xempt status.		527		st. (see instructions)
J Wobs	ite: ► HTTP	://www.kLCAS.ORG/		H(c) Group exemption	•
K Form c		X Corporation Trust Association Other	L Year o	l lormation: 2004 M	State of legal domicile: OR
Part I	Summary				
g 1	Briefly describ	e the organization's mission or most significant activities KLCAS	IMPR	OVES THE LIV	ES OF OUR
Activities & Governance		S BY COMBATING THE CONDITIONS AND C			
2		the organization discontinued its operations or disposed	l of more	1 1	ots.
ğ 3		ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)	•	. 3	10
φ ) 1 γ 5		of individuals employed in calendar year 2017 (Part V, line 2a)		5	61
. E		of volunteers (estimate if necessary)	• • • •		132
5 7a		business revenue from Part VIII, column (C), line 12		7a	0.
		business taxable income from Form 990-Y, line 34		7b	0.
				Prior Year	Current Year
8 <u>u</u>	Contributions	and grants (Part VIII, line 1h)		3,433,154.	3,302,507.
9	Program service	ce revenue (Part VIII, line 2g)		203,972.	233,641.
Revenue 0 10		ome (Part VIII, column (A), lines 3, 4, and 7d)		0.	-4,077.
11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,738.	2,023.
12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,645,864.	3,534,094. 1,878,227.
13		illar amounts paid (Part IX, column (A), lines 1-3), o or for members (Part IX, column (A), line 4)		0.	0.
		compensation, employee benefits (Part IX, column (A), lines 5.10)		1,107,801.	1,138,158.
9 16a		indralsing fees (Part IX, column (A), line 11e)		0.	0.
ΨΙ		ng expenses (Part IX, column (D), line 25)	.		<del> </del>
Ŵ   17		s (Part IX, column (A), lines 11a-11d, 11( 24e)	_	422,101.	567,438.
18	Total expenses	Add lines 13-17 (must equal Part IX, column (A), line 25)		3,430,319.	3,583,823.
19	Revenue less o	expenses, Subtract line 18 from line 12		215,545.	-49,729.
Sances Sances			Beg	Inning of Current Year	End of Year
20	Total assets (P	The state of the s	-	827,751. 478,939.	756,583.
45 21 135 00		(Part X, line 26) und balances. Subtract line 21 from line 20		348,812.	248,958.
조리 22   Part II	Signature			340,0124	240,3301
		declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the best of my k	cnowledge and belief, it is
•		Declaration of preparer (other than officer) is based on all information of which			•
	,5,	1 to plan		1-9-1	9
Sign	Signature	10.01.	0	Date	
Неге		IA PACHEGO, BOARD CHAIR-JUY UTOO,	, BOU	wavice Pri	esident
		int name and title		10-1-	11 6701
Dold	PrintType prepa	, ,	الم	ite (huiz	PIN
Paid Proparer	Fun's name	SODDERS CPA AIKEN & SANDERS INC PS'	l	Sell amatoyes	P00003151 91-0870697
Use Only	Firm's address			Firm's EIN	71 00/003/
01113	1 4111 2 4001622	ABERDEEN, WA 98520		Phone no. 360	-533-3370
May the B	AS discuss this	return with the preparer shown above? (see instructions)	<del></del>		HE HOWAHUL THEVICE
/32001 11-2		or Paperwork Reduction Act Notice, see the separate instructions.	<del></del>		Gen Form 990 (2012)
S		DULE O FOR ORGANIZATION MISSION STATE		T CONTINUAT	RECULTED LAND

635

APR 2 7 2019

SPC FRESNO, CA

	990 (2017) KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329382 Pa
Par	t 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:  KLCAS IMPROVES THE LIVES OF OUR CITIZENS BY COMBATING THE CONDITIONS
	AND CAUSES OF POVERTY IN KLAMATH AND LAKE COUNTIES. KLCAS PROVIDES
	STRATEGIC SERVICES DIRECTLY AND THROUGH SOCIAL ALLIANCES, EMPOWERING
	PEOPLE TO BECOME SELF-RELIANT CONTRIBUTING MEMBERS OF OUR COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
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
	revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ 1,507,546 • Including grants of \$ 1,192,154 • ) (Revenue \$
	ENERGY ASSISTANCE: PROVIDES ENERGY ASSISTANCE PAYMENTS FOR SENIORS AND
	PEOPLE WITH DISABILITIES WHICH INCLUDE DIRECT VENDOR PAYMENTS TO
	UTILITY COMPANIES TO EASE THE INCREASE IN WINTER BILLS AND TO THE
	GENERAL PUBLIC TO AVOID SHUT-OFF IN KLAMATH AND LAKE COUNTIES.
	LAKE HOMEOWNERSHIP CENTER (KLHC), FAMILY SUPPORT & CONNECTIONS (FS&C) REPRESENTATIVE PAYEE, AND FAMILY NAVIGATOR PROGRAMS. KLHC ASSISTED CLIENTS WHO ARE INTERESTED IN PURCHASING A HOME AND OFFERED FORECLOSUS COUNSELING TO CURRENT HOMEOWNERS. FS&C'S GOAL IS TO PREVENT KIDS FROM GOING INTO FOSTER CARE BY ASSISTING THE CLIENT IN FINDING RESOURCES AVAILABLE TO THEM WITHIN THE COMMUNITY. OUR REPRESENTATIVE PAYEE PROGRAM PROVIDED SERVICES TO CLIENTS IDENTIFIED BY SOCIAL SECURITY AS
<b>4</b> c	NEEDING FINANCIAL MANAGEMENT SERVICES. FAMILY NAVIGATORS WORK WITH FAMILIES TO MEET THE GOALS REQUIRED TO KEEP CHILDREN IN THEIR HOMES OF TO REUNITE FAMILIES WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE. WALSO HELD COMMUNITY EVENTS THAT PROVIDE FREE ESSENTIAL SUPPLIES AND (Code ) (Expenses \$ 1,124,427. Including grants of \$ 556,926.) (Revenue \$ 17,255 HOMELESS PREVENTION: PROVIDED DIRECT SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH OUR HOMELESS PREVENTION PROGRAM TO AVOID HOMELESSNESS. CASE MANAGEMENT AND SKILLS TRAINING WERE ALSO OFFERED TO FAMILIES AND INDIVIDUALS TO CREATE HOUSING STABILIZATION. ADDITIONAL SUPPORTIVE SERVICES WERE OFFERED TO VETERAN FAMILIES TO PREVENT LOSS OF HOUSING OR HOUSE THOSE WHO ARE HOMELESS. WE ALSO ASSIST EMERGENCY SHELTERS WITH OPERATIONAL COSTS.
<b>4</b> c	NEEDING FINANCIAL MANAGEMENT SERVICES. FAMILY NAVIGATORS WORK WITH FAMILIES TO MEET THE GOALS REQUIRED TO KEEP CHILDREN IN THEIR HOMES OF TO REUNITE FAMILIES WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE. VALSO HELD COMMUNITY EVENTS THAT PROVIDE FREE ESSENTIAL SUPPLIES AND (Code ) (Expenses \$ 1,124,427. Including grants of \$ 556,926.) (Revenue \$ 17,255 HOMELESS PREVENTION: PROVIDED DIRECT SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH OUR HOMELESS PREVENTION PROGRAM TO AVOID HOMELESSNESS. CASE MANAGEMENT AND SKILLS TRAINING WERE ALSO OFFERED TO FAMILIES AND INDIVIDUALS TO CREATE HOUSING STABILIZATION. ADDITIONAL SUPPORTIVE SERVICES WERE OFFERED TO VETERAN FAMILIES TO PREVENT LOSS OF HOUSING OR HOUSE THOSE WHO ARE HOMELESS. WE ALSO ASSIST EMERGENCY
<b>4</b> c	NEEDING FINANCIAL MANAGEMENT SERVICES. FAMILY NAVIGATORS WORK WITH FAMILIES TO MEET THE GOALS REQUIRED TO KEEP CHILDREN IN THEIR HOMES OF TO REUNITE FAMILIES WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE. VALSO HELD COMMUNITY EVENTS THAT PROVIDE FREE ESSENTIAL SUPPLIES AND (Code ) (Expenses \$ 1,124,427. Including grants of \$ 556,926.) (Revenue \$ 17,255 HOMELESS PREVENTION: PROVIDED DIRECT SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH OUR HOMELESS PREVENTION PROGRAM TO AVOID HOMELESSNESS. CASE MANAGEMENT AND SKILLS TRAINING WERE ALSO OFFERED TO FAMILIES AND INDIVIDUALS TO CREATE HOUSING STABILIZATION. ADDITIONAL SUPPORTIVE SERVICES WERE OFFERED TO VETERAN FAMILIES TO PREVENT LOSS OF HOUSING OR HOUSE THOSE WHO ARE HOMELESS. WE ALSO ASSIST EMERGENCY
<b>4</b> c	NEEDING FINANCIAL MANAGEMENT SERVICES. FAMILY NAVIGATORS WORK WITH FAMILIES TO MEET THE GOALS REQUIRED TO KEEP CHILDREN IN THEIR HOMES OF TO REUNITE FAMILIES WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE. VALSO HELD COMMUNITY EVENTS THAT PROVIDE FREE ESSENTIAL SUPPLIES AND (Code ) (Expenses \$ 1,124,427. Including grants of \$ 556,926.) (Revenue \$ 17,255 HOMELESS PREVENTION: PROVIDED DIRECT SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH OUR HOMELESS PREVENTION PROGRAM TO AVOID HOMELESSNESS. CASE MANAGEMENT AND SKILLS TRAINING WERE ALSO OFFERED TO FAMILIES AND INDIVIDUALS TO CREATE HOUSING STABILIZATION. ADDITIONAL SUPPORTIVE SERVICES WERE OFFERED TO VETERAN FAMILIES TO PREVENT LOSS OF HOUSING OR HOUSE THOSE WHO ARE HOMELESS. WE ALSO ASSIST EMERGENCY
<b>4</b> c	NEEDING FINANCIAL MANAGEMENT SERVICES. FAMILY NAVIGATORS WORK WITH FAMILIES TO MEET THE GOALS REQUIRED TO KEEP CHILDREN IN THEIR HOMES OF TO REUNITE FAMILIES WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE. VALSO HELD COMMUNITY EVENTS THAT PROVIDE FREE ESSENTIAL SUPPLIES AND (Code ) (Expenses \$ 1,124,427. Including grants of \$ 556,926.) (Revenue \$ 17,255 HOMELESS PREVENTION: PROVIDED DIRECT SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH OUR HOMELESS PREVENTION PROGRAM TO AVOID HOMELESSNESS. CASE MANAGEMENT AND SKILLS TRAINING WERE ALSO OFFERED TO FAMILIES AND INDIVIDUALS TO CREATE HOUSING STABILIZATION. ADDITIONAL SUPPORTIVE SERVICES WERE OFFERED TO VETERAN FAMILIES TO PREVENT LOSS OF HOUSING OR HOUSE THOSE WHO ARE HOMELESS. WE ALSO ASSIST EMERGENCY
4c	NEEDING FINANCIAL MANAGEMENT SERVICES. FAMILY NAVIGATORS WORK WITH FAMILIES TO MEET THE GOALS REQUIRED TO KEEP CHILDREN IN THEIR HOMES OF TO REUNITE FAMILIES WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE. VALSO HELD COMMUNITY EVENTS THAT PROVIDE FREE ESSENTIAL SUPPLIES AND (Code ) (Expenses \$ 1,124,427. Including grants of \$ 556,926.) (Revenue \$ 17,255 HOMELESS PREVENTION: PROVIDED DIRECT SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH OUR HOMELESS PREVENTION PROGRAM TO AVOID HOMELESSNESS. CASE MANAGEMENT AND SKILLS TRAINING WERE ALSO OFFERED TO FAMILIES AND INDIVIDUALS TO CREATE HOUSING STABILIZATION. ADDITIONAL SUPPORTIVE SERVICES WERE OFFERED TO VETERAN FAMILIES TO PREVENT LOSS OF HOUSING OR HOUSE THOSE WHO ARE HOMELESS. WE ALSO ASSIST EMERGENCY
4c	NEEDING FINANCIAL MANAGEMENT SERVICES. FAMILY NAVIGATORS WORK WITH FAMILIES TO MEET THE GOALS REQUIRED TO KEEP CHILDREN IN THEIR HOMES OF TO REUNITE FAMILIES WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE. V ALSO HELD COMMUNITY EVENTS THAT PROVIDE FREE ESSENTIAL SUPPLIES AND  (code ) (Expenses \$ 1,124,427. Including grants of \$ 556,926.) (Revenue \$ 17,255 HOMELESS PREVENTION: PROVIDED DIRECT SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH OUR HOMELESS PREVENTION PROGRAM TO AVOID HOMELESSNESS. CASE MANAGEMENT AND SKILLS TRAINING WERE ALSO OFFERED TO FAMILIES AND INDIVIDUALS TO CREATE HOUSING STABILIZATION. ADDITIONAL SUPPORTIVE SERVICES WERE OFFERED TO VETERAN FAMILIES TO PREVENT LOSS OF HOUSING OR HOUSE THOSE WHO ARE HOMELESS. WE ALSO ASSIST EMERGENCY SHELTERS WITH OPERATIONAL COSTS.  Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$ ) (Revenue \$ )
<b>4</b> d	NEEDING FINANCIAL MANAGEMENT SERVICES. FAMILY NAVIGATORS WORK WITH FAMILIES TO MEET THE GOALS REQUIRED TO KEEP CHILDREN IN THEIR HOMES OF TO REUNITE FAMILIES WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE. VALSO HELD COMMUNITY EVENTS THAT PROVIDE FREE ESSENTIAL SUPPLIES AND (code ) (Expenses \$ 1,124,427. Including grants of \$ 556,926.) (Revenue \$ 17,255 + HOMELESS PREVENTION: PROVIDED DIRECT SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH OUR HOMELESS PREVENTION PROGRAM TO AVOID HOMELESSNESS. CASE MANAGEMENT AND SKILLS TRAINING WERE ALSO OFFERED TO FAMILIES AND INDIVIDUALS TO CREATE HOUSING STABILIZATION. ADDITIONAL SUPPORTIVE SERVICES WERE OFFERED TO VETERAN FAMILIES TO PREVENT LOSS OF HOUSING OR HOUSE THOSE WHO ARE HOMELESS. WE ALSO ASSIST EMERGENCY SHELTERS WITH OPERATIONAL COSTS.  Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$ ) (Revenue \$ )
<b>4</b> c	NEEDING FINANCIAL MANAGEMENT SERVICES. FAMILY NAVIGATORS WORK WITH FAMILIES TO MEET THE GOALS REQUIRED TO KEEP CHILDREN IN THEIR HOMES OF TO REUNITE FAMILIES WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE. V ALSO HELD COMMUNITY EVENTS THAT PROVIDE FREE ESSENTIAL SUPPLIES AND (code ) (Expenses 1, 124, 427. Including grants of \$ 556, 926.) (Revenue \$ 17, 259 HOMELESS PREVENTION: PROVIDED DIRECT SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH OUR HOMELESS PREVENTION PROGRAM TO AVOID HOMELESSNESS. CASE MANAGEMENT AND SKILLS TRAINING WERE ALSO OFFERED TO FAMILIES AND INDIVIDUALS TO CREATE HOUSING STABILIZATION. ADDITIONAL SUPPORTIVE SERVICES WERE OFFERED TO VETERAN FAMILIES TO PREVENT LOSS OF HOUSING OR HOUSE THOSE WHO ARE HOMELESS. WE ALSO ASSIST EMERGENCY SHELTERS WITH OPERATIONAL COSTS.  Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$ ) (Revenue \$ ) Total program service expenses \$ 3,258,532.  Form 990 (2)
4d 4d	NEEDING FINANCIAL MANAGEMENT SERVICES. FAMILY NAVIGATORS WORK WITH FAMILIES TO MEET THE GOALS REQUIRED TO KEEP CHILDREN IN THEIR HOMES OF TO REUNITE FAMILIES WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE. WALSO HELD COMMUNITY EVENTS THAT PROVIDE FREE ESSENTIAL SUPPLIES AND (code ) (Expenses \$ 1,124,427. Including grants of \$ 556,926.) (Revenue \$ 17,255 HOMELESS PREVENTION: PROVIDED DIRECT SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH OUR HOMELESS PREVENTION PROGRAM TO AVOID HOMELESSNESS. CASE MANAGEMENT AND SKILLS TRAINING WERE ALSO OFFERED TO FAMILIES AND INDIVIDUALS TO CREATE HOUSING STABILIZATION. ADDITIONAL SUPPORTIVE SERVICES WERE OFFERED TO VETERAN FAMILIES TO PREVENT LOSS OFFER DEVENT LO

ABPIRE

Form 990 (2017) KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329382 Page 3

mai	IMV Checklist of Required Schedules	1.7	Voc	No
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		X
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 98-197 If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			44
	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,	_		v
	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		Х
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?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	. 553	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	4	3.3	
	as applicable.	1,1	-	
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	х	
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 167 If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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		4.	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
е	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	4.46	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	^	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
—	complete Schedule G, Part III		990	(2017)

	1990 (2017) KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1325	1382	F	age 4
Ра	rt IV Checklist of Required Schedules (continued)			
			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ŀ	١	
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1	1	
	Part IX, column (A), Ilne 27 If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ł	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			$\Gamma^{-}$
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	]
	Schedule K. If "No", go to line 25a	24a	1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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			
	Schedule L, Part I	25b		Х.
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1	
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<del>                                     </del>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ĺ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	3, 3,	3.50	1 6 3
	instructions for applicable filing thresholds, conditions, and exceptions)		1363	- '- '
я	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<del></del>		
O.	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<del></del>
٠.		31		X
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>ان</del> ا		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>     </del>		<del></del> -
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<del> </del>		
34		34		х
25.		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	330		<del></del> -
ū	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
36	· · · · · · · · · · · · · · · · · · ·	00		х
Λ=	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	,,,		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<del></del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	,,	x	
	Note. All Form 990 filers are required to complete Schedule O	38 J		(2017)
		Lotti	230 (	2017)

Form	990 (2017) KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329	382	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		,	يب
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 0	در ت <sup>رسی</sup> ری	3.7	1,2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	/,		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	50	7 17	3
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1000	(%)
	filed for the calendar year ending with or within the year covered by this return 2a 61	15		1 8
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	1	,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	îş Ge	, ,	, ,
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	13.5	3	14
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	28.50	(m) \$4 (*) (.5)	· , ,
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?	<b>7</b> a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	, 1, 1, 1		1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
8	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		
9	Sponsoring organizations maintaining donor advised funds.	\$ ×	``.	λ
a	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		
10	Section 501(c)(7) organizations. Enter:		100	N. O.
а	Initiation fees and capital contributions included on Part VIII, line 12	C 2		12/20
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	`, <u></u>		
11	Section 501(c)(12) organizations. Enter:		35	250
а	Gross income from members or shareholders	3.3	1	grant.
b	Gross income from other sources (Do not not amounte due or paid to other sources against	35		1 (9) 1 (1) 1 (1)
	amounts due or received from them.)	1 3	1	100
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	, 4		,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	767	7. 15.2	Spill
a	Is the organization licensed to issue qualified health plans in more than one ctate?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	1 25	500	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	Cog 3	
	organization is licensed to issue qualified health plans			1 24 1 24
С	Enter the amount of reserves on hand	-		<u> </u>
140		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	226	(2017)

Form **990** (2017)

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 in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			
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 1a 10	- 4	ر ۶۰	1, 1,
	If there are material differences in voting rights among members of the governing body, or if the governing	10	8 3	7
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 25 1	30 X	300
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	10.7	10	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	47.5	1. 18.00	3,
~	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
3		3		х
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{\Lambda}{X}$
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			47
	more members of the governing body?	7a		<u> </u>
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	27	32, 33	
a	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 in 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
	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	1	
110		11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1000	- "3
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	x	. '13
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	- <u>^</u> -	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,	
	in 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		100	ا در در کید
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	~ ` ` , `
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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).	25%	353	11.50
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
	taxable entity during the year?	16a	ı	X
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	27.52	1, 2	1-13-13
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	(4,3,		
	exempt status with respect to such arrangements?	16b	^	•
Sec	tion C. Disclosure	.02 1		
17	List the states with which a copy of this Form 990 is required to be filed DR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	uallahl		
10		vallabl	a	
	for public inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	ia!	
	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:			
	THE ORGANIZATION - 541.882.3500			
	2300 CLAIRMONT DRIVE, KLAMATH FALLS, OR 97601			
732006	11-28-17	Form	990 (	2017)

Form 990					COMMUNITY			93-1329382	Page
Part VII	Compensation	n of Officers,	Di	rectors,	Trustees, Key	Employees	, Highest Com	pensated	
	Employees, a	nd Independ	ent	Contrac	ctors				
	Chack If Schodula	O containe a rec	non	ca or noto	to any line in this D	art VIII			

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	ьох	not c	ss pe	itior more	then Is bot or/trus	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 trustes	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) AMY CHIPMAN	0.50									
TREASURER	0.50	x		Х	<u> </u>		_	0.	0.	0 .
(2) SHARON SCONCHIN DIRECTOR	0.50	x						0.	0.	0.
(3) DREW HARNETT	0.50	<u> </u>	-			-	_	· · · · · · · · · · · · · · · · · · ·	0.	· · · · · · · · · · · · · · · · · · ·
DIRECTOR	0.30	x			l			0.	0.	0.
(4) SILVIA PACHECO	0.50	-	-	$\vdash$			-			
CHAIR		x	•	x				0.	0.	0.
(5) LEE MORGAN	0.50									
SECRETARY		x		х	i			0.	0.	0.
(6) KEN MARVIN KESTNER	0.50									
DIRECTOR		X						0.	0.	0.
(7) PAMELA REDDING	0.50									_
DIRECTOR		X			L_			0.	0.	0.
(8) PASTOR BILLY REDD	0.50			١,					_	•
DIRECTOR	0.50	X	ļ.,			_		0.	0.	0.
(9) JAY OTERO	0.50	x		х				0.	0.	0.
VICE CHAIRMAN (10) DAWN NEAL-RUIZ	0.50	^	-			$\vdash$	—	0.	0.	<u> </u>
DIRECTOR	0.30	х						0.	0.	0.
(11) JENNIFER HAND	40.00	1	_		-	-		<u>·</u>		
FISCAL MANAGER	1 2000	1		x				16,700.	0.	0.
(12) DONNA BOWMAN	40.00						_			
EXECUTIVE DIRECTOR				Х				72,354.	0.	2,169.
(13) CELYNDA EBERT	40.00									
PRIOR FISCAL MANAGER				X				26,445.	0.	762.
							_			
				ļ						
		_		_						<del></del>
				1						
			<b>  </b>	}						
	<u></u>		i 1	٠, ا						

Form 990 (2017) 732007 11-28-17

KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329382 Page 8 Form 990 (2017) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (F) (B) (D) (E) Position Average Reportable Reportable Name and title Estimated (do not check more than one hours per box, unless person is both an officer and a director/trustee) compensation compensation amount of week from from related other (list any the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) estwoonal trustee organization organizations and related below organizations line) 499 O. 1b Sub-total 0 Ō. c Total from continuation sheets to Part VII, Section A 2,931. 115,499. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes Nο Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 990 (2017)

Pa	rt VĮ	<del></del>					
30		Check if Schedule O contains a response	or note to any li	ne In this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Gifts, Grants lar Amounts	b	Federated campaigns 1a  Membership dues 1b  Fundralsing events 1c					
Ē	е	All other contributions, gifts, grants, and	259,811. 42,696.				
Contributions and Other Sir	-	Noncash contributions included in lines 1a-1f' \$  Total. Add lines 1a-1f	22,642.	3,302,507.			
			Business Code	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A COLOR OF THE PARTY OF	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1,576.2.7.1
ģ	2 a	REP PAYEE	624410	111,766.	111,766.		1
یک خ	ь	POST OFFICE WORK TRAIN	900099	104,014.			
Sei	_	LOW INCOME RENT	531110	17,861.	17,861.		
E Š	d					· · · · · · · · · · · · · · · · · · ·	
P. B.	_ u			<u> </u>			
Program Service Revenue		All alban and an analysis and	ļ			<del> </del>	<del></del>
	г	All other program service revenue		233,641.	1 2 -3 -2 2 3	10 To	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<u>. д</u>	Total. Add lines 2a-2f		233,041.		4 4 4	3 4 4
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)	▶				
	4	Income from investment of tax-exempt bond p	oroceeds >				
	5	Royalties	<u> </u>			L	
		(ı) Real	(ii) Personal		3 11 3 3 3		Broken Broke
	6 a	Gross rents					
	b	Less: rental expenses		17 66 36 1		138 6 20	
	C	D 111		12 13 13 13 13 14	1 2 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tell of the state of the	
		Net rental income or (loss)	<u> </u>	" ( ) )			, , , ,
		Gross amount from sales of (i) Securities	(ii) Other	( ) ( ) ( )	2000	E. 115 1 27	
	, , ,		5,428.			1. 1. 1. 1. 1. 1. 1. 1.	
		assets other than inventory	3,420.		3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	d	Less: cost or other basis	0 505	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		and sales expenses	9,505.		Company of the	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	С	Gain or (loss)	-4,077.	18.3.16	20 Sept 4 (1972)		
	d	Net gain or (loss)	<b>&gt;</b>	-4,077.			-4,077.
venue	8 a	Gross income from fundralsing events (not including \$ of					
		contributions reported on line 1c). See		The state of the state of		S. 3, 2. 10. 15 50. 2	
Other Re		Part IV, line 18		11 11 15 15 15 15 15 15			
₹		Less: direct expenses b		Bath Back	1977	J. R. Berry	and the same
١	С	Net income or (loss) from fundraising events	<u>.</u>		And the state of t		
ļ	9 a	Gross income from gaming activities. See		等公告 医克里曼	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1960	
		Part IV, line 19 a					보았다. 김 등 원인
	b	Less. direct expenses b		4 ( 1838) 3. 3. 3	的存储等的的	N. S. S. W.	
		Net income or (loss) from gaming activities	<b>•</b>	1	, , , , ,		, , , , ,
ł		Gross sales of inventory, less returns		不知 我要你是成功	1975 1982 1988 1988	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	£ 18 41 12 14
1	10 4	· · · · · ·	ļ	医线管 医病毒硷		Li James of his	
	L		<del></del>				
ľ			<u> </u>	m 5 15 5 5 7 7 325	1,500	3 1 /2	the transfer of
ļ	C	Net income or (loss) from sales of inventory	<u> </u>	5 1 3 2 85 35 31	(Mr. 2. 3) = N. 2. (Mr.	V 1 2 3 9 5 2 7 1 2 2	<del></del>
		Miscellaneous Revenue	Business Code	3 033			3 633
[	11 a	MISCELLANEOUS	900099	2,023.			2,023.
	b						
	С						
	d	All other revenue		′			
	е	Total. Add lines 11a-11d	<b>&gt;</b>	2,023.		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	12	Total revenue. See instructions.		3,534,094.	233,641.	0.	-2,054.
73200	9 11-28					<u> </u>	Form <b>990</b> (2017)

Form 990 (2017) KLAMATH & LAK
Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respon		this Part IX	· · · · · · · · · · · · · · · · · · ·	········
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21	32,157.	32,157.		
2	Grants and other assistance to domestic	,			1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
^	individuals. See Part IV, line 22	1,846,070.	1,846,070.	1 - 1 - 1 - 1 - 2 - 2 t	1 4
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			35. 12. 13 Teles 24.	The state of the s
5	Compensation of current officers, directors,	······································			
	trustees, and key employees	115,643.	94,111.	21,532.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salanes and wages	883,835.	719,275.	164,560.	
8	Pension plan accruals and contributions (include	303,0331	,25,2,3.	202/000.	
	section 401(k) and 403(b) employer contributions)	16,513.	13,438.	3,075.	
9	Other employee benefits	90,731.		16,893.	<del></del>
10	Payroll taxes	31,436.	25,583.	5,853.	
11	Fees for services (non-employees).				
а	Management				
b	Legal	504.	114.	390.	
С	Accounting , , , ,	12,573.	1,275.	11,298.	
d	Lobbying	····			
е			420, 40, 61 Profee	· My Soft of	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	85,108.	76,133.	8,975.	
12	Advertising and promotion	4,975.	3,505.	1,470.	
13	Office expenses	50,935.	33,667.	17,268.	
14	Information technology				
15	Royalties			· · · · · · · · · · · · · · · · · · ·	
16	Occupancy	145,931.	132,893.	13,038.	
17	Travel	35,325.	27,059.	8,266.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,936.	5,203.	733.	
20	Interest	1,631.	1,631.		
21	Payments to affillates	11 627	11 022	2 704	
22	Depreciation, depletion, and amortization	14,637. 14,652.	11,933. 8,328.	2,704. 6,324.	· · · · · · · · · · · · · · · · · · ·
23	Other expenses. Itemize expenses not covered	14,00,2.	0,320.	0,324.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
24	above. (List miscellaneous expenses in lice 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	POST OFFICE	101,787.	99,501.	2,286.	
b	MISC	25,828.	11,227.	14,601.	
С	INKIND EXPENSE	22,642.	22,642.		· · · · · · · · · · · · · · · · · · ·
d	REPAIRS & MAINTENANCE	11,950.	10,600.	1,350.	
	All other expenses	33,024.	8,349.	24,675.	
25	Total functional expenses. Add lines 1 through 24e	3,583,823.	3,258,532.	325,291.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		[		
	educational campaign and fundraising solicitation.  Check here				
	Check here if following SOP 98-2 (ASC 958-720)	,			Form <b>990</b> (2017

Form 990 (2017)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		<u>'</u>	Beginning of year	ł	End of year
	1	Cash - non-interest-bearing	5,249.	1	81,826
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
- 1	4	Accounts receivable, net	265,928.	4	378,672
	5	Loans and other receivables from current and former officers, directors,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.7	The state of the s
		trustees, key employees, and highest compensated employees. Complete		2 2 5	1. (2) (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		Part II of Schedule L		5	
-	6	Loans and other receivables from other disqualified persons (as defined under	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,,	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ı		employers and sponsoring organizations of section 501(c)(9) voluntary	3.5	2 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
:		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,490.	8	951
	9	Prepaid expenses and deferred charges	210.	9	
1	l0a	Land, buildings, and equipment: cost or other	The state of the state of	<u>, 3</u>	[18] (1) (1) (1) (1) (1) (1) (1)
		basis. Complete Part VI of Schedule D 10a 268, 087		J. 3.	The state of the
	b	Less accumulated depreciation 10b 20,160	222,950.	10c	247,927
1	11	Investments - publicly traded securities		11	
1	2	Investments - other securities. See Part IV, line 11		12	
1	3	Investments - program-related. See Part IV, line 11		13	
1	4	Intangible assets		14	
1	5	Other assets. See Part IV, line 11	331,924.	15	296,165
1		Total assets. Add lines 1 through 15 (must equal line 34)	827,751.	16	1,005,541
1	_	Accounts payable and accrued expenses	58,334.	17	272,348
1	8	Grants payable		18	
1	9	Deferred revenue	88,681.	19	161,997
2	:0	Tax-exempt bond liabilities		20	
2	:1	Escrow or custodial account liability. Complete Part IV of Schedule D	331,924.	21	296,165
2	2′	Loans and other payables to current and former officers, directors, trustees,	The property of the	20	TO BE WINDOW
2		key employees, highest compensated employees, and disqualified persons.	11 -5 " " " " " " 11 -10 " " " " " " " " " " " " " " " " " " "	19.19	
		Complete Part II of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties		23	26,073
2	4	Unsecured notes and loans payable to unrelated third parties		24	
2		Other liabilities (including federal income tax, payables to related third			
-		parties, and other liabilities not included on lines 17-24). Complete Part X of			į
-		Schedule D		25	
_ 2	6	Total flabilities. Add lines 17 through 25	478,939.	26	756,583
		Organizations that follow SFAS 117 (ASC 958), check here	图 高光图 海绵石	3.16	
		complete lines 27 through 29, and lines 33 and 34.		15/26	The state of the second
2	7	Unrestricted net assets	137,407.	27	42,903
2	8	Temporarily restricted net assets	211,405.	28	206,055
2	.9	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □		10.30	- the state of the state of the state of
2 2 2 3 3 3 3		and complete lines 30 through 34.		27.00	[69468] [67][6]
3	0	Capital stock or trust principal, or current funds		30	
3	11	Pald-in or capital surplus, or land, building, or equipment fund		31	
3	2	Retained earnings, endowment, accumulated income, or other funds		32	
- 1	2	Total net assets or fund balances	348,812.	33	248,958
3	3		827,751.		1,005,541

	1 990 (2017) KLAMATH & LAKE COMMUNITY ACTION SERVICES	93-1329	382	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<del>,</del>	<u> </u>	<u></u>
				004
1	Total revenue (must equal Part VIII, column (A), line 12)			,094.
2	Total expenses (must equal Part IX, column (A), Ilne 25)			,823.
3	Revenue less expenses. Subtract line 2 from line 1	3		,729.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	348	,812.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6	·	
7	Investment expenses	7		485
8	Prior period adjustments	8	-50	,125.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	, <b>i</b>		
	column (B))	10	248	<u>,958.</u>
Ра	rtXII Financial Statements and Reporting			(22)
	Check if Schedule O contains a response or note to any line in this Part XII		<del>- : :</del>	X
			Y.	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		4 1-30
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2R	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	18.18	1, 2, 3, 1
	separate basis, consolidated basis, or both.		$\Gamma(3)_3$	S 2.4
	Separate basis Consolidated basis Both consolidated and separate basis			5.00   2.000 de 
b	Were the organization's financial statements audited by an independent accountant?		2b 2	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1.50	
	consolidated basis, or both:		13 6	
	X Separate basis Consolidated basis Both consolidated and separate basis			
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•		
				X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho			1. 1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signature of the second	igle Audit	3. 5	4
	Act and OMB Circular A-133?		3a 3	<u> </u>
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	,	.
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b 3	
			Form 99	30 (2017)

# **SCHEDULE A**

(Form 990 or 990-EZ)

Mona of the aveculvation

Department of the Treasury Internal Revenue Service

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

Open to Public :: Inspection 🕟

140)	ile oi	me organization  77 %	משתה ב	COMMUNITY A	COTTON	י משט	TORG		3-1329382			
Б.	irt I.								3-1323302			
		Reason for Public						····				
The	organ	ization is not a private foun		•		-						
1		A church, convention of cl	hurches, or associati	on of churches describe	d in section	on 170(b)(	1)(A)(i).	1	-			
2		A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)			\			
3		A hospital or a cooperative	e hospital service org	anization described in s	ection 170	D(b)(1)(A)(i	iii),		) (			
4		A medical research organi	zation operated in co	niunction with a hospita	l describe	d In sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name.			
		A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		An organization operated in	for the bandit of a co	llogo or university owne	d or opera	tad by a a	avaramantal u	nit docad	had in			
3	استنتا	-		niege of utiliversity owne	d or opera	ited by a g	jovernine itali u	iriit descri	bed III			
		section 170(b)(1)(A)(iv). (	•									
6	믉	A federal, state, or local go	-									
7	X	An organization that norma	ally receives a substa	antial part of Its support	from a gov	/ernmenta	I unit or from ti	he genera	l public described in			
		section 170(b)(1)(A)(vi). (C	Complete Part II.)									
8		A community trust describ	ed in section 170(b)	(1)(A)(vI). (Complete Par	t II.)							
9		An agricultural research or				ed in conju	unction with a	land-grant	college			
		or university or a non-land-	-	• • • • •		-		_	-			
		university;	gram conogo or agric	iditato (sco iliatidatistis)		manno, on	,, a.i.e otato oi	1110 001105	,0 0,			
10	$\overline{}$		ally resolves (4) may	than 20 1/00/ of its our	an ort from		one members	hin food	and grans resolute from			
10		An organization that norma										
		activities related to its exer	•	•					•			
		income and unrelated bus	iness taxable income	(less section 511 tax) fr	om busine	sses acqu	aired by the or	ganization	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)									
11		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).					
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to ca	rry out the	purposes of one or			
		more publicly supported o	rganizations describe	ed in section 509(a)(1) o	rsection	509(a)(2).	See section 5	09(a)(3). (	Check the box in			
		lines 12a through 12d that										
а		Type I. A supporting org				· <del>-</del>		-	alvina			
									=			
		the supported organizati			a majority	or rue dite	ctors or truste	es or the s	supporting			
	_	organization. You must	-									
b	L	J Type II. A supporting org	ganization supervised	l or controlled in connec	tion with i	ts support	ed organizatio	n(s), by ha	aving			
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	oported			
		organization(s). You mus	st complete Part IV,	Sections A and C.								
c	L	Type III functionally into	egrated, A supportin	g organization operated	in connec	tion with,	and functional	ly integrat	ed with,			
		its supported organization										
d		Type III non-functionall						ted organi	ization(s)			
_		that is not functionally in						_	• •			
			-	-				an alloni	14611633			
	_	requirement (see instruct										
е	L	Check this box if the org					a type i, type	н, туре ш				
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.						
f	Ente	r the number of supported	organizations									
g		ide the following informatio										
	(1	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga In your govern	nization isled no document?	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1.10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)			
			· ··	acove (acc injurges energy								
			<del> </del>									
				,								
								· · · · · · · · · · · · · · · · · · ·				
							}	-				
		·····	<del></del>		·	36.5 (5)						

Schedule A (Form 990 or 990-EZ) 2017 KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329382 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Cale	ction A. Public Support	<del> </del>										
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
1	Gifts, grants, contributions, and	j			,							
	membership fees received. (Do not											
	include any "unusual grants.")	2,632,443.	3,008,546.	3,008,487.	3,533,087.	3,302,507.	15,485,070.					
2	Tax revenues levied for the organ-		•									
	Ization's benefit and either paid to	ĺ										
	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	2,632,443.	3,008,546.	3,008,487.	3,533,087.	3,302,507.	15,485,070.					
5	The portion of total contributions	[20](1) 4 (1) 4			1.67	11 - 12 - 13 - 14						
	by each person (other than a			and the		Hill Company						
	governmental unit or publicly	32.5		The state of the state of	The total the	Carting Sec. 17 12						
	supported organization) included					2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	on line 1 that exceeds 2% of the	att Buch				The Control of						
	amount shown on line 11,					180						
	column (f)		N. C. W. C.	3 6 1 2 1 5								
6	Public support. Subtrect line 5 from line 4	Tring to the state of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	80, 5 5 5 V	47 (38) = 38	12 2 May 17	15,485,070.					
	tion B. Total Support	<u> </u>										
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
7	Amounts from line 4	2,632,443.	3,008,546.	3,008,487.	3,533,087.	3,302,507.	15,485,070.					
8	Gross income from interest,											
	dividends, payments received on	entrate managements	and the second		de l'address de la company							
	securities loans, rents, royalties,		i									
	and income from similar sources	_	j			·	_					
9	Net income from unrelated business											
	activities, whether or not the						-					
	business is regularly carried on											
10												
10	business is regularly carried on Other Income. Do not include gain or loss from the sale of capital											
10	Other Income. Do not include gain or loss from the sale of capital	5,955.	4,650.	2,100.	3,731.	2,023.	18,459.					
	Other income. Do not include gain	5,955.	4,650.	2,100.	3,731.	2,023.	18,459. 15,503,529.					
	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Sec. 15 (1975)	V = (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1									
11 12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support, Add lines 7 through 10	etc. (see instruction	ons)		4 - 7 22 4 1 1 1 1 1 1 1	12	15,503,529.					
11 12 13	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop	etc. (see instruction the organization's	ons)		4 - 7 22 4 1 1 1 1 1 1 1	12	15,503,529.					
11 12 13	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support, Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for	etc. (see instruction the organization's	ons)		4 - 7 22 4 1 1 1 1 1 1 1	12	15,503,529. 489,900.					
11 12 13	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop	etc. (see instruction the organization's there ic Support Per	ons) first, second, third	in i	x year as a section	12	15,503,529. 489,900. ►					
11 12 13 Sec 14	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stoption C. Computation of Publication	etc. (see instruction the organization's here in Support Per ine 6, column (f) di	ons) first, second, third rcentage vided by line 11, c	d, fourth, or fifth ta	x year as a section	12   n 501(c)(3)	15,503,529. 489,900.					
11 12 13 Sec 14 15	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stoption C. Computation of Publi Public support percentage for 2017 (I	etc. (see instruction the organization's here in Support Per ine 6, column (f) die Schedule A, Part	ons)	d, fourth, or fifth ta	ix year as a section	12   1 501(c)(3)	15,503,529. 489,900. >					
11 12 13 Sec 14 15	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support, Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the control of the support test - 2017. If the control of the support test - 2017.	etc. (see instruction the organization's before ine 6, column (f) die Schedule A, Part organization did no	ons)	olumn (f))	ix year as a section	12   n 501(c)(3) 14   15   lore, check this bo	15,503,529. 489,900. 					
11 12 13 Sec 14 15 16a	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support, Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public support percentage for 2017 (in Public support percentage from 2016)	etc. (see instruction the organization's here in Support Per ine 6, column (f) die Schedule A, Part organization did no as a publicly support	ons)	olumn (f))	x year as a section	12   n 501(c)(3)   14   15   15   15   16   16   16   16   16	15,503,529. 489,900. >					
11 12 13 Sec 14 15 16a	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop stion C. Computation of Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the castop here. The organization qualifies	etc. (see instruction the organization's the organization's the organization's the organization did not as a publicly supporganization did not organization	ons)	olumn (f))	14 is 33 1/3% or m	12   n 501(c)(3)   14   15   15   15   16   16   16   16   16	15,503,529. 489,900. >					
11 12 13 Sec 14 15 16a	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support, Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop stion C. Computation of Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the capital stop here. The organization qualifies 33 1/3% support test - 2016. If the capital stop here.	etc. (see instruction the organization's the organization's the organization's the column (f) disconding the column (f) di	ons)	olumn (f))  n line 13, and line 1	x year as a section  14 is 33 1/3% or m	12 n 501(c)(3)	15,503,529. 489,900.  99.88 % 99.81 %  x and bis box					
11 12 13 Sec 14 15 16a	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support, Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stopiction C. Computation of Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the capital support test - 2016, If the cand stop here. The organization qualifies and stop here. The organization qualification in the same stop here. The organization qualifies and stop here. The organization qualifies	etc. (see instruction the organization's the organization's the organization's the Support Period Schedule A, Partorganization did not as a publicly support organization did not organization.	ons)	olumn (f))	14 is 33 1/3% or m	12 n 501(c)(3)  14 15 nore, check this bo or more, check th	15,503,529. 489,900.  99.88 % 99.81 %  x and ► X is box ► C					
11 12 13 Sec 14 15 16a	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support, Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stopiction C. Computation of Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the capital stop here. The organization qualifies 33 1/3% support test - 2016. If the capital stop here. The organization qualifies and stop here. The organization qualifies -facts-and-circumstances test	etc. (see instruction the organization's there ic Support Period Support Period Schedule A, Partorganization did not as a publicly support organization did not fies as a publicly stars and circumstance its and circumstance.	ons)	olumn (f))	14 is 33 1/3% or multiple 15 is 33 1/3% or m	12 n 501(c)(3)  14 15 nore, check this bo or more, check th	15,503,529. 489,900.  99.88 % 99.81 %  x and ► X is box ► C					
11 12 13 Sec 14 15 16a b	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support, Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stoption C. Computation of Public support percentage for 2017 (I Public support percentage from 2016 33 1/3% support test - 2017. If the capital stop here. The organization qualifles 33 1/3% support test - 2016. If the capital stop here. The organization qualifles and stop here. The organization qualifles 10% -facts-and-circumstances test and if the organization meets the "facts asset to the sale of the organization meets the facts and if the organization meets the "facts asset to the sale of the organization meets the facts as the sale of the organization meets the facts as the sale of the organization meets the "facts as the sale of the organization meets the facts as the sale of the organization meets the "	etc. (see instruction the organization's there ic Support Period Support Period Schedule A, Partorganization did not as a publicly support as a publicly support as a publicly start and circumstance test. The organization did not the start and circumstance test.	ons)	olumn (f))  In line 13, and line the thick a box on line lis box and stop houblicly supported	Ix year as a section  14 is 33 1/3% or m  Ilne 15 is 33 1/3%  13, 16a, or 16b, a ere. Explain in Parl organization	12 n 501(c)(3)  14 15 nore, check this bo or more, check this had line 14 is 10% at VI how the organ	15,503,529. 489,900.  99.88 % 99.81 %  x and					
11 12 13 Sec 14 15 16a b	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stoption C. Computation of Public support percentage for 2017 (Public support percentage from 2016 33 1/3% support test - 2017. If the capital support percentage from 2016 and stop here. The organization qualifles 33 1/3% support test - 2016. If the capital support percentage from 2016 and stop here. The organization qualifles and stop here. The organization qualifles and if the organization meets the "facts-and-circumstances"	etc. (see instruction the organization's there ic Support Perion 6, column (f) discharge in 6, column	ons)	olumn (f))  In line 13, and line the ineck a box on line in box and stop houblicly supported theck a box on line ineck a box o	Ix year as a section  14 is 33 1/3% or rr  Iline 15 is 33 1/3%  13, 16a, or 16b, a ere. Explain in Par organization  13, 16a, 16b, or 1	12 n 501(c)(3)  14 15 ore, check this bo or more, check this nd line 14 is 10% at VI how the organ  7a, and line 15 is 1	15,503,529. 489,900.  99.88 % 99.81 %  x and					
11 12 13 Sec 14 15 16a b	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stoption C. Computation of Public support percentage for 2017 (Public support percentage from 2016 33 1/3% support test - 2017. If the capital support percentage from 2016 and stop here. The organization qualifles 33 1/3% support test - 2016. If the capital support percentage from 2016 and stop here. The organization qualifles 33 1/3% support test - 2016. If the capital support percentage from 2016 and stop here. The organization qualifles 33 1/3% support test - 2016. If the capital support percentage from 2016 and stop here. The organization qualifles 33 1/3% support test - 2016 and stop here. The organization qualifles and stop here. The organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test 10% -facts-and-circumstances 10% -facts-and-	etc. (see instruction the organization's the organization's the Support Period Support Period Schedule A, Partorganization did not as a publicly support as a publicly support of the organization did not files as a publicly support of the organization did not files as a publicly support of the organization did not files as a publicly support of the organization did not files as a publicly support of the organization did not files and organization did not files a	ons)	olumn (f))  n line 13, and line in the sound it in the sound in the so	Ix year as a section  14 is 33 1/3% or m  Iline 15 is 33 1/3%  13, 16a, or 16b, a ere. Explain in Par organization  13, 16a, 16b, or 1 stop here. Explain	12 n 501(c)(3)  14 15 nore, check this bo or more, check this not line 14 is 10% to VI how the organization Part VI how the	15,503,529. 489,900.  99.88 % 99.81 %  x and					
11 12 13 Sec 14 15 16a b	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stoption C. Computation of Public support percentage for 2017 (Public support percentage from 2016 33 1/3% support test - 2017. If the capital stop here. The organization qualifies 33 1/3% support test - 2016. If the capital stop here. The organization qualifies 33 1/3% support test - 2016. If the capital stop here is the organization meets the "facts and if the organization meets the "facts and-circumstances" 10% -facts-and-circumstances test more, and if the organization meets the more, and if the organization	etc. (see instruction the organization's the organization's the organization's the column (f) discontinuous as a publicly support organization did not fies as a publicly stand-circumstance test. The organization of the organization did not fies as a publicly stand-circumstance test. The organization of the organization did not fies as a publicly stand-circumstand-circumstand-circumstances test. The organization of the orga	ons)  first, second, third  rcentage  vided by line 11, c  II, line 14  t check the box or orted organization t check a box on li  upported organization t check the thick a box on li  upported organization did not c  ces" test, check the tion qualifies as a p  anization did not c  metances" test, ch	olumn (f))  in line 13, and line in line 13 or 16a, and lition heck a box on line in line box and stop houblicly supported heck a box on line leck this box and sualifies as a public	Ix year as a section  It is 33 1/3% or m  Iline 15 is 33 1/3%  13, 16a, or 16b, a ere. Explain in Par organization  13, 16a, 16b, or 1 stop here. Explain cly supported organization classical clas	12 n 501(c)(3)  14 15 nore, check this bo or more, check this bo or more, check this to t VI how the organ in Part VI how the nization	15,503,529. 489,900.  99.88 % 99.81 %  x and .					

Schedule A (Form 990 or 990 EZ) 2017 KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329382 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only If you checked the box on line 10 of Part I or If the organization failed to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II) Section A. Public Support (b) 2014 <sup>1</sup> Calendar year (or fiscal year beginning in) (c) 2015 (d) 2016 (e) 2017 (f) Total (a) 2013 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the 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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b ... 8 Public support. (Subtract line 7c from time Section B. Total Support (b) 2014 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties, and Income from similar sources ь Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) ...... 15 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) % 17 18 Investment income percentage from 2016 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization dld not check a box on line 11, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017 KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329382 Page 4

# Part IV | 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations	·		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	13.75.1	130	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	~ ,	150	300.00
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<u> </u>	
2	Did the organization have any supported organization that does not have an IRS determination of status	08 8	1.547	[4]
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	" , ,	1300	( Ve. )
	organization was described in section 509(a)(1) or (2).	_2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20 16 16	18.3	-0.5 t
	(b) and (c) below	За		<u> </u>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	111,00	111	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1. 3.7	```	2.7
	organization made the determination.	3b	L	<u> </u>
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	والمستعدد	1	يرين المراجعة
Sche	"billiposes" Pres, Explain in Part VI what controls the organization put in place to ensure such use	£385		GG-45
	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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	100	13 %	100
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1 3 3 3	3 0	(1)
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	1 day 3	, ,	773
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1 3	1,5%
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	[#] N	N 2	
	purposes.	4c		l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	13 3 34	200	2 × (4)
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	15.53	33. (1)	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		11/2 12	
	(III) the authority under the organization's organizing document authorizing such action; and (iv) how the action	35 N	, Q	, , ,
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	777		- ;
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class	2.4		100
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	1575 1 E	35.4	100
	support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in	10.5%		1 1
	Part VI.	_6		l
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	12 16 16	1, 17	10-3
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1 10	13 17	5 1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		Ĺ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	4, 477	2.27	, , ,
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200	1403
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	Call Posts		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	2000	; ,	7.
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	3 2 6	\\ \\ \\ \\ \	7.5
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1977 O.	100	1 1 1 2 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1.55	-1	1 2
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	5 %	3100	
	determine whether the organization had excess husiness holdings )	10h		

732024 10-06-17

	edule A (Form 990 or 990 EZ) 2017 KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1	32938	2 p	age 5
Pa	rt IV Supporting Organizations (continued)			
		F	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1 3 4		] ; -'
ລ	A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c)	1. 124.51	16.00	] · · ·
	below, the governing body of a supported organization?	11a	ļ	<del> </del>
	A family member of a person described in (a) above?	11b	├	<b>├</b> ─
	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		
Sec	tion B. Type I Supporting Organizations		T	т
		153	Yes	Νo
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	11.10	1	- , , ;
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	2002	100	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	St. ];	" '	ļ ` ,
	controlled the organization's activities. If the organization had more than one supported organization,	1 11112	200	1, 1
	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.	1		<del>                                     </del>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		100	l :
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	100001	<u>.</u> ```	. `      ا
	supervised, or controlled the supporting organization.	2	<u> </u>	L
Sec	tion C. Type II Supporting Organizations			
		रहर	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1300	3 1	1 3
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	3.75	η, .	23
	or management of the supporting organization was vested in the same persons that controlled or managed	1 3 3 4	1,7,2,411,	( )
<u></u>	the supported organization(s).	1	L	L
Sec	tion D. All Type III Supporting Organizations		Tv	
_	Did the second and the side to see the fits assessed a second and the fits assessed as the side assessed as the	PS 2.50	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		40 .55	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	3. 20. 1	1 to 3 to	. ```
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	" _ '	, , ,	` '
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	3.74
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1.11.12		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	,		' "
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<del></del>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1, 1,	
	significant volce in the organization's investment policies and in directing the use of the organization's	, "	, 1,13	1.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			` '
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the mothod that the organization used to satisfy the Integral Part Test during the yeatsee instructions	,		
' a	The organization satisfied the Activities Test, Complete line 2 below.	).		
	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	-1	
C	Activities Test. Answer (a) and (b) below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u> </u>	es	140
٥		-3.3	-5	3.3
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	2000	1	3,0
	those supported organizations and explain how these activities directly furthered their exempt purposes,	17.7	12.5	(100) - (100)
	how the organization was responsive to those supported organizations, and how the organization determined	2a	·	- (- : 
	that these activities constituted substantially ell of its activities.	Z8	<del></del>	— <del>.</del> ;
a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		5	``-,• <u>`</u>
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1, 1,1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	(1) - 1)		
•	activities but for the organization's involvement	2b	87.88	3.50
3	Parent of Supported Organizations. Answer (a) and (b) below.	100	11.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	73.675	111	· · · · · ·
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	117	15. 51	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329382 Page 6

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 ₹4=₹Add-lines-1-through-3= 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 16 b Average monthly cash balances c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 Income tax imposed in prior year

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990 EZ) 2017 KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329382 Page 7

	Type III Non-Functionally Integrated 509			-3 1323302 Page 7
Sect	ion D - Distributions	<u> </u>	- Land Control Control	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	•		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		William Commence	
2	Underdistributions, if any, for years prior to 2017 (reason-	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		19 18 18 18 18 18 18 18 18 18 18 18 18 18
-	able cause required- explain in Part VI). See instructions	J. F. 42 . F. 19 . 15 . 18		1 2 - 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
3	Excess distributions carryover, if any, to 2017	18 Sec 26 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11.00	3 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	(1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 11 (1) 1	3 1 4 2 3 3 5 6 6 6	19-20 19-20 C	· 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图
b	From 2013		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Company of the second
c	From 2014	Lat 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	32.5 1 105 10 A. C.	12 6 18 18 18 18 18 18 18 18 18 18 18 18 18
	From 2015	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Same of the same of the	12 CONTRACTOR (CO.)
е	From 2016	· 10 10 00 10 10 11 10 10	Ser Darker Sale	超级的 经现代的
	Total of lines 3a through e		\$ 1907 13 21 913	Samuel Barrier Barrier
	Applied to underdistributions of prior years	1.12 11. 11. 11.		第一二十二十二十五十五十五十五十五十五十五十二十二十二十二十二十二十二十二十二十二
	Applied to 2017 distributable amount	San	The Contract of the second	
$\overline{}$	Carryover from 2012 not applied (see instructions)	1,200	34-54 M. M. M. J. J. J. J.	The state of the s
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		1、自己的教育以至了	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
4	Distributions for 2017 from Section D,	h. 13. 4. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	State of the state of the	was the state of t
	line 7: \$		The method of the state	But the Said State of the
а	Applied to underdistributions of prior years	The first of the second state of the second		ペープ こうけいけい Air
	Applied to 2017 distributable amount	1 (372) - 4 1/2 1/3 1/4 2/		
c	Remainder. Subtract lines 4a and 4b from 4.		196 A. 196 M. Sep	<ol> <li>(2) 19 (大学) 後点 (7)</li> </ol>
5	Remaining underdistributions for years prior to 2017, if	British William Charles		Mar 1000000000000000000000000000000000000
	any, Subtract lines 3g and 4a from line 2, For result greater			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	than zero, explain in Part VI. See Instructions.	and the second of the second of		
6	Remaining underdistributions for 2017. Subtract lines 3h		the second of the first	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.	to have been a first to the		
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.		The state of the state of	
8	Breakdown of line 7.	1 3 1 3		had by the first the
а	Excess from 2013	6.8/13年。2642年37		Mary Mary Mary 1 H
ь	Excess from 2014	Charles & a solution	4 11/2/2011 B	
	Excess from 2015	化学的特殊 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		
	Excess from 2016	147 W. 18. 18. 18. 18.	記記 (記述 Table ) ( 1) ( 1) ( 1) ( 1) ( 1) ( 1) ( 1) (	San San Carlotte
*******	Excess from 2017	11. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	为。 2.300 c . 2 c . 3. 2 c . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 .	Se 1/2 1/8/ 1/8/ 1/8/
			<del>'</del>	(Farm 000 at 000 FZ) 0017

Schedule A (Form 990 or 990-EZ) 2017

	Schedule A	(Form 990 or 990 EZ) 2017 KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329382 Page 8
はからしまいる。	Part VI	Supplemental: Information: Provide the explanations equired by Part II; Ine 10; Part II; Ine 174 or 17b; Part III; Ine 12; January 1988 Part IV, Section B, Ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, Ines 1 and 2; Part IV, Section C, Ines 1, Part IV, Section B, Ines 1,
		Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
		mic 1, 1 dit 14, Occiloti D. lines 2 dilu d. 1 dit 14, Occiloti E, lines 10, 2d, 2D, 0d, and OD, 1 dit 4, line 1, 1 dit 4, Occiloti D, line 16, 1 dit 4,
		Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
		(See instructions.)
,		
•	<u> </u>	\
		·
		,
•		
•		
•		
	<del></del> -	
-		
-		
•		
-		
-		
-		
-		
-		
-		
-		
-		
_		
		<b>_</b>

# **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.

OMB No. 1545-0047 Open to Public, Inspection

Name of the organization

KLAMATH & LAKE COMMUNITY ACTION SERVICES

Employer identification number 93-1329382

Pa	organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, IIr		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	<u> </u>
	are the organization's property, subject to the organization's		Yes L No
6	Did the organization inform all grantees, donors, and donor a		
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
			Yes No
	rt'Il Conservation Easements. Complete If the org	<del></del>	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	<del></del>	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
8	Total number of conservation easements		28
þ	The state of the s		
¢	Number of conservation easements on a certifled historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure
			. 2d
3	Number of conservation casements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	ition easements during the year
	<b>\$</b>		4 M M M M
8	Does each conservation easement reported on line 2(d) above		. — —
_	and section 170(h)(4)(B)(II)?		Yes No
9	in Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization.	tion's financial statements that describes	the organization's accounting for
IBa	conservation easements. rt-III   Organizations Maintaining Collections o	f Art Historical Transuras or O	thar Similar Assats
Fa	Complete If the organization answered "Yes" on Form	•	ther Silling Assets.
18	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		to an all health are a should be a sub-like and and believe all and
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		<b>.</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		5
-			> \$
2	If the organization received or held works of art, historical tre		ıl gain, provide
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items:	<b>&gt;</b> 0
			. 💆 🐧
	Assets included in Form 990, Part X  For Panerwork Reduction Act Notice see the Instruction	o for Form 000	\$ Schedule D (Form 990) 2017

732051 10-09-17

		& LAKE CO										
Pa	rt III Organizations Maintaining C	Collections of A	rt, Histo	rical "	<u> Treasures</u>	, or Oth	er Simil	ar Asse	ts/contin	ued)		
3	Using the organization's acquisition, access	ion, and other record	ds, check a	ny of th	ne following t	hat are a	significant	use of its	callection	ı items		
	(check all that apply):											
а	Public exhibition	c	ا 🗀 لو	an or e	xchange prog	grams						
b	Scholarly research	•	ot	her								
С	c Preservation for future generations											
4	and the contract of the contra											
5	During the year, did the organization solicit of	•										
	to be sold to raise funds rather than to be m					_			Yes	□ No		
Pa	rt IV   Escrow and Custodial Arran					d "Yes" o	Form 990	). Part IV.				
	reported an amount on Form 990, Pa	-	<b></b>	<i>3</i>					,,			
1a	Is the organization an agent, trustee, custod		dlary for co	ntributi	ons or other	assets no	t included			·		
	on Form 990, Part X?								Yes	X No		
h	If "Yes," explain the arrangement in Part XIII						,					
_	it too, explain the arrangement in tare the	and complete the re	mothing tar	,,,,,					Amount			
С	Beginning balance						1c		- unounc			
	Additions during the year		•• •		· · · · ·	• •	1d					
	Distributions during the year		• • • •	•• •			1e					
							1f					
f	Ending balance					 طوال خور روم		Tx	Yes	□ No		
	Did the organization include an amount on F						-	-	i tes	X		
	If "Yes," explain the arrangement in Part XIII.							<u> </u>	<del></del>	<u></u>		
Fai	t V Endowment Funds. Complete						(d) Three y	ages book		usara baak		
		(a) Current year	(b) Prio	r year	(c) Iwo ye	ars back	(a) three y	ears Dack	(e) roui	years back		
1a	Beginning of year balance								<u> </u>			
b	Contributions	·							ļ			
С	Net investment earnings, gains, and losses								ļ			
d	Grants or scholarships											
е	Other expenditures for facilities				ł							
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g,	column	(a)) held as:							
а	Board designated or quasi-endowment		%∮									
b	Permanent endowment	%	_									
С	Femporarily restricted endowment ▶											
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
За	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re held	and adminis	tered for t	he organiz	ation				
	by.	v					•		[·	Yes No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sch	 edule F					3b			
4	Describe in Part XIII the intended uses of the						• • • • •	• •••				
	t VI Land, Buildings, and Equipm		William Idi									
	Complete if the organization answered		). Part IV. I	ne 11a.	See Form 99	90. Part X	. line 10.					
	Description of property	(a) Cost or o			st or other		ccumulate	d I	(d) Book	value		
	beautiful of property	basis (investr			s (other)	1 '	preciation	"	(a) Doon	valuo		
4-	Land	223/3/11/75011			76,760		production	5,08	76	760.		
	Land				36,699	<del>                                     </del>	7,4	15		,294.		
	Buildings	· · }			20,022	<del>'</del>	1,2	<del></del>	123	1234		
	Leasehold improvements	••			54,628	<del> </del>	12,7	<del></del>	7/1	,873.		
		··			J4,UZO	<del></del>	14,1		<u>_</u>	,0/3.		
	Other	aud Form 000, Part	Vachuma	(D) line	1001	.1			247	927.		

Schedule D (Form 990) 2017

732053 10-09-17

organization's llability for uncortain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

	t XI Reconciliation of Revenue per Audited Financial Statemen			L329382 Page 4
Fa	<del></del>	its with nevenue her	netun	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			3,534,094.
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	3,334,034.
a	Net unrealized gains (losses) on investments	28	10.74	
b	Donated services and use of facilities	2b		
c	Description of extension manual	20	1/2/ 1/2	
d	Other (Describe in Part XIII.)	2d	1.33	
e	Add lines 2a through 2d	20]		٥.
3	Culatura de lina da fura a lina d		3	3,534,094.
-		• • • • • •	·   - 3-+	3,334,034.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ما		
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-[88]	
Ь	Other (Describe in Part XIII.)	4b	- '∵``	٥
	Add lines 4a and 4b		4c	3,534,094.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses pe	r Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1 1	3,583,823.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		37.5	
а	Donated services and use of facilities	2a	1,7,24,7	
ь	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d	[ <del></del> ]	2e	0.
3	Subtract line 2e from line 1		3	3,583,823.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		·	
-		4a		
b	Other (Describe In Part XIII.)	4b	- 33	
	Add hear do and de		- 4c	0.
5			5	3,583,823.
	t XIII Supplemental Information.			3730370231
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additi		e 4; Part :	K, line 2; Part XI,
PAF	T IV, LINE 2B:			· · · · · · · · · · · · · · · · · · ·
REF	PAYEE PROGRAM			
PAF	T X, LINE 2:	<del> </del>		
THE	ORGANIZATION FILES INCOME TAX RETURNS IN	THE U.S. FEDER	AL	<del></del>
JUF	ISDICTION. THE ORGANIZATION IS NO LONGER	SUBJECT TO U.S	. FED	ERAL
INC				
	OME TAX EXAMINATIONS BY TAX AUTHORITIES FO	R YEARS BEFORE	JUNE	30, 2014.
CUF	OME TAX EXAMINATIONS BY TAX AUTHORITIES FOR RENTLY, THERE IS NO EXAMINATION OR PENDING			
INI	RENTLY, THERE IS NO EXAMINATION OR PENDING	EXAMINATION W	ITH T	НЕ
INT	RENTLY, THERE IS NO EXAMINATION OR PENDING PERNAL REVENUE SERVICES (IRS).  ORGANIZATION ADOPTED THE PROVISIONS OF FA	EXAMINATION W	ACCO	HE UNTING FOR
INT	RENTLY, THERE IS NO EXAMINATION OR PENDING	EXAMINATION W	ACCO	HE UNTING FOR

Sched Part	ule D XIII	(Form 99 Suppl	90) 2017 ementa	al Inform	ation (	continued)	LAKE	COMMUN	TTY	ACT.	LOM	SERVICE	393	1329	38∠ Page
ARE	МО	TAX	POSI	TIONS	FOR	WHICH	THE	DEDUCT	IBII	LITY	IS	CERTAIN	BUT	FOR	WHICH
HE	RE_	IS U	NCERT	YTNIA	REG	ARDING	THE	TIMING	OF	SUCI	H DI	EDUCTIBII	LITY	)	<u>-</u> -
							<u></u>		<del></del>						
								-							
							•								
												······································			
										<del></del>		·····-			
		·	<del></del>	<del></del>	··	<del>_</del>		<u></u>						<u> </u>	<del></del>
		<del></del>					<del></del>	·- <del></del>							
					<del>-</del>						<del></del> .		<del>,</del>		- <u></u>
		·				<del></del>									<del></del>
						· · · · · · · · · · · · · · · · · · ·					<del></del>				
								<del></del>							
		<del> </del>													
												······			
							· · · · · ·								
					_										
e de la constante de la consta	- (- <u>- )     (- )   (-</u>		ellynd steriotics	<del>Den Maria Maria de</del>	GA AND THOU		w wie sit	erine Martin States	 						
		<u> </u>	-												
											·				
			*****	· · · · · · · · · · · · · · · · · · ·		······································				· · · · ·					
				<del></del>		·-··		<del></del>						<del></del>	-
				· · · · · · · · · · · · · · · · · · ·								<del></del>			
	<del></del> -							·							

SCHEDULE (Form 990)

Department of the Treasury

# 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.

Employer identification number 93-1329382 Inspection (h) Purpose of grant or assistance HOMELESS SERVICES PROVIDE FUNDS FOR HOMELESS SERVICES PROVIDE FUNDS FOR X Yes 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 . . . . . . . . . . . . . Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection : (g) Description of noncash assistance : : (f) Method of valuation (book, FMV, appraisal, other) ■ Go to www.irs.gov/Form990 for the latest information. 0 ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. KLAMATH & LAKE COMMUNITY ACTION SERVICES recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. : 14,902 (d) Amount of 17,255 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (C)(3) 501 (C)(3) Enter total number of other organizations listed in the line 1 table 93-0895209 93-0981933 General Information on Grants and Assistance (b) EIN critena used to award the grants or assistance? 1 (a) Name and address of organization or government KLAMATH FALLS, OR 97601 KLAMATH FALLS, OR 97601 INTEGRAL YOUTH SERVICES KLAMATH CRISIS CENTER Name of the organization Internal Revenue Service PO BOX 1385 PO BOX 1358 Partil Part

Schedule I (Form 990) (2017)

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. KLAMATH & LAKE COMMUNITY ACTION SERVICES Schedule ( (Form 990) (2017) , Part III,

Page 2

93-1329382

Schedule I (Form 990) (2017) (f) Description of noncash assistance (book, FMV, appraisal, other) Part IV: Supplemental Information. Provide the information required in Part I, line 2. Part III, column (b); and any other additional information. Ö THEY PERFORM A MONITOR THE ORGANIZATION GETS THE BACKUP DOCUMENTATION FOR ALL REIMBURSEMENT 0 (d) Amount of non-cash assistance o, o 524,152. 192,154. 129,764. 31 (c) Amount of cash grant THESE ORGANIZATIONS ANNUALLY OR EVERY TWO YEARS. ALSO, 812 234 5183 (b) Number of recipients REQUESTS FROM THE OTHER ORGANIZATIONS. ONGOING FAMILY SERVICES, INCLUDING THE FOLLOWING PROGRAMS: HPRP, LIRHF, HSP, HTBA, EHA, AND ESGP. PAMILY SUPPORT & CONNECTIONS, AND HOMEOWNERSHIP. PROGRAMS: REP PAYEE SERVICES, FAMILY NAVIGATOR, PROGRAMS: LIHEAP, OEAP, LRAP, ORHEAT, PROJECT UTILITY ASSISTANCE, INCLUDING THE FOLLOWING RENTAL ASSISTANCE, INCLUDING THE FOLLOWING (a) Type of grant or assistance <u>ر</u> LINE SHARE, AND CARES. 732102 11-01-17 PART I.

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection **Employer Identification number** Name of the organization KLAMATH & LAKE COMMUNITY ACTION SERVICES 93-1329382 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: KLAMATH AND LAKE COUNTIES. KLCAS PROVIDES STRATEGIC SERVICES DIRECTLY AND THROUGH SOCIAL ALLIANCES, EMPOWERING PEOPLE TO BECOME SELF-RELIANT CONTRIBUTING MEMBERS OF OUR COMMUNITY. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FOOD TO FAMILIES AND INDIVIDUALS IN NEED AND CONNECT THEM WITH LOCAL SERVICES. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 ALONG WITH THE SUPPORTING SCHEDULES WAS PRESENTED BY OUR ALL ITEMS WERE REVIEWED BY THE BOARD AND QUESTIONS INDEPENDENT AUDITOR. WERE ANSWERED AS NEEDED. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST IS DISCUSSED AT THE BOARD MEETINGS THROUGHOUT THE YEAR TO MAKE SURE THERE IS NO ISSUE. FORM 990, PART VI, SECTION B, LINE 15: LOOK AT COLA'S FOR THE UPCOMING FISCAL YEAR AND BUDGETS TO SEE IF THEY CAN THE BOARD REVIEWS THE EXECUTIVE DIRECTOR WAGES AND THE AFFORD THE RAISE.

FORM 990, PART VI, SECTION C, LINE 18:

THE POLICY IS THAT UPON WRITTEN REQUEST ANY DOCUMENTS REQUESTED WILL BE

PROVIDED TO THE GENERAL PUBLIC, EXCEPT THOSE OF A SENSITIVE NATURE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

EXECUTIVE DIRECTOR LOOKS AT THE FISCAL MANAGER WAGES.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization  KLAMATH & LAKE COMMUNITY ACTION SERVICES	Employer Identification numb
REGARDING PARTICULAR FUNDS.	
t	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFL	ICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON WRIT	TEN OR IN PERSON
REQUEST, EXCEPT THOSE OF A SENSITIVE NATURE REGARDING PAI	RTICULAR FUNDS.
PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM LAST YEAR.	
•	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047

2017 Open to Public Employer identification number 93-1329382

> ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990. KLAMATH & LAKE COMMUNITY ACTION SERVICES Department of the Treasury Internal Revenue Service Name of the organization

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

Parti

(e)	(q)	(c)	(p)	(a)	( <del>)</del> )
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
		וסופולוון כסמוויווא)			
KLCAS HOUSING ASSISTANCE LLC - 93-1329382					KLAMATH & LAKE
2300 CLAIRMONT DRIVE					COMMUNTY ACTION
KLAMATH FALLS, OR 97601	LOW INCOME HOUSING	OREGON	28,555.	212,969.	212,969.SERVICES
	,		•		,
Part II dentification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the organization an	nswered "Yes" on Form 990, Pa	rt IV, line 34, becaus	se it had one or more	related tax-exempt

(a)	(p)	(၁)	(p)	(e)	(J)	(6)	06.74.03
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charty	Direct controlling	ogues contro	KOX 13) Bed
of related organization		foreign country)		status (if section	entity	entut	٠,
				501(c)(3))		Yes	No
	<b></b>						
			Ų				
	<del>,</del>						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Form 990) 2017	(Form 990	) 2017

93-1329382 Page 2

galaderekskalis,

Schedule R (Form 990) 2017 KLAMATH & LAKE COMMUNITY ACTION SERVICES

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a partnership during the tax year.	irmership during the ta	k year.							<u> </u>			
(a)	<b>(</b> a)	<u>ල</u>		(e)		E	<u> </u>		Ē	Ξ	5	€
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Direct controlling entity	Predomina (related, L excluded from sections 5	Predominant income S (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Sharë'of end-of-year assets		Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner	General or Percentage managing ownership partner?
							Andrewsky Contracting		2			,
							of Line State Have Long					
			•				indiana di salaman di					
Part IV. Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form	ganizations Taxable a orporation or trust durin	s a Corpo g the tax	oration or Trust Co	omplete if the	e organization	answered "Yes	a on Form	990, Part	IV, line 34,	1,990, Part IV, line 34, because it had one or more related	ad one or	nore related
(a) Name, address, and EIN of related organization	N C	Pna	(b) Primary activity	(C) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income		(9) Share of end-of-year assets	(h) Percentage ownership	Section S12(b)(13) Controlled entity?
							Hermette.					
								Ed. 300			:	
								San Dang affirm the Afficia				
						-	and a second					
							STARTER STATE					
732162 09-11-17				3						Schec	dule R (Fo	Schedule R (Form 990) 2017

Page

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

בין ייזוני				⊢
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rela	ited organizations listed i	n Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				13
				<del>-</del>
City amount or countral contribution from valeted constraints(c)				
C Cilit, grant, or capital contribution notificated organization(s)		: : : : : : : : : : : : : : : : : : : :		
d Loans or loan guarantees to or for related organization(s)		:		P
			:	<b>Te</b>
f Dividends from related organization(s)		: : : : : : : : : : : : : : : : : : : :		=
g Sale of assets to related organization(s)	: : : : : : : : : : : : : : : : : : : :		:	19
Purchase of assets from related organization(s)				÷
	:	: : : : : : : : : : : : : : : : : : : :		ï
i Exchange of assets with related organization(s)	: : : : : : : : : : : : : : : : : : : :			=
i Lease of facilities, equipment, or other assets to related organization(s)				<b>=</b>
				` .
(a) more production and advanced to the second seco				1 3
K Lease of Jaciffues, equipment, of ourer assets from reface organization(s)				
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)	:::::::::::::::::::::::::::::::::::::::		=
m Performance of services or membership or fundraising solicitations by related organization(s)	;			th
- Chairs of facilities an imment mailing lists or other secots and released arrestituties				10
	:			
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	:::::::::::::::::::::::::::::::::::::::			9
				:
				;
p neimbursement paid to related organization(s) for expenses		: : : : : : : : : : : : : : : : : : : :		1
q Reimbursement paid by related organization(s) for expenses	:: .: :: .			19
				_
				1
: : : : :				
s Other transfer of cash or property from related organization(s)				1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete this	s line, including covered i	relationships and transaction thresholds.	
			4.7	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	olveď
	type (a-s)			
<del>.</del>				
(4)				
3				
(3)				
(4)				
(5)				
3				
(0)	36			1,000
732163 09-11-17	2		Schedule	Schedule K (Form 990) zu IV

SERVICES	
ACTION S	
& LAKE COMMUNITY	
5 LAKE	
KLAMATH 8	
Schedule R (Form 990) 2017	

93-1329382

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	יייייייייייייייייייייייייייייייייייייי		101311103.	-				.1.		
(a)	(a)	(c)	(a)	(e)	E	(B)	Ξ	S .	8	<u>\$</u>
Name, address, and EIN of entry	Primary activity	픙 '흗	(related, unrelated,	501(c)(3)	Share of total	Share of end-of-year	Orspropor- bonate a	Code V-UBI amount in box 20	General or managung partner?	amount in box 20 managing ownership -
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes	
								فنيت ا		
								ula estada		•
								(et 5)	<del></del>	
				_				-11.11		
								المعجد		
								****		
							_	-74.0		
								<b>-1</b> -2-4-		
								311.		
				_				21.0		
								ندر تربي		
	•		•	H						
		-		_				مناحد		
								ندع شعر		
				-	,			L SID		
								a <sup>ter</sup> lise		
		-						us če	_	
								u-Pe z		
							-	_ v	<u> </u>	
								imalo		
				_	-		_	<u> </u>		
			,							
								o serve		
								interest		
								···		
				_				-		
										_
								e de la compa		
								Schedule	R (Forr	Schedule R (Form 990) 2017

irt VII	(Form 990) 2017 Supplemental li	nformation.			1		
	Provide additional in	formation for respon	ses to questions	on Schedule R	See Instructions		
	· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>	<del></del>	<del></del>	
							<del></del>
			<del> </del>	<del></del>		<del></del>	
			<del></del>				
		· · · · · · · · · · · · · · · · · · ·			***		
			<del></del>	<u>,</u>		<u></u>	
			<del></del>				·
				•			
		· <del></del>					
						·	
			<u> </u>				
_							
<del> </del>	<u> </u>		<del></del>				<del></del>
				•			
		<del></del>	<del></del>			<del></del>	<del></del>
	· · · · · · · · · · · · · · · · · · ·					······································	······································
							<del></del>
<del></del>						·	<del> </del>