		9
l	}	2939325010543
		9

•	·		EXTENDED TO NOV				<del>7 0</del> 2		
Form	<sub>2</sub> 990-T	E	xempt Organization Bus			ax Retur	'n	OMB	No 1545-0687
		l	(and proxy tax und	er se				2	018
	•	For ca	endar year 2018 or other tax year beginning		, and ending				U IU
	rtment of the Treasury nat Revenue Service	Ì▶	► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may				3)	Open to F	Public Inspection for Organizations Only
A [	Check box if				and see instructions.)		D Em	<del></del>	tification number
	address changed			_	·			tructions)	15t, See
	xempt under section	Print	FAVELL MUSEUM, INC.						524744
<u> X</u>	501(c <u>0</u> 13)	or Type	Number, street, and room or suite no. If a P.O. box	x, see in	structions.			elated busi e instructior	ness activity code
F	408(e) 220(e)	.,,,,	125 W MAIN STREET		<del></del>		_		
F			City or town, state or province, country, and ZIP o	_	n postal code		4 = -	2220	
_ <u></u>		<u>L.</u>	KLAMATH FALLS, OR 976 F Group exemption number (See instructions.)	<u> </u>			<del>4</del> 3 .	3220	
at	ook value of all assets end of year 5,535,6	10.	G Check organization type   X 501(c) corp	ooration	501(c) trust	4010	a) trust		Other trust
H Er	nter the number of the	organiza	tion's unrelated trades or businesses	1		the only (or first)			
tra	ide or business here	► SI	EE STATEMENT 16			complete Parts I-\			ie,
de	scribe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	e M for each additi	onal tra	de or	
	siness, then complete			_					
		-	oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	<b>&gt;</b>	<u></u>	Yes 🚨	K No
			ifying number of the parent corporation.		Talaah	one number	E / 1	000	0006
			JANANN LOETSCHER le or Business Income	ī	(A) Income	one number  (B) Expens		<u>-882-</u>	(C) Net
	Gross receipts or sale		4,734.		(rly modifie	(B) Expens		+	(0) NCI
	Less returns and allow		c Balance	10	4,734.				
2	Cost of goods sold (S		A, line 7)	2	2,971.				
3	Gross profit. Subtract			3	1,763.				1,763.
4 a	Capital gain net incom	ne (attac	h Schedule D)	4a					
			art II, line 17) (attach Form 4797)	4b		<del></del>			
	Capital loss deduction			4c					<del></del>
5			hip or an S corporation (attach statement)	5				+	
6 7	Rent income (Schedu Unrelated debt-finance		na (Schadula E)	7		<del></del>		<del> </del>	
8			nd rents from a controlled organization (Schedule F)	8				+	
<u>න</u> 9	-		n 501(c)(7), (9), or (17) organization (Schedule G)	-		L. <u>.</u>			
E <sub>0</sub>	Exploited exempt activ			10					
611	Advertising income (S		•	11					
$\bigcirc^{12}$			s; attach schedule) STATEMENT 17	12	16,747.			<del> </del>	<u> 16,747.</u>
	Total. Combine lines			13	18,510.				18,510.
Pa			t Taken Elsewhere (See instructions for itions, deductions must be directly connected						
$\Omega_{14}$	· · · · · · · · · · · · · · · · · · ·		ectors, and trustees (Schedule K)			· · · · · · · · · · · · · · · · · · ·	14	_	
岁15	Salaries and wages	.00.0, 0	ootors, and tractors (contours ty				15		16,984.
OF THE PROPERTY OF THE PROPERT	Repairs and mainten	ance					16		
<b>⊘</b> 17	Bad debts		T PEOEN/ED	7			17		
	Interest (attach sche	dule) (se	e instructions RECEIVED	31			18		
19	Taxes and licenses		ا مده می اگر	ół –			19		2,615.
20	Charitable contribution	ons (See	instructions fersimitation rules) 3 2019	b	ايما	2 220	20	-	<del></del>
21 22	Depreciation (attach		Schedula A and alcowhere contains	~	21 22a	3,238	-   22b		3 220
23	Depletion	illica oi	Schedule A and elsewhere on return, UT		[224]	_	23		3,238.
24	Contributions to defe						24		
25	Employee benefit pro						25		
26	Excess exempt exper	•	hedule I)				26		
27	Excess readership co	osts (Sch	nedule J)				27	$\perp$	
28	Other deductions (at				SEE STAT	EMENT 18			14,558.
29	Total deductions Ad		*				29		37,395.
30			come before net operating loss deduction. Subtrac				30		<u>-18,885.</u>
31		_	oss arising in tax years beginning on or after Janua	ry 1, 20	18 (see instructions)		31		10 005
32		•	come. Subtract line 31 from line 30 work Reduction Act Notice, see instructions.				32		-18,885. n <b>990-T</b> (2018)
623/0	יו טו-טש-וש ובו⊓אר ו־0	· · apcl						1.011	., <del></del> - (2010)

self-employed TERRY SCROGGIN P00136209 Preparer Firm's name ► MOLATORE SCROGGIN LLP Firm's EIN ▶ 93-0428202 **Use Only** 824 PINE STREET Firm's address ► KLAMATH FALLS, 97601 (541) 884-4164 OR Form 990-T (2018)

Schedule A - Cost of Goods	Sold. Ente	r method of invent	tory valua	ation ▶ L(	OWER	OF COST OR	MAF	RKET	
1 Inventory at beginning of year	1								,414.
2 Purchases	2		1,229. 7 Cost of goods sold Subtract line 6						-
3 Cost of labor	3		fro	om line 5. Enter h	ere and ın	Part I,			
4 a Additional section 263A costs			line 2						,971.
(attach schedule)	4a		<b>8</b> Do	the rules of sect	ion 263A (	(with respect to			res No
b Other costs (attach schedule)	4b		pro	operty produced	or acquire	d for resale) apply to			-
5 Total Add lines 1 through 4b	5	<u>87,385.</u>		organization?					X
Schedule C - Rent Income ( (see instructions)	From Real	Property and	d Perso	nal Propert	ty Leas	ed With Real Pro	opert	:y)	
Description of property									
(1)			_	<u> </u>					
(2)									
(3)		,,							
(4)									
	2. Rent receiv	ved or accrued							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	ersonal prop	property (if the percent of the percent) profit or income)	entage or if	3(a) Deductions direct columns 2(a) a	ly conne and 2(b)	cted with the inco (attach schedule)	ome in
(1)	***								
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		nter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	lncome (see i	nstructio	ons)					
			2 G	ross income from		3 Deductions directly co to debt-finar			
1. Description of debt-fine	anced property			ilocable to debt- anced property	(a)	Straight line depreciation (attach schedule)		(b) Other dedu (attach sched	
(1)					_				
(2)	<del>.</del>							_	
(3)	-						$\dashv$	· · · · · · · · · · · · · · · · · · ·	
(4)						<del>-</del>	<u> </u>		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)		olumn 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable de (column 6 x total 3(a) and 3	of columns
(1)				9/			-	·	
(2)				9/					
(3)				9/	6				
(4)				9/	,				
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and or Part I, line 7, coli	
Totals						C	).		0.
Total dividends received deductions upo	ludad in anlumi	n 0		'					

Form 990-T (2018)

				Exempt	Controlled O	rganizati	ons				
, 1 Name of controlled organiz	ation		nployer ication nber		related income e instructions)		al of specified nents made	include	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)											
(2)				ļ							
_(3)			-,	<u> </u>					_		
(4)						<u> </u>					
Nonexempt Controlled Organ	nizations										
7 Taxable Income		nrelated incor ee instruction		9 Total	of specified payi made	ments	10. Part of column the controllingross	mn 9 that ing organ s income	t is included ization's		eductions directly connected h income in column 10
(1)											
(2)	_										
(3)											
_(4)											
						•	Add colun Enter here and line 8, o		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<b>&gt;</b>			0.		0.
Schedule G - Investme	<b>ent Inco</b> r tructions)	ne of a	Section	n 501(c)(	7), (9), or	(17) Or	ganizatior	1			
<b>.</b>	cription of incor	me		., -	2 Amount of	ıncome	3 Deduction directly connect (attach scheduler)	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)						- 1	•				, , , , , , , , , , , , , , , , , , , ,
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co	lumn (A)	•				Enter here and on page 1 Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploited (see instr		Activity	/ Incom	e, Othe	r Than Ad	lvertisi	ng Income	•			
1 Description of exploited activity	2 Gr unrelated I income trade or b	business from	directly of with pro of uni	penses connected oduction related is income	4 Net incomfrom unrelated business (cominus colum gain, compute through	trade or llumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6 Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)						İ					
(3)					-	İ			_		
(4)											
	Enter here page 1, line 10, c	Part I, col (A)	page 1	re and on 1, Part I, , col (B)	;			,	,		Enter here and on page 1, Part II, line 26
Totals > Schedule J - Advertis	ing Incon	0.0	netriction	0.	,					_	0,
Part I Income From					solidated	Basis					
1. Name of periodical		2. Gross advertising income		3 Direct ertising costs	or (loss) (c		5. Circulal income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											]
(3)			1								1
(4)					1						<u> </u>
		<u> </u>									
Totals (carry to Part II, line (5))	<u> </u>		0.	0	<u> </u>		<u> </u>				0 .
											Form <b>990-T</b> (2018

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line by-line basis )

4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 7 Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross advertising income 6 Readership costs 5 Circulation 3 Direct 1. Name of periodical advertising costs ıncome (1) (2) (3) (4) 0. Totals from Part I 0 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 Totals, Part II (lines 1-5) 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	· · · · · · · · · · · · · · · · · · ·
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FAVELL MU	SEUM, INC.			20-0524	744	
FORM 990-T	DESCRIPTION O	F ORGANIZATION'S BUSINESS ACTIVIT	PRIMARY UNRELATED	STATEMENT	16	
GIFT SHOP	SALES OF UNRELATE	D MERCHANDISE.				
TO FORM 990	-T, PAGE 1					
FORM 990-T		OTHER INCOME		STATEMENT	17	
DESCRIPTION				AMOUNT		
EARNED COMM	ISSIONS			16,7	47.	
TOTAL TO FO	16,747.					
					_	
FORM 990-T	FORM 990-T OTHER DEDUCTIONS					
DESCRIPTION				TNUOMA		
INSURANCE COMMISSIONS UTILITIES CONTRACT LA				11,9 1,5	87. 62. 92.	
TOTAL TO FO	RM 990-T, PAGE 1,	LINE 28		14,5	58.	
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	19	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
12/31/05 12/31/06 12/31/07 12/31/08 12/31/09 12/31/10 12/31/11 12/31/11 12/31/12	14,350. 15,940. 19,513. 26,857. 8,371. 4,531. 5,449. 6,988. 5,397.	449. 0. 0. 0. 0. 0. 0.	13,901. 15,940. 19,513. 26,857. 8,371. 4,531. 5,449. 6,988. 5,397.	13,90 15,94 19,51 26,85 8,37 4,53 5,44 6,98 5,39	0. 3. 7. 1. 9.	
12/31/15 12/31/16 12/31/17	9,227. 12,148. 14,956.	0. 0. 0.	9,227. 12,148. 14,956.	9,22 12,14 14,95	8.	

0.

14,956.

NOL CARRYOVER AVAILABLE THIS YEAR

12/31/17

14,956.

143,278.

14,956.

143,278.