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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2004**Open to Public  
Inspection**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**WESTERN FOLKLIFE CENTER**

Number and street (or P O box if mail is not delivered to street address)

**501 RAILROAD STREET**

Room/suite

City or town, state or country, and ZIP + 4

**ELKO, NV 89801****D** Employer identification number**87-0447025****E** Telephone number**775-738-7508****F** Accounting method☐ Cash☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.WESTERNFOLKLIFE.ORG****J** Organization type (check only one) ☒ 501(c) ( **3** ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,549,436.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b>	Contributions, gifts, grants, and similar amounts received.				
<b>a</b>	Direct public support	<b>1a</b>	<b>1,121,463.</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>317,581.</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>1,437,616.</b> noncash \$ <b>1,428.</b> )			<b>1d</b>	<b>1,439,044.</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>499,861.</b>
<b>3</b>	Membership dues and assessments			<b>3</b>	<b>104,705.</b>
<b>4</b>	Interest on savings and temporary cash investments			<b>4</b>	
<b>5</b>	Dividends and interest from securities			<b>5</b>	<b>70,880.</b>
<b>6 a</b>	Gross rents <b>SEE STATEMENT 2</b>	<b>6a</b>	<b>13,775.</b>		
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	<b>13,775.</b>
<b>7</b>	Other investment income (describe ▶ <b>SEE STATEMENT 1</b> )			<b>7</b>	<b>12,735.</b>
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	<b>93,766.</b>	<b>8a</b>	<b>3,742.</b>
<b>b</b>	Less cost or other basis and sales expenses		<b>72,526.</b>	<b>8b</b>	
<b>c</b>	Gain or (loss) (attach schedule)		<b>21,240.</b>	<b>8c</b>	<b>3,742.</b>
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 3</b>			<b>8d</b>	<b>24,982.</b>
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>9a</b>	Gross receipts (not including \$ of contributions reported on line 1)	<b>9a</b>			
<b>9b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>310,928.</b>		
<b>10b</b>	Less cost of goods sold <b>STATEMENT 6</b>	<b>10b</b>	<b>180,827.</b>		
<b>10c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) <b>STMT 5</b>			<b>10c</b>	<b>130,101.</b>
<b>11</b>	Other revenue (from Part VII, line 103)			<b>11</b>	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>2,296,083.</b>
<b>13</b>	Program services (from line 44, column (B))			<b>13</b>	<b>1,332,049.</b>
<b>14</b>	Management and general (from line 44, column (C))			<b>14</b>	<b>426,456.</b>
<b>15</b>	Fundraising (from line 44, column (D))			<b>15</b>	<b>135,160.</b>
<b>16</b>	Payments to affiliates (attach schedule)			<b>16</b>	
<b>17</b>	Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>1,893,665.</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>402,418.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>4,779,990.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 7</b>			<b>20</b>	<b>20,280.</b>
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>5,202,688.</b>

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

8

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 295,300.	295,300.	0.	0.
26 Other salaries and wages	26 465,429.	193,236.	187,841.	84,352.
27 Pension plan contributions	27			
28 Other employee benefits	28 92,799.	58,080.	18,256.	16,463.
29 Payroll taxes	29 68,149.	44,901.	15,800.	7,448.
30 Professional fundraising fees	30			
31 Accounting fees	31 39,786.		39,786.	
32 Legal fees	32			
33 Supplies	33 44,936.	37,432.	6,360.	1,144.
34 Telephone	34 34,118.	7,734.	26,333.	51.
35 Postage and shipping	35 21,479.	16,984.	3,314.	1,181.
36 Occupancy	36 48,550.	48,550.		
37 Equipment rental and maintenance	37 17,782.	18,937.	<1,155.>	
38 Printing and publications	38 38,953.	36,081.	2,484.	388.
39 Travel	39 171,003.	159,330.	7,576.	4,097.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 117,375.		117,375.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 8	43e 438,006.	415,484.	2,486.	20,036.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,893,665.	1,332,049.	426,456.	135,160.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ☐

TO ENHANCE THE CULTURAL HERITAGE OF THE AMERICAN WEST.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a COWBOY POETRY GATHERING - AN ANNUAL EVENT PROMOTING POETRY, ART AND MUSIC OF WESTERN AMERICAN COWBOY FOLKLORE	(Grants and allocations \$ _____)	515,122.
b CULTURAL PROGRAMS & EVENTS - ACTIVITIES INCLUDE A MUSEUM EXHIBITS, AND COLLECTIONS TO ENHANCE & PROMOTE THE COWBOY CULTURAL HERITAGE	(Grants and allocations \$ _____)	526,867.
c MEDIA SERVICES - RADIO & TV SHOWS PROMOTING WESTERN AMERICAN MUSIC AND POETRY	(Grants and allocations \$ _____)	203,893.
d MERCHANDISE SALES - THE CENTER'S GIFT SHOP SELLS ITEMS THAT RELATE TO THE MUSEUM, EXHIBITS, COLLECTIONS, AND THE ANNUAL COWBOY POETRY GATHERING	(Grants and allocations \$ _____)	86,167.
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,332,049.

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	63,349.	45	144,548.
	46 Savings and temporary cash investments	866,861.	46	868,865.
	47 a Accounts receivable	47a 3,058.		
	b Less: allowance for doubtful accounts	47b	47c 3,058.	
	48 a Pledges receivable	48a 11,039.		
	b Less: allowance for doubtful accounts	48b	48c 11,039.	
	49 Grants receivable	84,258.	49	7,809.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	142,576.	52	149,815.
	53 Prepaid expenses and deferred charges	10,275.	53	21,908.
	54 Investments - securities	STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 1,381,255.	54	1,658,618.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment basis	57a 3,347,371.			
b Less: accumulated depreciation	STMT 14 57b 933,299.	2,332,391.	57c 2,414,072.	
58 Other assets (describe <b>ARCHIVES &amp; EXHIBITS</b> )	77,290.	58	91,944.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	4,989,643.	59	5,371,676.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	189,018.	60	141,925.
	61 Grants payable		61	
	62 Deferred revenue	20,635.	62	20,985.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>SEE STATEMENT 9</b> )		65	6,078.
66 <b>Total liabilities</b> (add lines 60 through 65)	209,653.	66	168,988.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,506,123.	67	2,665,396.
	68 Temporarily restricted	791,866.	68	841,804.
	69 Permanently restricted	1,482,001.	69	1,695,488.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	4,779,990.	73	5,202,688.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	4,989,643.	74	5,371,676.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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Total revenue, gains, and other support per audited financial statements		Total expenses and losses per audited financial statements	
a	2,528,602.	a	2,126,184.
b		b	
(1) Net unrealized gains on investments	\$	(1) Donated services and use of facilities	\$ 51,692.
(2) Donated services and use of facilities	\$ 51,692.	(2) Prior year adjustments reported on line 20, Form 990	\$
(3) Recoveries of prior year grants	\$	(3) Losses reported on line 20, Form 990	\$
(4) Other (specify):	\$	(4) Other (specify):	\$
Add amounts on lines (1) through (4)	b 51,692.	Add amounts on lines (1) through (4)	b 232,519.
c	2,476,910.	c	1,893,665.
d		d	
(1) Investment expenses not included on line 6b, Form 990	\$	(1) Investment expenses not included on line 6b, Form 990	\$
(2) Other (specify):	\$	(2) Other (specify):	\$
STMT 12	\$ <180,827.>	STMT 11	\$ 180,827.
Add amounts on lines (1) and (2)	d <180,827.>	Add amounts on lines (1) and (2)	d 0.
e	2,296,083.	e	1,893,665.

<b>Part V</b>		<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated)	
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

**Part VI Other Information**

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? N/A	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct or indirect political expenditures See line 81 instructions <b>81a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	X
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <b>82b</b> 51,692.		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	<b>84b</b>	
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? N/A	<b>85a</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	<b>85b</b>	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b> Dues, assessments, and similar amounts from members <b>85c</b> N/A		
<b>d</b> Section 162(e) lobbying and political expenditures <b>85d</b> N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	<b>85g</b>	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	<b>85h</b>	
<b>86 501(c)(7) organizations. Enter a</b> Initiation fees and capital contributions included on line 12 <b>86a</b> N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <b>86b</b> N/A		
<b>87 501(c)(12) organizations. Enter a</b> Gross income from members or shareholders <b>87a</b> N/A		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>87b</b> N/A		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	X
<b>89 a 501(c)(3) organizations. Enter</b> Amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> , section 4955 <b>N/A</b>		
<b>b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?</b> If "Yes," attach a statement explaining each transaction N/A	<b>89b</b>	
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>N/A</b>		
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <b>N/A</b>		
<b>90 a</b> List the states with which a copy of this return is filed <b>NONE</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2004 <b>90b</b> 16		
<b>91</b> The books are in care of <b>WESTERN FOLKLIFE CENTER</b> Telephone no. <b>775-738-7508</b>		
Located at <b>P.O. BOX 1570, ELKO, NV</b> ZIP + 4 <b>89803</b>		
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a COWBOY POETRY GATHERING					436,609.
b OTHER SPECIAL EVENTS					63,252.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					104,705.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14		70,880.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	13,775.	
98 Net rental income or (loss) from personal property					
99 Other investment income					12,735.
100 Gain or (loss) from sales of assets other than inventory			18	24,982.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					130,101.
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		38,757.	818,282.
105 Total (add line 104, columns (B), (D), and (E))					857,039.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

ALL ALL EXEMPT AMOUNTS IN COLUMN E ABOVE ARE FOR THE PURPOSE OF CULTIVATING, PROMOTING, AND FOSTERING THE APPRECIATION AND UNDERSTANDING OF WESTERN AMERICAN FOLKLIFE.

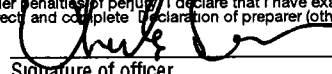
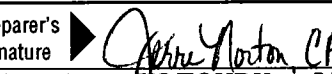
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (a), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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 officer) is based on all information of which preparer has any knowledge.	
	Signature of officer 	Date 2/14/06 Type or print name and title Charles Saerman, Exec. Dir.
Paid Preparer's Use Only	Preparer's signature 	Date 2/14/06
	Firm's name (or yours if self-employed), address, and ZIP + 4 KAFOURY, ARMSTRONG & CO. 975 FIFTH STREET ELKO, NEVADA 89801	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN EIN Phone no 775-738-5134

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2004**

Name of the organization

WESTERN FOLKLIFE CENTER

Employer identification number

87 0447025

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TEDDI J BAER ----- 501 RAILROAD ST., ELKO, NV 89801	EMPLOYEE  40	54,390.	2,590.	0.
DARCY S MINTER ----- 501 RAILROAD ST., ELKO, NV 89801	EMPLOYEE  40	51,715.	215.	0.
TAKI TELONIDIS ----- 101 WASATCH DR., SALT LAKE CITY, UT 84112	EMPLOYEE  40	83,217.	6,360.	0.
----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----
Total number of other employees paid over \$50,000 ►	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE ----- ----- ----- ----- ----- ----- ----- ----- -----	----- ----- ----- ----- ----- ----- ----- ----- -----	----- ----- ----- ----- ----- ----- ----- ----- -----
Total number of others receiving over \$50,000 for professional services ►	0	



**Part III** Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

**26 Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 **► 26a**

**b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts **► 26b** 0.

**c** Total support for section 509(a)(1) test. Enter line 24, column (e) **► 26c**

**d** Add: Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_ **► 26d**

**e** Public support (line 26c minus line 26d total) **► 26e**

**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator)) **► 26f** %

**27 Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: **N/A**

(2003) (2002) (2001) (2000)

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: **N/A**

(2003) (2002) (2001) (2000)

**c** Add: Amounts from column (e) for lines 15 \_\_\_\_\_ 16 \_\_\_\_\_  
17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ **► 27c** N/A

**d** Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ **► 27d** N/A

**e** Public support (line 27c total minus line 27d total) **► 27e** N/A

**f** Total support for section 509(a)(2) test. Enter amount on line 23, column (e) **► 27f** N/A

**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **► 27g** N/A %

**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **► 27h** N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

- 36** Total lobbying expenditures to influence public opinion (grassroots lobbying)
- 37** Total lobbying expenditures to influence a legislative body (direct lobbying)
- 38** Total lobbying expenditures (add lines 36 and 37)
- 39** Other exempt purpose expenditures
- 40** Total exempt purpose expenditures (add lines 38 and 39)
- 41** Lobbying nontaxable amount. Enter the amount from the following table -
- |  |   |
|--|---|
| <b>If the amount on line 40 is -</b>       | <b>The lobbying nontaxable amount is -</b>        |
| Not over \$500,000                         | 20% of the amount on line 40                      |
| Over \$500,000 but not over \$1,000,000    | \$100,000 plus 15% of the excess over \$500,000   |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000  |
| Over \$17,000,000                          | \$1,000,000                                       |
- 42** Grassroots nontaxable amount (enter 25% of line 41)
- 43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36
- 44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
<b>36</b>			
<b>37</b>			
<b>38</b>			
<b>39</b>			
<b>40</b>			
<b>41</b>			
<b>42</b>			
<b>43</b>			
<b>44</b>			

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

## Schedule A (Form 990 or 990-EZ) 2004

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED GAIN - INVESTMENT		12,735.	
TOTAL TO FORM 990, PART I, LINE 7		12,735.	

FORM 990	RENTAL INCOME	STATEMENT	2
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
	13	13,775.	
TOTAL TO FORM 990, PART I, LINE 6A		13,775.	

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
AMERICAN MUTUAL FUNDS	56,096.	72,526.	0.	<16,430.>	
MORGAN STANLEY MUTUAL FUNDS	37,670.	0.	0.	37,670.	
TO FORM 990, PART I, LINE 8	93,766.	72,526.	0.	21,240.	

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FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	4
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
MEDIA EQUIPMENT	VARIOUS	VARIOUS	DONATED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	3,742.	0.	0.	0.	3,742.
TO FM 990, PART I, LN 8	3,742.	0.	0.	0.	3,742.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 5

INCOME

1. GROSS RECEIPTS . . . . .	310,928	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		310,928
4. COST OF GOODS SOLD (LINE 13) . . . . .	180,827	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		130,101

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	180,827	
11. ADD LINES 6 THROUGH 10 . . . . .		180,827
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		180,827



FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	6
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD-OTHER COSTS	180,827.
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B	180,827.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT TO RECORD CONTRIBUTION	20,280.
TOTAL TO FORM 990, PART I, LINE 20	20,280.

FORM 990	OTHER EXPENSES	STATEMENT	8
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	19,429.	19,429.		
CATERING	17,966.	17,966.		
COMPUTER AND INTERNET	46,178.	46,178.		
DESIGN WORK	31,139.	31,139.		
INDIRECT OVERHEAD ALLOCATION	70,538.	70,538.		
INSURANCE	6,331.	6,331.		
MARKETING/PROMOTION	4,547.	4,547.		
SECURITY	5,704.	5,704.		
CONSULTANTS/SPECIALI TS/ARTIST	163,265.	163,265.		
MISCELLANEOUS	31,340.	31,340.		
PROMOTIONAL ITEMS	4,213.	4,213.		
CONCESSIONS	14,834.	14,834.		
BANK CHARGES	17,019.		17,019.	
CATERING	1,010.		1,010.	
COMPUTER AND INTERNET	13,535.		13,535.	
DESIGN WORK	3,240.		3,240.	
INDIRECT OVERHEAD ALLOCATION	<70,538.>		<70,538.>	

INSURANCE	12,528.		12,528.	
MARKETING/PROMOTION	243.		243.	
CONSULTANTS/SPECIALI				
TS/ARTIST	9,700.		9,700.	
MISCELLANEOUS	13,416.		13,416.	
PROMOTIONAL ITEMS	2,333.		2,333.	
BANK CHARGES	60.			60.
CATERING	7,260.			7,260.
COMPUTER AND				
INTERNET	3,431.			3,431.
DESIGN WORK	3,848.			3,848.
INSURANCE	400.			400.
MARKETING/PROMOTION	525.			525.
CONSULTANTS/SPECIALI				
TS/ARTIST	1,750.			1,750.
MISCELLANEOUS	266.			266.
PROMOTIONAL ITEMS	2,496.			2,496.
TOTAL TO FM 990, LN 43	438,006.	415,484.	2,486.	20,036.

FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	AMOUNT
LEASES PAYABLE	6,078.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	6,078.

FORM 990	OTHER SECURITIES	STATEMENT	10
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
SECURITIES AND OTHER INVESTMENTS	FMV	1,658,618.
TO FORM 990, LINE 54, COL B		1,658,618.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
COST OF MDSE SALES	180,827.
TOTAL TO FORM 990, PART IV-B	180,827.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
COST OF MDSE SALES	<180,827.>
TOTAL TO FORM 990, PART IV-A	<180,827.>

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 13
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CAROLE ANDERSON PO BOX 721 INCLINE VILLAGE, NV 89452	VICE CHAIR VARY	0.	0.	0.
PRESTON WRIGHT MARY'S RIVER RANCH DEETH, NV 89823	BOARD MEMBER VARY	0.	0.	0.
PETER ELLISON 7515 S 2340 E SALT LAKE CITY, UT 84121	BOARD MEMBER VARY	0.	0.	0.
CORALEE GRISWOLD 1024 BARRINGTON ELKO, NV 89801	BOARD MEMBER VARY	0.	0.	0.
KEVIN MELCHER 1645 SEWELL DR ELKO, NV 89801	BOARD MEMBER VARY	0.	0.	0.

STEWART WILSON 442 COURT ST ELKO, NV 89801	BOARD MEMBER VARY	0.	0.	0.
STAN AIAZZI 1500 COLLEGE PARKWAY ELKO, NV 89801	BOARD MEMBER VARY	0.	0.	0.
MICHAEL BIGHAM 344 WOODPECKER RIDGE SANTA CRUZ, CA 95060	BOARD MEMBER VARY	0.	0.	0.
JOE BROWN 3773 HOWARD HUGHES PRKWAY LAS VEGAS, NV 89109	BOARD MEMBER VARY	0.	0.	0.
GARY CROWE 9132 GOLDEN EAGLE DR LAS VEGAS, NV 89134	BOARD MEMBER VARY	0.	0.	0.
BILL FARRIS 15503 SE 55TH PL BELLEVUE, WA 98006	BOARD MEMBER VARY	0.	0.	0.
GEORGE GUND 39 MESA ST, SUITE 300 SAN FRANCISCO, CA 94129	BOARD MEMBER VARY	0.	0.	0.
NARRVEL HALL 79 SOUTH MAIN SALT LAKE CITY, UT 84111	BOARD MEMBER VARY	0.	0.	0.
LINDA HUSSA PO BOX C CEDARVILLE, CA 96104	BOARD MEMBER VARY	0.	0.	0.
CHRISTINE MACHEN 1480 MILITARY WAY SALT LAKE CITY, UT 84103	BOARD MEMBER VARY	0.	0.	0.
WADDIE MITCHELL PO BOX 268 ELKO, NV 89803	BOARD MEMBER VARY	0.	0.	0.
ANNE PATTEE PO BOX 13 WOODSIDE, CA 94062	BOARD MEMBER VARY	0.	0.	0.
SALLY SHERMAN 256 S CAMDEN DR BEVERLY HILL, CA 90212	BOARD MEMBER VARY	0.	0.	0.

MICHAEL FISCHER, DDS PO BOX 700 MINDEN, NV 89423	BOARD MEMBER VARY	0.	0.	0.
SANDY RAFFEALLI 124 GREENRIDGE DR RENO, NV 89509	BOARD MEMBER VARY	0.	0.	0.
AGIESZKA WINKLER 1750 TAYLOR ST, APT. 1402 SAN FRANCISCO, CA 94133	BOARD MEMBER VARY	0.	0.	0.
MEG GLASER PO BOX 888 ELKO, NV 89803	ARTISTIC DIRECTOR 40+	63,000.	10,800.	0.
CHARLIE SEEMANN PO BOX 1570 ELKO, NV 89801	EXECUTIVE DIRECTOR 40+	87,500.	0.	0.
LUCY TOMERA-MILLER 501 RAILROAD ST. ELKO, NV 89801	ASSOCIATE DIRECTOR 40+	77,700.	0.	0.
HAL CANNON 101 WASATCH DR. SALT LAKE CITY, UT 84112	FOUNDING DIRECTOR 40+	67,100.	17,000.	0.
TOTALS INCLUDED ON FORM 990, PART V		295,300.	27,800.	0.

**Western Folklife Center, Inc.**  
**EIN 87-0447025**  
**Depreciation Schedule**  
**June 30, 2005**

**Schedule 14**  
**Attachment to Form 990**  
**Page 3, Line 57b**

	<u>Method</u>	<u>6/30/04 Balance</u>	<u>Additions</u>	<u>Deletions</u>	<u>6/30/05 Balance</u>
<b>Cost</b>					
Machinery and Equipment	SL	591,309	18,417	-	609,726
Buildings	SL	2,479,506	180,639	-	2,660,145
Total Costs		3,070,815	199,056	-	3,269,871
<b>Accumulated Depreciation</b>					
Machinery and Equipment		(435,387)	(51,528)		(486,915)
Buildings		(380,537)	(65,847)	-	(446,384)
Total Accumulated		(815,924)	(117,375)	-	(933,299)
<b>Assets not Depreciated</b>					
Land		77,500	-	-	77,500
		<u>2,332,391</u>	<u>81,681</u>	<u>-</u>	<u>2,414,072</u>

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	<b>WESTERN FOLKLIFE CENTER</b>	<b>87-0447025</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>501 RAILROAD STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ELKO, NV 89801</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **WESTERN FOLKLIFE CENTER**  
Telephone No. ► **775-738-7508** FAX No. ► \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
  - If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_
  - Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.