

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder 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

A For the 2006 calendar year, or tax year beginning , 2006, and ending**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

TEXAS FOLKLIFE RESOURCES, INC.

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

1317 SOUTH CONGRESS AVENUE

City, town or country

AUSTIN

State ZIP code + 4

TX 78704

D Employer Identification Number

74-2360058

E Telephone number

(512) 441-9255

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? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

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 Schedule B (Form 990, 990-EZ, or 990-PF)**G** Web site: WWW.TEXASFOLKLIFE.ORG**J** Organization type (check only one)☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 287,361.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)****1** Contributions, gifts, grants, and similar amounts received**a** Contributions to donor advised funds

1a

b Direct public support (not included on line 1a)

1b

106,603.

c Indirect public support (not included on line 1a)

1c

d Government contributions (grants) (not included on line 1a)

1d

91,818.

e Total (add lines 1a through 1d) (cash \$ 198,421. noncash \$ 0.)

1e 198,421.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 46,974.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5

6a Gross rents

6a

41,966.

b Less rental expenses

6b

c Net rental income or (loss) Subtract line 6b from line 6a

6c 41,966.

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other than inventory

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) Combine line 8c, columns (A) and (B)

8d

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1b)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events Subtract line 9b from line 9a

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12 287,361.

13 Program services (from line 44, column (B))

13 252,384.

14 Management and general (from line 44, column (C))

14 23,101.

15 Fundraising (from line 44, column (D))

15 7,451.

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 16 and 44, column (A)

17 282,936.

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18 4,425.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 157,179.

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year Combine lines 18, 19, and 20

21 161,604.

SCANNED JUN 20 2007

RUCZNR

EXPENSES

ASSETS

47 6

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.

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ 4,580. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 4,580.	4,580.		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt	25a 48,961.	36,721.	9,792.	2,448.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 51,947.	38,960.	10,389.	2,598.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 490.	368.	98.	24.
29 Payroll taxes	29 15,674.	11,755.	3,135.	784.
30 Professional fundraising fees	30			
31 Accounting fees	31 7,765.	6,600.	777.	388.
32 Legal fees	32			
33 Supplies	33 6,768.	6,091.	338.	339.
34 Telephone	34 3,550.	3,195.	178.	177.
35 Postage and shipping	35 4,603.	4,143.	230.	230.
36 Occupancy	36 12,769.	11,492.	639.	638.
37 Equipment rental and maintenance	37 5,322.	4,790.	266.	266.
38 Printing and publications	38 2,926.	2,632.	147.	147.
39 Travel	39 20,291.	20,291.	0.	0.
40 Conferences, conventions, and meetings	40			
41 Interest	41 8,053.	6,040.	1,610.	403.
42 Depreciation, depletion, etc (attach schedule)	42 6,038.	4,529.	1,207.	302.
43 Other expenses not covered above (itemize)				
a ARTIST FEES	43a 86,041.	85,142.	899.	0.
b TECHNICAL & PRODUCTION	43b 23,006.	23,006.	0.	0.
c PAYROLL SERVICE	43c 2,252.	1,689.	450.	113.
d MISCELLANEOUS	43d 2,761.	2,071.	552.	138.
e VOLUNTEER EXPENSES	43e 9,133.	6,850.	1,827.	456.
f INSURANCE	43f 4,640.	4,176.	232.	232.
g See Other Expenses Stmt	43g -44,634.	-32,737.	-9,665.	-2,232.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 282,936.	252,384.	23,101.	7,451.

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

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT

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) organizations and 4947(a)(1) trusts, but optional for others.)

a VARIOUS PROGRAMS AND PRODUCTIONS RELATING TO FOLK ART

IN TEXAS INCLUDING EXHIBITIONS, COMMUNITY RESIDENCIES,
MEDIA PROJECTS, MUSIC, EDUCATION, AND CULTURE BASH.

(Grants and allocations \$ 4,850.) If this amount includes foreign grants, check here ► ☐

252,384.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

252,384.

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Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**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
ASSETS	45 Cash — non-interest-bearing	53,696.	45	48,226.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48a Pledges receivable	10,200.		
	b Less allowance for doubtful accounts		48c	10,200.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4,585.	53	2,105.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
55a Investments — land, buildings, & equipment, basis				
b Less accumulated depreciation (attach schedule)		55c		
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment, basis	351,404.			
b Less accumulated depreciation (attach schedule) L-57 Stmt	76,726.	262,276.	57c	274,678.
58 Other assets, including program-related investments (describe _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58		330,257.	59	335,209.
LIABILITIES	60 Accounts payable and accrued expenses	3,700.	60	3,203.
	61 Grants payable		61	
	62 Deferred revenue	21,069.	62	27,813.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	148,309.	64b	142,589.
	65 Other liabilities (describe _____)		65	
	66 Total liabilities. Add lines 60 through 65		173,078.	66
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	156,179.	67	159,704.
	68 Temporarily restricted	1,000.	68	1,900.
	69 Permanently restricted		69	
	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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	157,179.	73	161,604.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	330,257.	74	335,209.

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Form 990 (2006)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	336,917.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	49,556.
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	49,556.
c	Subtract line b from line a	c	287,361.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	287,361.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	332,492.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	49,556.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	49,556.
c	Subtract line b from line a	c	282,936.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	282,936.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NANCY BLESS 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	EXECUTIVE DIRECTOR 40	48,961.	0.	0.
DOYAL NELMS 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	CHAIR 5	0.	0.	0.
MITCH BARANOWSKI 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	VICE CHAIR 5	0.	0.	0.
JILL GLASSCO 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	TREASURER 5	0.	0.	0.
HEYDEN BLACK WALKER 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	SECRETARY 5	0.	0.	0.
See List of Officers, Etc. Statement				

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
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Yes	No
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75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ▶ 13

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)

75 b	X
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c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'

75c	X
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If 'Yes,' attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?

75d	X	
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Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
-----------------	--

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
- - - - - - - - - - - - - - -				
- - - - - - - - - - - - - - -				
- - - - - - - - - - - - - - -				
- - - - - - - - - - - - - - -				
- - - - - - - - - - - - - - -				

Part VI Other Information (See the instructions.)

Yes	No
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76 Did the organization make a change in its activities or methods of conducting activities?

Did the organization make a change in its activities
If 'Yes,' attach a detailed statement of each change

76		X
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77 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

77		X
----	--	---

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a	X
-----	---

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

78b		
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79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement

79	X
----	---

80a 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?

80 a	X
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b If 'Yes,' enter the name of the organization ►

and check whether it is ☐ exempt **or** ☐ nonexempt.

81 a Enter direct and indirect political expenditures (See line 81 instructions)

81 a

b Did the organization file **Form 1120-POL** for this year?

81 b	X
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Form 990 (2006)

Part VI Other Information (continued)

		Yes	No
82 a	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?	82 a	X
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.)	82 b	49,556.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83 b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/A
	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		
c	Dues, assessments, and similar amounts from members	85 c	N/A
d	Section 162(e) lobbying and political expenditures	85 d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h	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?	85 h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87 a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	N/A
88 a	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	88 a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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? If 'Yes,' attach a statement explaining each transaction	89 b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	X
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90 b	8
91 a	The books are in care of <u>NANCY BLESS</u> Telephone number <u>(512) 441-9255</u> Located at <u>1317 SOUTH CONGRESS AVENUE, AUSTIN, TEXAS</u> ZIP + 4 <u>78704</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <u></u>	91 b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

Yes	No
91 c	X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See 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) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEES					46,974.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					41,966.
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					88,940.
105 Total (add line 104, columns (B), (D), and (E))					88,940.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).
93	PROGRAM FEES FROM FOLK ART FESTIVALS AND EXHIBITS THAT EDUCATE AND FOSTER UNDERSTANDING OF TEXAS TRADITIONS AND FOLKLIFE.
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(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
	%			
	%			
	%			
	%			

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

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes	X	No
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b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes	X	No
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Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

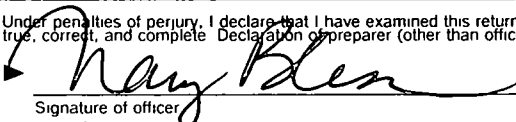
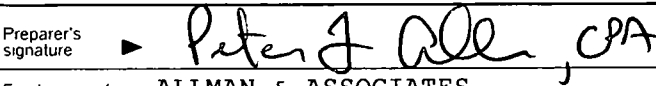
Yes No

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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		5/4/2007 Date	
Paid Preparer's Use Only	Type or print name and title NANCY BLESS EXECUTIVE DIRECTOR			
	Preparer's signature 	Date 05/01/07	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ALLMAN & ASSOCIATES 2414 EXPOSITION BLVD STE BC230 AUSTIN TX 78703		EIN (512) 923-0802	

BAA

Form 990 (2006)

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 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

2006

Name of the organization

TEXAS FOLKLIFE RESOURCES, INC.

Employer identification number

74-2360058

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	None			

Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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	None	

Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	None	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See 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

See Part V, Form 990

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

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year **►** _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year **►** _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts **►** _____

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year **►** _____

0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that 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)
- 11 a ☒ 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)
- 11 b ☐ 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ►
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

Total

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	220,090.	181,451.	234,869.	399,229.	1,035,639.
16 Membership fees received					
17 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	93,639.	131,194.	181,982.	223,572.	630,387.
18 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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See L-22 Stmt.			14,600.	34,541.	49,141.
23 Total of lines 15 through 22	313,729.	312,645.	431,451.	657,342.	1,715,167.
24 Line 23 minus line 17	220,090.	181,451.	249,469.	433,770.	1,084,780.
25 Enter 1% of line 23	3,137.	3,126.	4,315.	6,573.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶ 26a	21,696.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		▶ 26b	3,304.
c Total support for section 509(a)(1) test. Enter line 24, column (e).		▶ 26c	1,084,780.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 49,141. 26b 3,304.		▶ 26d	52,445.
e Public support (line 26c minus line 26d total)		▶ 26e	1,032,335.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶ 26f	95.17 %

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: (2005) _____ (2004) _____ (2003) _____ (2002) _____			
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 11b, 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: (2005) _____ (2004) _____ (2003) _____ (2002) _____			
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		▶ 27c	
d Add: Line 27a total _____ and line 27b total _____		▶ 27d	
e Public support (line 27c total minus line 27d total)		▶ 27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	▶ 27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶ 27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶ 27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	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?			
30	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?			
31	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)			

32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			

33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
35	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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

(a)
Affiliated group
totals**(b)**
To be completed
for **all** electing
organizations**36** Total lobbying expenditures to influence public opinion (grassroots lobbying)**36****37** Total lobbying expenditures to influence a legislative body (direct lobbying)**37****38** Total lobbying expenditures (add lines 36 and 37)**38****39** Other exempt purpose expenditures**39****40** Total exempt purpose expenditures (add lines 38 and 39)**40****41** Lobbying nontaxable amount. Enter the amount from the following table —**If the amount on line 40 is —**

Not over \$500,000

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

Over \$17,000,000

The lobbying nontaxable amount is —

20% of the amount on line 40

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

\$1,000,000

41**42** Grassroots nontaxable amount (enter 25% of line 41)**42****43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36**43****44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38**44****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.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

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

X

X

X

X

X

X

X

X

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

Form 990
Part II, Line 25a**Compensation of Current Officers, Directors,
Key Employees, Etc.****2006**Name as Shown on Return
TEXAS FOLKLIFE RESOURCES, INC.Employer Identification No
74-2360058**Compensation**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
NANCY BLESS	48,961.	36,721.	9,792.	2,448.
Total Compensation Received	48,961.	36,721.	9,792.	2,448.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans				

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a ▶	48,961.	36,721.	9,792.	2,448.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MARKETING/ADVERTISING	4,922.	4,430.	246.	246.
LESS INKIND EXPENSES	-49,556.	-37,167.	-9,911.	-2,478.
Total	-44,634.	-32,737.	-9,665.	-2,232.

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
DICK HOLLAND 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	PAST CHAIR 5	0.	0.	0.
AMANCIO CHAPA, JR. 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	DIRECTOR 5	0.	0.	0.
LOUIS HERRERA 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	DIRECTOR 5	0.	0.	0.
SUSAN MOREHEAD 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	DIRECTOR 5	0.	0.	0.
KATHERINE OLDMIXON 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	DIRECTOR 5	0.	0.	0.
KENNON PETERSON 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	DIRECTOR 5	0.	0.	0.
DAGOBERTO RAMIREZ 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	DIRECTOR 5	0.	0.	0.
LYNNE STORM 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	DIRECTOR 5	0.	0.	0.
WARE WENDELL 1317 S. CONGRESS AVENUE AUSTIN, TX 78704	DIRECTOR 5	0.	0.	0.

Form 990, Page 8, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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).
97	RENTAL INCOME FROM ANOTHER 501(C)(3) ORGANIZATION THAT

Form 990, Page 8, Part VIII

Continued

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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)
	PROMOTES FOLKLORE AND TEXAS FOLKLIFE.

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	134,081.	0.	134,081.
BUILDING & IMPROVEMENTS	172,210.	35,286.	136,924.
FURNITURE & EQUIPMENT	45,113.	41,440.	3,673.
Total	<u>351,404.</u>	<u>76,726.</u>	<u>274,678.</u>

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
OTHER INCOME			14,600.	34,541.	49,141.
Total			<u>14,600.</u>	<u>34,541.</u>	<u>49,141.</u>

Supporting Statement of:

Form 990 p 2/Line 22b cash

Description	Amount
FISCAL AGENT PASS-THROUGH GRANTS	3,580.
SCHOLARSHIP AWARD	1,000.
Total	<u>4,580.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (A)

Description	Amount
MORTGAGE PAYABLE	148,309.
Total	<u>148,309.</u>

Additional Information For Tax Return

TEXAS FOLKLIFE RESOURCES, INC.

74-2360058

Form 990 p 3: Exempt purpose

TO CULTIVATE, PROMOTE, ENCOURAGE, AND SPONSOR THE PRESERVATION, UNDERSTANDING, APPRECIATION, AND PUBLIC PRESENTATION OF THE FOLK ARTS, FOLKLORE, AND FOLKLIFE OF TEXAS.

Apprenticeship in the Folk Arts

Texas Folklife's Apprenticeship in the Folk Arts program encourages the continuation of Texas traditional arts by providing grants to master artists to train qualified apprentices. The program seeks to promote the passing on of specialized knowledge and advanced skills from a highly experienced master artist to an already dedicated but less accomplished apprentice. This grant will compensate the master artist for his or her time and training; a specified amount may also be used to help offset the costs of travel and supplies. Successful applicants will participate in one public presentation of their traditional art form at an event organized by Texas Folklife.

The program supports intensive study between individuals who have shown a commitment to and talent for a specific traditional folk art form. The one-on-one apprenticeship may not be applicable to certain art forms (mariachi ensembles, for example); in such situations, group apprenticeships will be considered. Please call our office if you have questions about the compatibility of your art form with the Apprenticeships in the Folk Arts program.

Definitions

The folk arts are those art forms that are practiced by a group of people who share an ethnic heritage, language, religion, occupation, or region. The folk arts are learned informally and are often passed on from generation to generation. They express community beliefs rather than individual artistic aesthetics.

A Master artist is someone who is recognized by his or her community as an exceptional practitioner of a particular traditional art form. An apprentice is someone who has experience with and has demonstrated a commitment to this traditional art, but who still needs to develop his or her skills. The apprentice will study under the Master artist.

About Texas Folklife

Texas Folklife is a statewide non-profit cultural arts organization dedicated to the preservation and presentation of the traditional arts of the Lone Star State. Texas Folklife's mission is to identify, research, document, interpret and present the folklife of Texas. Texas Folklife sponsors programs, concerts, workshops and exhibits that celebrate and educate others about Texas folk life and folkart. Many of the artists who appear in these programs have also participated in Texas Folklife's Apprenticeships in the Folk Arts program.

Grant Amount

The amount of each apprenticeship award will vary depending on the number of sessions, the amount of supplies needed, and whether or not travel is necessary for the master artist or apprentice to get to the site of the sessions. A formula is included in the application to help applicants calculate the amount they are requesting. Typical individual apprenticeships range from \$1,500 to \$2,000, while group apprenticeships may exceed \$2,000. Awards will not exceed \$2,500.

Evaluation Criteria/ Eligibility

All completed applications will be reviewed by a panel according to the following criteria:

- Traditionality of the art form;
- Artistic quality of master artist's work;
- Apprentice's experience with and ongoing commitment to the art form;
- Shared membership of the master artist and the apprentice in a cultural community;
- Urgency, for endangered art forms;
- Feasibility of the proposed apprenticeship;
- Commitment of the individuals to the apprenticeship and to continuing the tradition after the apprenticeship.

This program will not fund:

- Recreations of historic artifacts or reenactments of lifestyles from the distant past;
- Contemporary and individual studio projects;
- Art forms that are not a part of a community or family.

Period of Study

The length of each apprenticeship will vary depending on:

- the traditional art form being taught;
- the goals of the apprenticeship;
- the frequency with which the master artist and apprentice meet, and;
- the length of each session.

It is expected that successful applicants will meet at least once a week during the apprenticeship period. Apprenticeships funded through Texas Folklife should include between 12-16 hours of instruction per month.

Apprenticeships may begin at any time after successful applicants have been notified.

How to Apply

Interested master artists and apprentices should apply as a team. Before completing the application, each participant should meet to discuss their ideas for the apprenticeship. Both the master artist and apprentice will need to agree on the following issues before completing the application: what material will be covered, how the sessions will be held, and how long the apprenticeship will last. Further, we hope that both participants will discuss why participation in the apprenticeship program is valuable to each of them individually.

The master artist and apprentice must complete the application form. One page of the application is to be filled out by the master artist and a second by the apprentice. The rest of the application, however, should be completed by both applicants together.

Please answer all questions as thoroughly as possible. Successful apprenticeships are selected on the basis of what information is submitted in the application. Applications do not need to be typed, but should be legible. If you complete the application by hand, please print.

For an application, please contact:

**Texas Folklife
1317 S. Congress Ave.
Austin, Texas 78704
(512) 441-9255**

TEXAS FOLKLIFE
APPRENTICESHIPS IN THE FOLK ARTS
Master-Apprentice Grant Application

Name of Master Artist

Social Security No.

Address

City

State

Zip

County

(____) _____
Work Phone

(____) _____
Home Phone

Name of Apprentice

Social Security No.

Address

City

State

Zip

County

(____) _____
Work Phone

(____) _____
Home Phone

A. Traditional art form to be studied (explain the art form):

B. Master Artist Information (to be filled out by the Master):

1. Background of Master Artist. Please describe your background and experience in your art form. How long have you been practicing your art form? How did you learn it? What honors or other evidence can you give of your mastery in the art form?

2. Why do you want to participate in the Apprenticeship Program? What do you hope to accomplish from your participation in the program?

C. Apprentice Information (to be filled out by the Apprentice):

- 1. Background of Apprentice. Please describe your background and experience in the traditional art form you wish to study (e.g., how long have you been involved in the art form you wish to study? What is your current level of skill in the art form? What are your plans for continuing to practice the art form you wish to study?)**

- 2. Why do you want to participate in the Apprenticeship Program? What do you do hope to accomplish from your participation in the program?**

D. Description of the Proposed Apprenticeship (Master Artist and Apprentice should fill out the following sections together).

1. Please tell us about the skills, techniques and forms you plan to cover during your proposed apprenticeship. Be as specific and detailed as possible. If you need extra space please feel free to continue on an additional piece of paper.

[illegible]

- ## 2. Time frame for the Proposed Apprenticeship:

- a. Starting Date: ____/____/____

Ending Date: / /

- b. Approximate number of learning lessons:**

_____per week _____per month

- c. Length of each session: _____ hours

- d. Meeting Place: _____

3. Apprenticeship Budget

a. Master Artist Fees
(should be most of the budget) \$_____

b. Supplies and Materials
(please itemize; include travel if applicable)

_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____

Subtotal \$_____

c. Other (please specify)

_____ \$_____

TOTAL \$_____

E. Supporting Materials

Please provide supporting materials in addition to this application. These materials may include photographs, color slides, video tapes copies of newspaper articles, and letters of support from community members or other people who know you and your work in the traditional arts. Label each item with your name. If you cannot submit supporting materials, contact Texas Folklife to discuss alternatives.

Submit this application and supporting materials to:

Texas Folklife
Apprenticeships in the Folk Arts
1317 S. Congress Ave.
Austin, TX 78704

If you have any questions, please call Apprenticeship Program Coordinator, at (512) 441-9255. You may also email at apprenticeships@texasfolklife.org.

Texas Folklife Resources
Fixed Asset Schedule
12/31/2006

				12/31/2005		12/31/2006	
	Date	Cost	Method	Beg AccumDepr	Current Depreciation	End AccumDepr	Net
Land	1/21/1998	<u>134,081</u>	-	-	-	-	134,081
Building	1/21/1998	154,179	SL-40	30,832	3,854	34,686	119,493
Building renovations	7/1/2005	1,735	SL-33	53	53	106	1,629
Building renovations	12/31/2006	<u>16,296</u>	SL-33	-	494	494	15,802
sub-total		<u>172,210</u>					
Furniture & equipment	pre-2002	36,786	SL-5	36,786	-	36,786	-
Shelf/filing cabinet	2/3/2003	95	SL-5	57	19	76	19
Filing cabinets	4/7/2003	<u>160</u>	SL-5	96	32	128	32
sub-total		<u>37,041</u>					
Microwarehouse	2/11/2002	1,099	SL-5	880	219	1,099	0
Beach Camera	5/21/2002	245	SL-5	196	49	245	(0)
Fax machine	10/2/2002	117	SL-5	93	24	117	(0)
HP 1200n printer	2/3/2003	680	SL-5	408	136	544	136
Credit card machine	3/4/2003	669	SL-5	402	134	536	133
Samsung printer	3/24/2003	303	SL-5	182	61	243	60
HP Pavilion	1/8/2004	700	SL-5	280	140	420	280
Other equipment		142		-	-	-	142
Dell computer	2/8/2005	2,115	SL-5	423	423	846	1,269
Fry's computer	2/27/2006	1,485	SL-5	-	297	297	1,188
Dell computer	5/4/2006	<u>517</u>	SL-5	-	103	103	414
sub-total		<u>8,072</u>					
Totals		<u>351,404</u>		<u>70,688</u>	<u>6,038</u>	<u>76,726</u>	<u>274,679</u>