

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation FAVELL MUSEUM INC		A Employer identification number 20-0524744	
Number and street (or P O box number if mail is not delivered to street address) 125 W MAIN STREET	Room/suite	B Telephone number (see instructions) (541) 882-9996	
City or town, state or province, country, and ZIP or foreign postal code KLAMATH FALLS, OR 97601		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>5,535,610</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	183,572			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	10	10	10	
	4 Dividends and interest from securities				
	5a Gross rents	8,493	8,493	8,493	
	b Net rental income or (loss)	8,493			
	6a Net gain or (loss) from sale of assets not on line 10	786			
	b Gross sales price for all assets on line 6a	786			
	7 Capital gain net income (from Part IV, line 2)		786		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances	4,733			
b Less Cost of goods sold	2,971				
c Gross profit or (loss) (attach schedule)	1,762		1,762		
11 Other income (attach schedule)	100,951	0	100,951		
12 Total. Add lines 1 through 11	295,574	9,289	111,216		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	60,000	0	0	60,000
	14 Other employee salaries and wages	50,522	0	30,817	19,705
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	5,015	0	500	4,515
	c Other professional fees (attach schedule)	2,429	257	217	1,955
	17 Interest	3,949	0	0	3,949
	18 Taxes (attach schedule) (see instructions)	17,091	0	4,615	12,085
	19 Depreciation (attach schedule) and depletion	35,261	0	0	
	20 Occupancy	29,581	0	2,379	27,202
	21 Travel, conferences, and meetings	533	0	0	533
	22 Printing and publications	2,070	0	0	2,070
	23 Other expenses (attach schedule)	86,839	0	11,962	74,877
	24 Total operating and administrative expenses. Add lines 13 through 23	293,290	257	50,490	206,891
	25 Contributions, gifts, grants paid	0			0
26 Total expenses and disbursements. Add lines 24 and 25	293,290	257	50,490	206,891	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	2,284				
b Net investment income (if negative, enter -0-)		9,032			
c Adjusted net income (if negative, enter -0-)			60,726		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	20,771	47,122	47,122
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use	86,156	84,414	84,414
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ 1,765,044 Less accumulated depreciation (attach schedule) ▶ 705,153	1,095,152	1,059,891	1,059,891
15 Other assets (describe ▶ _____)	4,345,058	4,344,183	4,344,183	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	5,547,137	5,535,610	5,535,610	
Liabilities	17 Accounts payable and accrued expenses	755	1,782	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)	115,549	103,631	
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	116,304	105,413	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	5,430,833	5,430,197		
30 Total net assets or fund balances (see instructions)	5,430,833	5,430,197		
31 Total liabilities and net assets/fund balances (see instructions) .	5,547,137	5,535,610		

Part III Analysis of Changes in Net Assets or Fund Balances			
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)		1	5,430,833
2 Enter amount from Part I, line 27a		2	2,284
3 Other increases not included in line 2 (itemize) ▶ _____		3	186
4 Add lines 1, 2, and 3		4	5,433,303
5 Decreases not included in line 2 (itemize) ▶ _____		5	3,106
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .		6	5,430,197

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a AGENCY FUND GAINS	D		
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 786			786
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			786
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	786
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	227,074	53,459	4.247629
2016	209,626	74,860	2.800240
2015	203,640	105,140	1.936846
2014	169,560	130,409	1.300217
2013	151,084	147,103	1.027063

2 Total of line 1, column (d)	11.311995
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	2.262399
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	55,385
5 Multiply line 4 by line 3	125,303
6 Enter 1% of net investment income (1% of Part I, line 27b)	90
7 Add lines 5 and 6	125,393
8 Enter qualifying distributions from Part XII, line 4	206,891

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes categories like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', and 'Tax due'. Total amount owed is 1,028.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Columns for 'Yes' and 'No' answers.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW FAVELLMUSEUM ORG
14 The books are in care of JANANN LOETSCHER Telephone no (541) 882-9996

Located at 125 W MAIN STREET KLAMATH FALLS OR ZIP+4 97601

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -check here and enter the amount of tax-exempt interest received or accrued during the year 15

16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
JANANN LOETSCHER 1421 WILD PLUM COURT KLAMATH FALLS, OR 97601	EXECUTIVE DIRECTOR	60,000
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 THE CORPORATION IS A MUSEUM WHICH PROVIDES EDUCATIONAL, SCIENTIFIC AND LITERARY WORKS OF ART HAVING CULTURAL, ARCHAEOLOGICAL AND ANTHROPOLOGICAL SIGNIFICANCE TO THE PUBLIC	0
2 _____	
3 _____	
4 _____	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _____	
2 _____	
All other program-related investments. See instructions	
3 _____	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	32,886
b	Average of monthly cash balances.	1b	23,342
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	56,228
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	56,228
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	843
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	55,385
6	Minimum investment return. Enter 5% of line 5.	6	2,769

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	206,891
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	206,891
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	90
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	206,801

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. 2004-04-01

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	2,769	2,673	3,743	5,257	14,442
b 85% of line 2a	2,354	2,272	3,182	4,468	12,276
c Qualifying distributions from Part XII, line 4 for each year listed	206,891	227,376	210,310	204,314	848,891
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	206,891	227,376	210,310	204,314	848,891
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets	5,535,610	5,547,137	5,569,192	5,686,757	22,338,696
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	5,513,780	5,524,246	5,541,437	5,603,635	22,183,098
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					0
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	286,285	275,716	189,216	216,845	968,062
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).	286,285	275,716	189,216	216,845	968,062
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income	9,289	30,414	68,542	67,677	175,922

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
 See Additional Data Table

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

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

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total ▶ 3a				
b <i>Approved for future payment</i>				
Total ▶ 3b				

Part XVI-A Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like Program service revenue, Fees and contracts from government agencies, Membership dues, Interest on savings, Dividends, Net rental income, and Subtotal.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and description. Line 1A: GENERAL ADMISSION CHARGED, PROCEEDS USED TO OFFSET COSTS. Line 9: FUNDRAISING INCOME, PROCEEDS USED TO OFFSET COSTS.

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1) Cash.		No
(2) Other assets.		No
b Other transactions:		
(1) Sales of assets to a noncharitable exempt organization.		No
(2) Purchases of assets from a noncharitable exempt organization.		No
(3) Rental of facilities, equipment, or other assets.		No
(4) Reimbursement arrangements.		No
(5) Loans or loan guarantees.		No
(6) Performance of services or membership or fundraising solicitations.		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Sign Here ***** 2019-08-13 *****

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr)? Yes No

Paid Preparer Use Only	Print/Type preparer's name TERRY SCROGGIN	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00136209
	Firm's name ▶ MOLATORE SCROGGIN PETERSON & CO LLP				Firm's EIN ▶ 93-0428202
	Firm's address ▶ 824 PINE STREET KLAMATH FALLS, OR 97601				Phone no (541) 884-4164

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NANCY WENDT	PRESIDENT	0	0	0
826 LOMA LINDA DR KLAMATH FALLS, OR 97601	1 00			
JIM CALVERT	VICE-PRESIDENT	0	0	0
4825 SUNSET RIDGE ROAD KLAMATH FALLS, OR 97601	1 00			
LAURA PULLEY	TREASURER	0	0	0
2326 MARINA DRIVE KLAMATH FALLS, OR 97601	1 00			
JUDY PHEARSON	SECRETARY	0	0	0
1180 HARBOR ISLES BLVD KLAMATH FALLS, OR 97601	1 00			
JANANN LOETSCHER	EXECUTIVE DIRECTOR	60,000	0	0
1421 WILD PLUM DRIVE KLAMATH FALLS, OR 97601	40 00			
MARK WENDT	DIRECTOR	0	0	0
3102 FRONT STREET KLAMATH FALLS, OR 97601	1 00			
WAYNE SNOOZY	DIRECTOR	0	0	0
10219 KESTREL ROAD KLAMATH FALLS, OR 97601	1 00			
ANN FAVELL SILVESTRI	DIRECTOR	0	0	0
15 LANE OF ACRES HADDONFIELD, NJ 08033	1 00			
MELVIN D FERGUSON	DIRECTOR	0	0	0
514 WALNUT AVE KLAMATH FALLS, OR 97601	1 00			
JANICE WOODHOUSE	DIRECTOR	0	0	0
19808 OKEEFE RD TULELAKE, CA 96134	1 00			
DOUGLAS OSBORNE	DIRECTOR	0	0	0
1243 FRONT STREET KLAMATH FALLS, OR 97601	1 00			
MADELEINE BLAKE	DIRECTOR	0	0	0
BOX 689 DORRIS, CA 96023	1 00			
WALTER WOODHOUSE	DIRECTOR	0	0	0
PO BOX 326 MERRILL, OR 97633	1 00			
DEBI CATRON	DIRECTOR	0	0	0
6506 REEDER ROAD KLAMATH FALLS, OR 97603	1 00			
RICHARD GARBUTT	DIRECTOR	0	0	0
525 MAIN STREET KLAMATH FALLS, OR 97601	1 00			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PAM STOEHSLER 2838 PATTERSON ST KLAMATH FALLS, OR 97603	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

NANCY WENDT

MARK WENDT

ANN FAVELL SILVESTRI

MELVIN D FERGUSON

TY 2018 Accounting Fees Schedule**Name:** FAVELL MUSEUM INC**EIN:** 20-0524744

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	5,015	0	500	4,515

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: FAVELL MUSEUM INC

EIN: 20-0524744

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND (RECEIVED 12/24/03)	2004-01-01	224,000		L		0	0	0	
BUILDING (RECEIVED 12/24/03)	2004-01-01	1,096,000	392,271	SL	39 000000000000	28,103	0	28,103	
DISPLAY CABINETS	2004-07-01	208,744	208,744	SL	7 000000000000	0	0	0	
IMPROVEMENTS	2004-06-30	2,162	745	SL	39 000000000000	55	0	55	
COMPUTER	2004-07-03	1,191	1,191	SL	5 000000000000	0	0	0	
COMPUTER	2005-07-01	1,168	1,168	SL	5 000000000000	0	0	0	
COUNCIL ROOM	2005-07-01	129,868	41,486	SL	39 000000000000	3,330	0	3,330	
80 FOLDING CHAIRS	2006-02-23	1,599	1,599	SL	5 000000000000	0	0	0	
PRESARIO COMPUTER	2006-05-12	580	580	SL	5 000000000000	0	0	0	
LIGHTING	2006-11-27	24,409	6,964	SL	39 000000000000	626	0	626	
BOILER	2006-12-31	13,284	3,765	SL	39 000000000000	341	0	341	
MISC EQUIPMENT	2006-04-30	320	320	SL	5 000000000000	0	0	0	
TABLES AND RACKS	2006-05-30	2,031	2,031	SL	5 000000000000	0	0	0	
MP3 MUSIC PLAYER	2006-11-02	80	80	SL	5 000000000000	0	0	0	
COMPUTER	2011-03-01	1,120	1,120	SL	5 000000000000	0	0	0	
GIFT SHOP REMODEL	2008-10-31	5,694	1,344	SL	39 000000000000	146	0	146	
BATHROOM REMODEL	2008-10-31	4,560	1,077	SL	39 000000000000	117	0	117	
COMPUTER EQUIPMENT	2013-04-23	405	365	SL	5 000000000000	40	0	27	
SECURITY SYSTEM	2015-06-17	16,950	4,238	SL	10 000000000000	1,695	0	1,695	
SECURITY SYSTEM	2016-06-02	220	33	SL	10 000000000000	22	0	22	

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
GIFT SHOP UPGRADE	2016-05-02	1,009	42	SL	39 00000000000000	26	0	26	
NEW HVAC SYSTEM	2017-01-25	29,650	729	SL	39 00000000000000	760	0	760	

TY 2018 Land, Etc. Schedule

Name: FAVELL MUSEUM INC

EIN: 20-0524744

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND (RECEIVED 12/24/03)	224,000	0	224,000	
BUILDING (RECEIVED 12/24/03)	1,096,000	420,374	675,626	
DISPLAY CABINETS	208,744	208,744	0	
IMPROVEMENTS	2,162	800	1,362	
COMPUTER	1,191	1,191	0	
COMPUTER	1,168	1,168	0	
COUNCIL ROOM	129,868	44,816	85,052	
80 FOLDING CHAIRS	1,599	1,599	0	
PRESARIO COMPUTER	580	580	0	
LIGHTING	24,409	7,590	16,819	
BOILER	13,284	4,106	9,178	
MISC EQUIPMENT	320	320	0	
TABLES AND RACKS	2,031	2,031	0	
MP3 MUSIC PLAYER	80	80	0	
COMPUTER	1,120	1,120	0	
GIFT SHOP REMODEL	5,694	1,490	4,204	
BATHROOM REMODEL	4,560	1,194	3,366	
COMPUTER EQUIPMENT	405	405	0	
SECURITY SYSTEM	16,950	5,933	11,017	
SECURITY SYSTEM	220	55	165	
GIFT SHOP UPGRADE	1,009	68	941	
NEW HVAC SYSTEM	29,650	1,489	28,161	

TY 2018 Other Assets Schedule**Name:** FAVELL MUSEUM INC**EIN:** 20-0524744**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MUSEUM "COLLECTION" - FAVELL	2,625,409	2,625,409	2,625,409
MUSEUM "COLLECTION" - WENDT	1,673,909	1,673,909	1,673,909
ENDOWMENT FUND-KCF	30,740	29,865	29,865
PAINTING-COLLECTABLE	15,000	15,000	15,000

TY 2018 Other Decreases Schedule**Name:** FAVELL MUSEUM INC**EIN:** 20-0524744

Description	Amount
UNREALIZED GAIN/LOSS ADJUSTMENT-INVESTMENTS	2,590
BOOK/TAX DIFFERENCE-COST OF GOODS SOLD	516

TY 2018 Other Expenses Schedule**Name:** FAVELL MUSEUM INC**EIN:** 20-0524744**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	2,030	0	0	2,030
BANK SERVICE CHARGES	2,669	0	0	2,669
COMMISSIONS	11,962	0	11,962	0
OFFICE EXPENSE	4,585	0	0	4,585
FUNDRAISING EXPENSES	37,435	0	0	37,435
MISC EXPENSES	184	0	0	184
PROGRAM & EXHIBIT EXPENSE	27,482	0	0	27,482
SUPPLIES	492	0	0	492

TY 2018 Other Income Schedule**Name:** FAVELL MUSEUM INC**EIN:** 20-0524744**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MUSEUM ADMISSION	17,496		17,496
CONSIGNMENT COMMISSIONS	16,747		16,747
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	66,708		66,708

TY 2018 Other Increases Schedule**Name:** FAVELL MUSEUM INC**EIN:** 20-0524744

Description	Amount
KLAMATH COMMUNITY FUND ENDOWMENT FUND EARNINGS	186

TY 2018 Other Professional Fees Schedule**Name:** FAVELL MUSEUM INC**EIN:** 20-0524744

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONTRACT HIRE	2,172	0	217	1,955
INVESTMENT EXPENSES	257	257	0	0

TY 2018 Taxes Schedule**Name:** FAVELL MUSEUM INC**EIN:** 20-0524744

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CT-12 FILING	200	0	0	200
FILING FEES	50	0	0	50
OREGON EXCISE TAX	159	0	159	0
PAYROLL TAX EXPENSE	15,982	0	4,456	11,835
FEDERAL INCOME TAX	700	0	0	0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
FAVELL MUSEUM INC

Employer identification number
20-0524744

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
FAVELL MUSEUM INC

Employer identification number
20-0524744

Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization FAVELL MUSEUM INC	Employer identification number 20-0524744
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Part II	Noncash Property
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(See instructions) Use duplicate copies of Part II if additional space is needed _____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____

Name of organization FAVELL MUSEUM INC	Employer identification number 20-0524744
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____	_____ _____

Additional Data

Software ID:
Software Version:
EIN: 20-0524744
Name: FAVELL MUSEUM INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NANCY WENDT 826 LOMA LINDA DR KLAMATH FALLS, OR 97601	\$ 71,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	KLAMATH COUNTY TOURISM 305 MAIN ST KLAMATH FALLS, OR 97601	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	FORD FAMILY FOUNDATION 1600 NW STEWART PARKWAY ROSEBURG, OR 97471	\$ 23,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	SKY LAKES MEDICAL CENTER 2865 DAGGETT AVENUE KLAMATH FALLS, OR 97601	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	DOUGLAS KINTZINGER 444 6TH ST LAKE OSWEGO, OR 97034	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	MARK WENDT 3102 FRONT ST KLAMATH FALLS, OR 97601	\$ 30,464	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JOHN & ANN SILVESTRI		Person <input checked="" type="checkbox"/>
	15 LANE OF ACRES		Payroll <input type="checkbox"/>
	HADDONFIELD, NJ 08033	\$ 5,175	Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	WENDT FAMILY FOUNDATION		Person <input checked="" type="checkbox"/>
	2636 BIEHN ST		Payroll <input type="checkbox"/>
	KLAMATH FALLS, OR 97601	\$ 5,000	Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
9	ROCKY MOUNTAIN CONSTRUCTION		Person <input checked="" type="checkbox"/>
	4815 TINGLEY LANE		Payroll <input type="checkbox"/>
	KLAMATH FALLS, OR 97603	\$ 5,000	Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
10	KARL KNUDSEN MDPC		Person <input checked="" type="checkbox"/>
	2200 BRYANT WILLIAMS DR STE 1		Payroll <input type="checkbox"/>
	KLAMATH FALLS, OR 97601	\$ 15,000	Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)