

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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- 44	Balance Sheets. (see the instructions Check if the organization used Schedule	O to respond to any ques	stion in this Part I	1		[
	Officer if the organization used obligation	O to respond to any que		unning of year	\dot{t}	(B) End of year
22	Cash, savings, and investments			151.00	22	<u> </u>
23	Land and buildings		-		23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		24	151.00	25	14 429.59
26	Total liabilities (describe in Schedule O)			/	26	- 1 1 0 1 · D 1
27	Net assets or fund balances (line 27 of column	(B) must agree with line 2	1) 24	151.00	27	14.429.59
Part						Expenses
	Check if the organization used Schedule	O to respond to any ques	stion in this Part I	ı 🖂		uired for section
What	is the organization's primary exempt purpose?	Bring affordable quality mus	ic to McCall area			c)(3) and 501(c)(4) nizations and section
	the what was achieved in carrying out the organization			er, describe		(a)(1) trusts, optional
the se	ervices provided, the number of persons benefited, and	other relevant information for e	each program title.		for of	thers.)
28	3 Night Summer Music Festival in July at Historic Ro	seberry, ID. About 1200 in at	tendance over 3 ni	hts. Ticket		
	are kept affordable, \$12.00 to \$17.00 dollars per nigh	t. Kids under 12 get in free.	Thursday we featur	e local		
	bands and Friday and Saturday we bring in 4 headling	ers from out of the McCall ar	ea.			
	(Grants \$ 3,964.00) If this amount	includes foreign grants, ch	eck here	. ▶ 🛘	28a	32,287 00
29	Grant was for a Samba presentation at the local scho	ools as well as a workshop or	n Samba dance and	drumming		
	on the weekend. In addition we held 2 nights of mus	ic, one with local bands in Fe	ebruary(about 200 a	ttending)	}	
	and one with bandsfrom outside the area in June (ab			<u></u> .	1	
		includes foreign grants, ch		<u>. ▶ □</u>	29a	4,243 00
30	We are building a permanent stage for the Long Valle	y Preservation Society. This	year we invested i	n	Ì	ļ
	electrical power, landscaping, and irrigation		~~~~~~~~~			ł
						}
	} 	includes foreign grants, ch	eck here	· • U	30a	7,071.00
31	Other program services (describe in Schedule O)				1	1
20	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign grants, ch			31a	
	<u> </u>					43,601.00
r au	AND Liet of Officere Directore Injetone and Kai	, Employage List asch one a	ven if not compensa	ted (see the :	netnic	tions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				instruc	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to any ques (b) Title and average	stion in this Part I'	(d) Contributio	ns to	(e) Expense
		O to respond to any ques	stion in this Part I	V	ns to plans &	(e) Expense
Grahi	Check if the organization used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (ff not paid,	(d) Contribution	ns to plans &	(e) Expense account and
	Check if the organization used Schedule (a) Name and address am Hubner	O to respond to any ques (b) Title and average hours per week	(c) Compensation (ff not paid,	(d) Contribution	ns to plans &	(e) Expense account and other allowances
POE	Check if the organization used Schedule (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (ff not paid, enter -0)	(d) Contribution	ns to plans & nsation	(e) Expense account and other allowances
P O E Jene:	Check if the organization used Schedule (a) Name and address am Hubner lox 2275, McCall, ID 83638	(b) Title and average hours per week devoted to position	(c) Compensation (ff not paid, enter -0)	(d) Contribution	ns to plans & nsation	(e) Expense account and other allowances
P O E Jene: P O E	Check if the organization used Schedule (a) Name and address am Hubner Box 2275, McCall, ID 83638 ane LeBrel	(b) Title and average hours per week devoted to position President 4 hours/week	(c) Compensation (f) not paid, enter -0)	(d) Contribution	ns to plans & nsation	(e) Expense account and other allowances
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MCCALL FOLKLORE SOCIETY PO BOX 2275 MCCALL ID 83638



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.