SCANNED MAR 2 8 2022

OREGON WILDFIRE FEMA EXT 1/15/2021 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.

	For calendar year 2019 or tax year beginning	, and ending					
	Name of foundation	:		A Employer identification	number		
	FAVELL MUSEUM, INC.	20-0524744					
	Number and street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number			
	125 W MAIN STREET			(541) 882-	9996		
	City or town, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is pe	ending, check here		
	KLAMATH FALLS, OR 97601						
	G Check all that apply: Initial return		ormer public charity	D 1. Foreign organizations	, check here		
	Final return	Amended return		Foreign organizations med check here and attach cor	eting the 85% test,		
,	H Check type of organization: X Section 501(c)(3) exe	Name change	12				
2		Other taxable private foundation		E If private foundation stat under section 507(b)(1)	. [1		
1.	Fair market value of all assets at end of year J Accounting		Accrual				
9	· I	ner (specify)	7,00,00	F If the foundation is in a 6 under section 507(b)(1).			
	▶\$ 5,543,993. (Part I, colum	n (d), must be on cash bas	is.)				
	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
•	1 Contributions, gifts, grants, etc., received	204,544.					
	2 Check In the foundation is not required to attach Sch. B						
	3 Interest on savings and temporary cash investments	12.	12.		STATEMENT, 1		
	4 Dividends and interest from securities	945.	945.		STATEMENT 2		
	5a Gross rents	12,198.	12,198.		STATEMENT 3		
	b Net rental income or (loss) 12,198.			A STATE OF THE PARTY OF THE PAR	EMED		
	ba Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		ente de la companya	<u> </u>	20 0001 8		
•	b Gross sales price for all assets not on line to	NO HARD DATE OF THE PROPERTY O	O *	W002200033A V 000 An 100 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	8 Net short-term capital gain			<u> </u>	<u> </u>		
	9 Income modifications			OGD	EN UTS		
	10a Gross sales less returns 1,611.				эничиемения 4		
	b Less Cost of goods sold 2,508.		PROPERTY OF THE PARTY OF THE PA				
	c Gross profit or (loss)	2,133.		2,133.			
	11 Other income	93,026.	13,155.		STATEMENT 5		
	12 Total. Add lines 1 through 11	312,858. 60,000.	13,155.	108,314.	60,000.		
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	56,504.	0.	15,380.	41,124.		
	15 Pension plans, employee benefits	30,3011		23,300.	11/141.		
	ν · · · · · · · · · · · · · · · · · ·						
,	b Accounting fees STMT 6 C Other professional fees STMT 7	3,235.	0.	500.	2,735.		
	c Other professional fees STMT 7	297.	297.	0.	0.		
ı	17 Interest 18 Taxes STMT 8 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 9 24 Total operating and administrative expenses. Add lines 13 through 23	5,150.	0.	0.	5,150.		
	18 Taxes STMT 8	10,458.	0.	1,477.	8,981.		
	19 Depreciation and depletion	35,221.	0.	0.	20 105		
	20 Occupancy	32,902. 50.	0.	2,717.	30,185.		
	21 Travel, conferences, and meetings 22 Printing and publications	368.	0.	0.	50. 368.		
	22 Printing and publications 23 Other expenses STMT 9	88,832.	0.	7,506.	81,326.		
	24 Total operating and administrative	00,032.	0.	7,500.	01,520.		
	expenses. Add lines 13 through 23	293,017.	297.	27,580.	229,919.		
)	25 Contributions, gifts, grants paid	0.			0.		
	26 Total expenses and disbursements.						
	Add lines 24 and 25	<u> 29</u> 3,017.	297.	27,580.	229,919.		
	27 Subtract line 26 from line 12:						
	Excess of revenue over expenses and disbursements	19,841.	10.050				
	b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)		12,858.	80.734.			

Fo	rm 99	90-PF (2019) FAVELL MUSEUM, INC.		20-	0524744 Page 2
ê Ç	art.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
<u> </u>	icilin.	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	47,122.	11,165.	11,165.
	1	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			
	7	disqualified persons Other notes and loans receivable	797		
	′	Less; allowance for doubtful accounts			
ıΛ	8	Inventories for sale or use	84,414.	83,091.	83,091.
Assets	9	Prepaid expenses and deferred charges	01/114.	03,031.	03,031.
As	1 -	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			· · ·
	1	Investments - corporate bonds	-		
	1	Investments - land, buildings, and equipment, basis			
	`	Less accumulated depreciation			**************************************
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis \(\sum_{1,765,044} \).	demondre to Allen in the second of the secon	and the following the control of the control of the	acinine in the annual and a state of the sta
		Less accumulated depreciation STMT $12 \triangleright 740,374$.		1,024,670.	1,024,670.
	15	Other assets (describe STATEMENT 13)	4,344,183.	4,425,067.	4,425,067.
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	5,535,610.		5,543,993.
	17	Accounts payable and accrued expenses	1,782.	1,878.	4
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	100 601	00 000	
jab	21	Mortgages and other notes payable	103,631.	88,362.	
_	22	Other liabilities (describe			Programme and the second
		7 1 1 1 19 (add been 47 thereach 00)	105 412	00 240	
	23_	Total liabilities (add lines 17 through 22)	105,413.	.90,240.	
		Foundations that follow FASB ASC 958, check here			
Net Assets or Fund Balances	١,,	and complete lines 24, 25, 29, and 30.			
lan	24 25	Net assets without donor restrictions Net assets with donor restrictions			
89	25	Foundations that do not follow FASB ASC 958, check here			
S		and complete lines 26 through 30.			
Ē	26	Capital stock, trust principal, or current funds	0.	0.	
ts	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
sse	28	Retained earnings, accumulated income, endowment, or other funds	5,430,197.	5,453,753.	
Ë	29	Total net assets or fund balances	5,430,197.	5,453,753.	
ž			, ,		3.75
	30	Total liabilities and net assets/fund balances	5,535,610.	5,543,993.	
m	20-07 W				-
1	art	The Analysis of Orlanges in Net Assets of Fund B			
		net assets or fund balances at beginning of year - Part II, column (a), line	29		
		st agree with end-of-year figure reported on prior year's return)		1	5,430,197.
		amount from Part I, line 27a	SEE ST	2	19,841.
		r increases not included in line 2 (itemize)	ATEMENT 10 3	3,843.	
		lines 1, 2, and 3	~	4	5,453,881.
		eases not included in line 2 (itemize)		ATEMENT 11 5	128.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 29	6	5,453,753.
					Form 990-PF (2019)

	e kınd(s) of property sold (for ex house; or common stock, 200 sl		te,	1. b	How ac - Purc - Dona	nase j	(c) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a									
b				<u>L</u> .					
<u>c</u>			_	<u> </u>					
d				 				_	
<u>e</u>				<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (
a									
b		 			_				
<u>c</u>		 							· · · · · · · · · · · · · · · · · · ·
<u>d</u>		 							
Complete only for assets showing	coun in column (h) and owned by	y the foundation	on 12/21/60		_		Ca /C	al (b) asia	
Complete only for assets showing i	· · · · · · · · · · · · · · · · · · ·	1				(1) col.	Gains (C (k), but r	ol. (h) gaın ıot less thaı	minus n -0-) or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				Losses	(from col. (h))
	12.0 1.00		(),,,					_	
<u>a</u> b				-		_			
						_			
d d				\dashv					
e	 -	 			-	_	_		
-			_	<u> </u>					
Capital gain net income or (net capit		er in Part I, line ·0- in Part I, line		}	2	- -		_	0
Net short-term capital gain or (loss)	as defined in sections 1222(5)	and (6):		٦١					
If gain, also enter in Part I, line 8, co	lumn (c).			١١					
If (loss), enter -0- in Part I, line 8 Part V Qualification Unit		w Dadwaad	Tay an Nat		3				
For optional use by domestic private for		· · · · · · · · · · · · · · · · · · ·				ient inc	Jille	_	
section 4940(d)(2) applies, leave this Vas the foundation liable for the section	n 4942 tax on the distributable a		•	rıod?					Yes X N
"Yes," the foundation doesn't qualify u	<u></u>								
Enter the appropriate amount in each	th column for each year; see the	instructions be	fore making any e	ntries	5.				
(a) Base period years Calendar year (or tax year beginning			Net value of no	(c) onchai	ritable-			Dıstrıb (col. (b) dıv	(d) oution ratio rided by col. (c))
2018		06,801.				<u>5,385</u>			<u>3.73388</u>
2017		27,074.				<u>3,459</u>			4.24762
2016		<u>09,626.</u>				<u>4,860</u>			2.80024
2015		<u>03,640.</u>				5,140		_	<u> 1.93684</u>
2014	11	<u>69,560.</u>			<u>13</u>	0,409	· -		<u> 1.30021</u>
Total of line 1, column (d)							2		14.01881
Average distribution ratio for the 5-y the foundation has been in existence		ll on line 2 by 5.0	0, or by the numb	er of y	years		3		2.80376
Enter the net value of noncharitable-	use assets for 2019 from Part X	K, line 5					4	_	65,713
Multiply line 4 by line 3							5	-	184,244
Enter 1% of net investment income	(1% of Part I, line 27b)						6		129
Add lines 5 and 6							7		184,373
Enter qualifying distributions from P	art XII, line 4						8		229,919
If line 8 is equal to or greater than lin See the Part VI instructions.	•	ne 1b, and comp	olete that part usin	ig a 1º	% tax r	ate.	<u> </u>		/ -

•	ı	3				,			
Form	1 99 0 -PF	(2019) FAVELL MUSEUM, INC.			20	05	24744	Page 4	
	rt-VI.	Excise Tax Based on Investment Income (Section 494)	0(a), 4	1940(b), 4940(e), d	r 494	8 - se	e instruc		
1a	Exempt	operating foundations described in section 4940(d)(2), check here and e					((C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	MARKET TO	
	•	ruling or determination letter: (attach copy of letter if ned		l l	13				
h		ic foundations that meet the section 4940(e) requirements in Part V, check here			1			129.	
Ī		, line 27b						72 X X X X	
c		r domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 49	6 of Par	t I, line 12, col. (b)				A STATE OF	
		er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of			2	2		0.	
		is 1 and 2				3		129.	
4		A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; o	thers. e	nter -0-)	-	1		0.	
		ed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		······ • •		;		129.	
6		Payments:							
-		timated tax payments and 2018 overpayment credited to 2019	6a	1,02	8.				,
		foreign organizations - tax withheld at source	6b		0.		3 4.		Į
	•	d with application for extension of time to file (Form 8868)	6c		0.				!
		withholding erroneously withheld	6d		0.				
		edits and payments. Add lines 6a through 6d		1		7	1	,028.	
		by penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched			B		- 0.	•
		e. If the total of lines 5 and 8 is more than line 7, enter amount owed			. —	9			
10		yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				0		899.	
11	.	e amount of line 10 to be: Credited to 2020 estimated tax		899 . Refunded	_	1		0.	
		Statements Regarding Activities			,				,
		the tax year, did the foundation attempt to influence any national, state, or local legis	lation o	r did it participate or inter	vene in		T See Y	es No	
		tical campaign?		•			1a	Х	
h		pend more than \$100 during the year (either directly or indirectly) for political purpo	ses? Se	e the instructions for the	definitioi	า	1b	Х	
Ī		iswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies							į
		ted by the foundation in connection with the activities.		·					ĺ
C		foundation file Form 1120-POL for this year?				•	10	X	•
		e amount (if any) of tax on political expenditures (section 4955) imposed during the	e year:						
_		the foundation. > \$ 0. (2) On foundation managers			0.	- ,			
е		e reimbursement (if any) paid by the foundation during the year for political expend							
		ors. ▶ \$ 0 •		•					
2	-	foundation engaged in any activities that have not previously been reported to the I	RS?				2	X	
		attach a detailed description of the activities.		•					ĺ
3		foundation made any changes, not previously reported to the IRS, in its governing	ınstrum	ent, articles of incorporat	on, or				
		or other similar instruments? If "Yes," attach a conformed copy of the changes		•			3	X	
4a	Did the	foundation have unrelated business gross income of \$1,000 or more during the yea	۱۲۶					X	
b	If "Yes,"	has it filed a tax return on Form 990-T for this year?					4b	x	
. 5	Was the	ere a liquidation, termination, dissolution, or substantial contraction during the year?	?				5	<u> </u>	
	If "Yes,"	attach the statement required by General Instruction T.							
6	Are the	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither:	,					ĺ
	By lar	nguage in the governing instrument, or							
	By sta	ate legislation that effectively amends the governing instrument so that no mandator	y direct	ions that conflict with the	state lav	ı			
	remain	in the governing instrument?						Х	
-7	Did the	foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	olete Pai	rt II, col. (c), and Part XV			7	X	
8a	Enter th	e states to which the foundation reports or with which it is registered. See instruction	ons. 🕨						
	OR								
b	If the ar	swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney	General (or designate)					
		state as required by General Instruction G? If "No," attach explanation					8b	X	i
9	Is the fo	oundation claiming status as a private operating foundation within the meaning of se	ection 49	942(j)(3) or 4942(j)(5) fo	calenda	ır			ļ

year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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	Statements Regarding Activities (continued)			
		1 Sec. 1	/es	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1 1		
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		Ì	
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► <u>WWW.FAVELLMUSEUM.ORG</u>			
14	The books are in care of ▶ JANANN LOETSCHER Telephone no. ▶ 541-8		96	
	Located at ► 125 W MAIN STREET, KLAMATH FALLS, OR ZIP+4 ►9	<u>7601 </u>		
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	N/		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
,	securities, or other financial account in a foreign country?	16	30.20.00	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	£362	2.1	
P	Statements Regarding Activities for Which Form 4720 May Be Required	- In account		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
, 1	a 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		(F	
	termination of government service, if terminating within 90 days.)			6.5
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
	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 2019?	1c		X
2				
	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years >,,,,,			
	h 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.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ŭ	during the year?			
	b If "Yes," did it have excess business holdings in 2019 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			76
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b	maga	
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			8.7
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	romacion d	X

orm 990-PF (2019) FAVELL MUSEUM, INC.			<u> 20-05247</u>	44 Page (
Rant VIL B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	V. (2)
.5a During the year, did the foundation pay or incur any amount to:			<u></u>	🎇 Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	, Ye	s 🗶 No 💈	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,	·	
any voter registration drive?			s 🗶 No 🚆	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	Ye	s 🗶 No 🙎	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section	•		
4945(d)(4)(A)? See instructions		Ye	s 🗶 No 📳	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for •	i i	
the prevention of cruelty to children or animals?			s 🗓 No 🖟	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance? See instru		,	N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
		//A □ Y€	s 🔲 No	
expenditure responsibility for the grant?	10	۱/۸ . ۱۳		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	bay premiums on	. v	es 🗶 No 🖁	
a personal benefit contract?		Y6		Ch V
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.			(TT)	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	<u> </u>
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration o			
excess parachute payment(s) during the year?			es 🗶 No 🧟	
Information About Officers, Directors, Trusto	ees, Foundation Ma	inagers, Highly	/	
Paid Employees, and Contractors	1			
List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contributions to	(-) Evenes
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Namo and address	to position	enter -0-)	compensation	allowances
				İ
				1 .
SEE STATEMENT 14		60,000.	0.	0 .
				1
				-
		,		
			,	
Compensation of five highest-paid employees (other than those inc		enter "NONE."		·
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
,				ĺ
,				
]
		'		·
				1
		-		

Total number of other employees paid over \$50,000

Form 990-PF (2019) FAVELL MUSEUM, INC.		24744 Page 7
Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
•		
		
	-	
Table number of others recovered over \$50,000 for professional convers		▶ 0
Total number of others receiving over \$50,000 for professional services Partix A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state	tistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pr	oduced, etc.	Expenses
1		
SEE STATEMENT 15		229,919.
2		
		_
3		
4		
PartilX B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
1 N/A		
	_	
2		
All other program-related investments. See instructions.		
3		
<u> </u>		
Total. Add lines 1 through 3	>	<u> </u>

b.	artix Minimum Investment Return (All domestic foundation	s must complete this part	. Foreign four	idations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charit	table, etc., purposes:			
a	Average monthly fair market value of securities		_1a	34,263.	
þ	Average of monthly cash balances		1b	34,263. 32,451.	
C	Fair market value of all other assets		ļ	1c	***
d	Total (add lines 1a, b, and c)			1d	66,714.
е	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	66,714.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amounts)	unt, see instructions)		4	1,001.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and	d on Part V, line 4		5	65,713.
<u>6</u>	Minimum investment return. Enter 5% of line 5			6	3,286.
P	art}XI■ Distributable Amount (see instructions) (Section 4942(j)(3 foreign organizations, check here ► 💢 and do not complete this particular to the section of the sectio		foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	·
2a		2a			
b	Income tax for 2019. (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	
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on P	art XIII, line 1		7	
P	art}XIII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., p	ourposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	229,919.
b	Program-related investments - total from Part IX-B			1b 2	0.
2	2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes				
3	Amounts set aside for specific charitable projects that satisfy the:				
	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			4	229,919.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	nvestment			4.4.
	income. Enter 1% of Part I, line 27b			6	129.
6	6 Adjusted qualifying distributions. Subtract line 5 from line 4				229,790.

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

Form **990-PF** (2019)

4940(e) reduction of tax in those years.

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

c Any submission deadlines:

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor status of recipient Amount Name and address (home or business) a Paid during the year NONE Total ▶ 3a 0. **b** Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	ded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Alliount	
a MUSEUM ADMISSION					<u>18,517.</u>
b					
c		<u> </u>			
d					<u>.</u>
					·
e		<u> </u>			
	 				
g Fees and contracts from government agencies	 				
2 Membership dues and assessments	1				
3 Interest on savings and temporary cash	1 1		١.,		
investments			14	12.	<u>.</u>
4 Dividends and interest from securities		···	14	945.	
5 Net rental income or (loss) from real estate	35 2		**,		
a Debt-financed property					
b Not debt-financed property			01	12,198.	
6 Net rental income or (loss) from personal					
	-				
property			-		-
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					27,794.
10 Gross profit or (loss) from sales of inventory	453220	2,133.	ļ		
11 Other revenue:	1				
a CONSIGNMENT COMMISSIONS	453220	9,441.			
MISCELLANEOUS REFUNDS					736.
c					
	-				·
d	·				
e		11,574.	, m==	13,155.	47,047.
12 Subtotal. Add columns (b), (d), and (e)	mane	11,5/4.	Sec. 45.		71,776.
13 Total. Add line 12, columns (b), (d), and (e)				13	/1,//0.
(See worksheet in line 13 instructions to verify calculations.)					
Part:XVI-B: Relationship of Activities	to the Acco	mplishment of Ex	cemp	t Purposes	
1. 1. E. de bale base about for which are		and the second of the second o		outed importantly to the accom	nlighment of
Explain below how each activity for which income the foundation's exempt purposes (other than			COMM	outed importantly to the accom	pasament or
			mo.	OFFCER COCHC	
1A GENERAL ADMISSION CHAR					
9 FUNDRAISING INCOME, PR			E.T.	COSTS	
11A CONSIGNMENT COMMISSION					.,
11B MISCELLANEOUS REFUNDS	USED TO	OFFSET COST	<u>'S</u>		

	-			·	
	-				
	<u> </u>				
				<u> </u>	
				 	

Form 99)-PF (2	019) FAVEL	L MUSEUM	1, INC.			<u> 20-05</u>	<u> 24744</u>	Pa	ige 13
Part 2	XVII	Information Re Exempt Organ	•	ansfers to a	nd Transactions a	nd Relationsh	ips With Nonch	ıaritable		
1 Did	the ord	_		ny of the followin	g with any other organization	on described in section	on 501(c)		Yes	No
					to political organizations?		()			i
•		from the reporting found	•							
-	Cash	, o alo toporting touries	2		,			1a(1)		X
	Other	25922						1a(2)		Х
٠.		sactions:								
		of assets to a noncharita	ble exempt organi	ization				1b(1)		X
٠,		ases of assets from a no						1b(2)		X
٠,		l of facilities, equipment,	·	7. 5. ga25	•			1b(3)		X
٠,		oursement arrangements						1b(4)		X
		or loan guarantees						1b(5)		Х
٠,		mance of services or me	embership or fund	raising solicitatio	ins			1b(6)		X
		facilities, equipment, ma						1c		X
	_				dule. Column (b) should alv	ways show the fair m	arket value of the goor	ds, other ass	ets,	
		•		-	ed less than fair market valu				,	
) the value of the goods,				•	5 5	•		
(a) Line n		(b) Amount involved	_		exempt organization	(d) Description	of transfers, transactions, a	and sharing arr	angeme	ents
• •				N/A						
	_									
		-								
	_									
		#1								
				· ··						
	_		-							
	_									
	_		,		· 					
	_	·								
			-							
	-1-		<u> </u>	<u> </u>						
	1			· · · · · ·	-···- <u>-</u> .					
	+									
2a st	he four	dation directly or indirec	tly affiliated with	or related to one	or more tax-exempt organi	zations described				
		501(c) (other than sectio	-		or more take externed or game			Yes	X	∃ No
		mplete the following sch		30000011 021						
	100, 00	(a) Name of org			(b) Type of organization	[(c) Description of relation	onship		
		N/A	<u> </u>							
									-	
		· ···	· · · · · · · · · · · · · · · · · · ·							
					ng accompanying schedules and			May the IRS o	discuss	this
Sign	and be	lief, it is true, correct, and cor	nplete Declaration of	f preparer (other tha	n taxpayer) is based on all inform	nation of which preparer	has any knowledge	return with the	e prepar	rer
Here	1	2 the pio			1//9/21	SEC/TR	REASURER	X Yes		No
	Sign	ature of officer or trustee)		Date	Title				
	1	Print/Type preparer's na		Preparer's s	ignature //	Date	Check X If PT	IN		
					/////		self- employed			
Paid		TERRY SCRO	GGIN	/ /sen	end Hough	1/14/21		200136		·
Prepa	arer	Firm's name ► MOL		CROGGIN	, PETERSON &	CO., LLP	Firm's EIN ▶ 93-			
Use (Only	 	, -		.	·				
		Firm's address ▶ 82	4 PINE S	STREET						

KLAMATH FALLS, OR 97601

Schèdule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2019

Employer identification number

FA	VELL MUSEUM, INC.	20-0524744
Organization type (check o		
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	
	one contributor. Complete Parts I and II. See instructions for determining a contributor	's total contributions
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990·EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990·EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from attions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educity to children or animals. Complete Parts I, II, and III.	
year, contributions is checked, enter h purpose. Don't coi	In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled manere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (File Part IV, line 2, of its Form 990.EZ or on its File Part IV, line 2, of its File Part	
	the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	, , ,,
I HA For Paperwork Reducti	ion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

Page 2

FAVELL	MUSEUM,	INC

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
1	NANCY WENDT 826 LOMA LINDA DR KLAMATH FALLS, OR 97601	\$ <u>15,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DOUGLAS KINTZINGER 444 6TH ST LAKE OSWEGO, OR 97034	\$ 30,100.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARK WENDT 3102 FRONT ST KLAMATH FALLS, OR 97601	\$ 37,119.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN & ANN SILVESTRI 15 LANE OF ACRES HADDONFIELD, NJ 08033	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WENDT FAMILY FOUNDATION 2636 BIEHN ST KLAMATH FALLS, OR 97601	\$\$2,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JIM STILLWELL 5170 ETNA ST KLAMATH FALLS, OR 97603	\$ <u>10,655.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)

Name of organization

Employer identification number

FAVELL	MUSEUM,	INC.
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20-0524744

Partil	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	RODERICK WENDT 2120 FAIRMOUNT ST KLAMATH FALLS, OR 97601	\$31,250.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	JIM STILLWELL 5170 ETNA ST KLAMATH FALLS, OR 97603	\$1,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)			

Employer identification number

FAVELL MUSEUM, INC.

20-0524744

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	PUBLICLY TRADED STOCKS		
6			
		\$ 10,655.	12/31/19
(a) No.	(h)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
Part I		(Coo mondonorio	
		•	
		\$	
(a) No.		(c)	(-1)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
Part I		(Oce manuchons)	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
Part I		(Gee instructions)	<u> </u>
		\$	
(a) No.		(c)	/.W
from	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
Part I		(Oce instructions)	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions)	
		\$	

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTERE	ST ON SAVING	S AND TEM	PORARY	CASH	INVESTMENTS	STATEME	NT 1	
SOURCE			NUE OOKS		(B) INVESTMENT INCOME	(C) ADJUS NET IN	TED	
DA DAVIDSON WASHINGTON FEDERAL			3. 9.		3. 9.		3. 9.	
TOTAL TO PART I, LI	NE 3	-	12.		12.		12.	
FORM 990-PF	DIVIDENDS	AND INTER	EST FR	OM SEC	URITIES	STATEME	NT 2	
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	R	(A) EVENUE R BOOK		ST- ADJ	C) USTED INCOME	
KLAMATH COMMUNITY FOUNDATION AGENCY DIVIDENDS	945.		0.	94	5. 9	45.	945.	
TO PART I, LINE 4	945.		0.	94	5. 9	45.	945.	
FORM 990-PF		RENTAL IN	ICOME			STATEME	NT 3	
KIND AND LOCATION O	F PROPERTY				ACTIVITY NUMBER			
FACILITY RENTAL					1	1	2,198.	
TOTAL TO FORM 990-P	F, PART I, I	LINE 5A				1	2,198.	

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 4
INCOME		
1. GROSS RECEIPTS 2. RETURNS AND ALLOWAN 3. LINE 1 LESS LINE 2	ICES	4,641
	(LINE 15)	2,133
·	INES 5 AND 6)	2,133
8. INVENTORY AT BEGINN 9. MERCHANDISE PURCHAS 10. COST OF LABOR 11. MATERIALS AND SUPPI	SED	
12. OTHER COSTS		2,508

FORM 990-PF	OTHER :	INCOME	<u> </u>	STATEMENT 5
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MUSEUM ADMISSION CONSIGNMENT COMMISSIONS MISCELLANEOUS REFUNDS GROSS INCOME FROM SPECIAL	_	18,517. 9,441. 736.	0. 0. 0.	18,517. 9,441. 736.
FUNDRAISING EVENTS		64,332.	0.	64,332.
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	93,026.	0.	93,026.
FORM 990-PF	ACCOUNT	ING FEES	Ç	STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING	3,235	. 0	. 500	2,735.
TO FORM 990-PF, PG 1, LN 16B	3,235	0	500	2,735.
FORM 990-PF O	THER PROFE	SSIONAL FEES	(STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT EXPENSES	297	. 297	. 0.	0.
TO FORM 990-PF, PG 1, LN 16C	297	. 297	. 0.	0.

FORM 990-PF	TAX	ES	ST	ATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CT-12 FILING FILING FEES OREGON EXCISE TAX PAYROLL TAX EXPENSE	206. 50. 150. 10,052.	0. 0. 0.	0. 0. 150. 1,327.	206. 50. 0. 8,725.
TO FORM 990-PF, PG 1, LN 18	10,458.	0.	1,477.	8,981.
FORM 990-PF	OTHER E	XPENSES	Sī	'ATEMENT 9
DESCRIPTION ADVERTISING BANK SERVICE CHARGES COMMISSIONS OFFICE EXPENSE FUNDRAISING EXPENSES MISC EXPENSES PROGRAM & EXHIBIT EXPENSE SUPPLIES TO FORM 990-PF, PG 1, LN 23	(A) EXPENSES PER BOOKS 1,762. 3,205. 25,872. 3,053. 18,172. 363. 35,145. 1,260.	(B) NET INVEST- MENT INCOME 0. 0. 0. 0. 0. 0. 0. 0.	(C) ADJUSTED NET INCOME 0. 0. 7,506. 0. 0. 0. 7,506.	(D) CHARITABLE PURPOSES 1,762. 3,205. 18,366. 3,053. 18,172. 363. 35,145. 1,260.
FORM 990-PF OTHER INCREASE	S IN NET ASS	ETS OR FUND BA	ALANCES ST	PATEMENT 10
DESCRIPTION				AMOUNT
UNREALIZED GAIN/LOSS ADJUSTM		NTS		3,843.
TOTAL TO FORM 990-PF, PART I	II, LINE 3			3,843.

FORM 990-PF OTHER DECREASES IN	NET ASSETS OR F	UND BALANCES	STATEMENT	11
DESCRIPTION			AMOUNT	
BOOK/TAX DIFFERENCE-COST OF GOODS	SOLD		12	8.
TOTAL TO FORM 990-PF, PART III, L	INE 5		12	8.
FORM 990-PF DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT	12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	1 1
LAND (RECEIVED 12/24/03) BUILDING (RECEIVED 12/24/03) DISPLAY CABINETS IMPROVEMENTS COMPUTER COMPUTER COUNCIL ROOM 80 FOLDING CHAIRS PRESARIO COMPUTER LIGHTING BOILER MISC EQUIPMENT TABLES AND RACKS MP3 MUSIC PLAYER COMPUTER GIFT SHOP REMODEL BATHROOM REMODEL COMPUTER EQUIPMENT SECURITY SYSTEM SECURITY SYSTEM GIFT SHOP UPGRADE NEW HVAC SYSTEM	224,000. 1,096,000. 208,744. 2,162. 1,191. 1,168. 129,868. 1,599. 580. 24,409. 13,284. 320. 2,031. 80. 1,120. 5,694. 4,560. 405. 16,950. 220. 1,009. 29,650.	0. 448,477. 208,744. 855. 1,191. 1,168. 48,146. 1,599. 580. 8,216. 4,447. 320. 2,031. 80. 1,120. 1,636. 1,311. 405. 7,628. 77. 94. 2,249.	1,30 81,72 16,19 8,83 4,05 3,24	30.700200370000890235
TOTAL TO FM 990-PF, PART II, LN 1		740,374.	1,024,67	

FORM 990-PF	OTHER ASSETS		STATE	EMENT 13
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE		MARKET ALUE
MUSEUM "COLLECTION" - FAVELL MUSEUM "COLLECTION" - WENDT ENDOWMENT FUND-KCF PAINTING-COLLECTABLE BRONZE STATUE	2,625,409. 1,673,909. 29,865. 15,000.	2,625,40 1,673,90 42,38 15,00 68,36	9. 1, 0. 0.	,625,409. ,673,909. 42,380. 15,000. 68,369.
TO FORM 990-PF, PART II, LINE 15	4,344,183.	4,425,06	7. 4	425,067.
	ST OF OFFICERS, D		STATI	EMENT 14
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NANCY WENDT 826 LOMA LINDA DR KLAMATH FALLS, OR 97601	VICE-PRESIDENT	0.	0.	0.
JIM CALVERT 4825 SUNSET RIDGE ROAD KLAMATH FALLS, OR 97601	PRESIDENT 1.00	0.	0.	0.
LAURA PULLEY 4150 FOOTHILLS BLVD KLAMATH FALLS, OR 97601	TREASURER 1.00	0.	0.	0.
JUDY PHEARSON 1180 HARBOR ISLES BLVD KLAMATH FALLS, OR 97601	SECRETARY 1.00	0.	0.	0.
JANANN LOETSCHER 1421 WILD PLUM DRIVE KLAMATH FALLS, OR 97601	EXECUTIVE DIRE 40.00	CTOR 60,000.	0.	0.
MARK WENDT 3102 FRONT STREET KLAMATH FALLS, OR 97601	DIRECTOR 1.00	0.	0.	0.
WAYNE SNOOZY 10219 KESTREL ROAD KLAMATH FALLS, OR 97601	DIRECTOR 1.00	0.	0.	0.

FAVELL MUSEUM, INC.			20-0	524744
ANN FAVELL SILVESTRI 15 LANE OF ACRES HADDONFIELD, NJ 08033	DIRECTOR 1.00	0.	0.	0.
MELVIN D. FERGUSON 514 WALNUT AVE KLAMATH FALLS, OR 97601	DIRECTOR 1.00	0.	0.	0.
KARL WENNER 1608 COVE POINT ROAD KLAMATH FALLS, OR 97601	DIRECTOR 1.00	0.	0.	0.
MADELEINE BLAKE 1000 LAKERIDGE COURT KLAMATH FALLS, OR 97601	DIRECTOR 1.00	0.	0.	0.
DEBI CATRON 6506 REEDER ROAD KLAMATH FALLS, OR 97603	DIRECTOR 1.00	0.	0.	0.
RICHARD GARBUTT 525 MAIN STREET KLAMATH FALLS, OR 97601	DIRECTOR 1.00	0.	0.	0.
PAM STOEHSLER 2838 PATTERSON ST KLAMATH FALLS, OR 97603	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	60,000.	0.	0.

ACTIVITY ONE

FORM 990-PF

THE CORPORATION IS A MUSEUM WHICH PROVIDES EDUCATIONAL, SCIENTIFIC AND LITERARY WORKS OF ART HAVING CULTURAL, ARCHAEOLOGICAL AND ANTHROPOLOGICAL SIGNIFICANCE TO THE PUBLIC.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	229,919.

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

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FORM 990-PF PART XV - LINE 1A STATEMENT 16
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

NANCY WENDT
MARK WENDT
ANN FAVELL SILVESTRI
MELVIN D. FERGUSON