990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

	For the	2020 calendar v	ear, or tax year begin	nina		, 2020, an	d ending			, 20	
	Check if a			HN C CAMPBELL F	OT.K SCHOOT.		a onang		D Empl	oyer identification number	
		• •		III C CAMI DELLE I	OLK BCHOOL,	INC			D Lilipi	56-0552780	
\equiv	Address c	-	Doing business as	O h 16 11 t 1 d-15 14	-tt -dd	Τ.	D / it -		F T-1		
\equiv	Name cha	· ·	,	O. box if mail is not delivered to	street address)	'	Room/suite		E Telep	hone number	
Ħ	Initial retu		ONE FOLK SCHOO						•	(828)837-2775	<u>'</u>
Ħ		rn/terminated		vince, country, and ZIP or foreig	n postal code					s receipts	206
=	Amended		BRASSTOWN, NC				1	<u> </u>	\$	3,047,8	No
Ш	Application	n penaing	F Name and address of pri	псіраі опісег:							_
	_	v	 	<u> </u>	47()(1)	-07	— Н			es included? Yes _	No
	Tax-exem) ◀ (insert no.) 494	47(a)(1) or	527				st. See instructions	
	Website:		OLKSCHOOL.ORG	· 🗆 au 🔈			-	(c) Group e			
		rganization: X Corp	poration Trust Ass	ociation Other >		L Year of formation	n: 1925	M S	tate of leg	gal domicile: NC	—
Г	rt I	Summary Driefly describe t	the ergonization's miss	ion or most significant or	ativities.		mp.	Manon			
	1	-	=	ion or most significant ac		FOLK SCHO	OL TRA	NSFOR	MS LI	VES, BRINGING	
ø		-		URING ENVIRONME				~~	_		
anc		FOR EXPERIE	ENCES IN LEARNI	NG AND COMMUNIT	A PIRE LHY	SPARK SE	LF-DIS	COVER	۷.		
ern		Charlethia have b			!	-f th O	TO/ -f:+-		_		
Governance				n discontinued its operation					1 . 1	-	4
	3	`		erning body (Part VI, line	,						.4_
Activities &	4	•	-	s of the governing body							.4
Ζį	5		. ,	n calendar year 2020 (Pa	,				5	5	53_
Act	6		volunteers (estimate if	• ,	- 40				6		_
				Part VIII, column (C), line					7a		0
	d	inet unrelated bu	usiness taxable income	from Form 990-T, Part I	, iine 11				7b		0
		Cantuibustiana	d avente (Deut VIII line	41-1				Prior Year		Current Year	
•			d grants (Part VIII, line	•						1,577,2	
nue	9	•	•	e 2g)						994,7	
Revenue	10		, , ,	A), lines 3, 4, and 7d) .						235,3	
ď	11	,	. , , ,	nes 5, 6d, 8c, 9c, 10c, and	,					119,3	
				must equal Part VIII, colu	` ' '					2,926,6	
	13		. ,	X, column (A), lines 1-3)							0
	14	•	,	K, column (A), line 4)							0
Ś	15	•		benefits (Part IX, colum	` ''					2,468,5	
Expenses			,	column (A), line 11e) .							0
Ç		•	expenses (Part IX, co	· · · · —		180,591					
Ш		•		nes 11a-11d, 11f-24e)						1,851,4	
				equal Part IX, column (A						4,319,9	
	19	Revenue less ex	penses. Subtract line	18 from line 12		• • • • • •	 			(1,393,3	321)
sor	S O	Total coacta (Da	wt V line 16)					ng of Curre		End of Year	120
sset	E 20	Total liabilities (Fa	,				-	L9,492		19,445,4	
Net Assets or	21 1 22	•	• •	ine 21 from line 20			<u> </u>	1,386		1,762,7	
_	∄ 22 irt II	Signature I		ine zi nom ine zo			-	L8,105	,329	17,682,7	21
				rn, including accompanying sch	edules and statement	s, and to the best of	f my knowled	dge and beli	ef. it is		
				icer) is based on all information					,		
		JESS AU	ICTIN							04-28-2021	
Sig	ın	Signature of co							l Da		
He			JSTIN, TREASURE	'R							
	-		name and title								
		Print/Type preparer		Preparer's signature		Date		Check	if	PTIN	
Pai	id	DEBRA W MO		DEBRA W MORGAN (СБУ	05-14-202	1	self-emp	_	P00728756	
	eparer			Company CPAs P		PJ-14-202		's EIN ►	Joyeu	100/20/30	
	e Only			tree Street	•44•			ne no.			
	- Omy	i iiii s aduless	Murphy N				FIIO	ю по.	828-	837-8188	
Max	the IDC	C discuss this retu		nown above? (see instruc	tions)				040-	X Vas □ I	Mo.

2,381,568

Part IV

56-0552780

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a х **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 Х 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 x 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 x

Form 990 (2020) JOHN C CAMPBELL FOLK SCHOOL, INC 56-0552780 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?........ 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х 28b Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a 35a Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Х Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

					Yes	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	293			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	x	

20) JOHN C CAMPBELL FOLK SCHOOL, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 53	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. 7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	. 15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	0-		
a b	Each committee with authority to act on behalf of the governing body?	8a 8b	x x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		37
b	with a taxable entity during the year?	10a		Х
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	etion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed North Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CTEDUEN ANCET (222)227-2775 ONE FOLK COUOCI DOAD DEACCTOMN NO 22202			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	١, ١				nan one s both ar	,	Reportable	Reportable	Estimated amount
	hours	1				/trustee)		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	or o	Ins	Office	Ke	em Hig	For	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc		cer	/ em	hest	-ormer	(,		related organizations
	organizations	tor tr	onal		Key employee	ee				
	below	Individual trustee or director	Institutional trustee		ee	hpen				
	dotted line)	"	ee			Highest compensated employee				
						٩				
(1) JERRY JACKSON	40.00									
EXECUTIVE DIRECTOR					х			167,737	0	0
(2) MARITZA MAXWELL	1.00									
DIRECTOR		х						0	0	0
(3) LAURA LEDFORD	1.00									
DIRECTOR		Х						0	0	0
(4) DINA NORRIS	1.00									
VICE PRESIDENT		х						0	0	0
(5) TOMMYE SCANLIN	1.00									
DIRECTOR		х						0	0	0
(6) JANE OLIVER	1.00									
DIRECTOR		х						0	0	0
(7) FORREST OLIPHANT	1.00									
DIRECTOR		х						0	0	0
(8) CELIA LARSON	1.00									
DIRECTOR		х						0	0	0
(9) JANET DAVIS	1.00									
SECRETARY		х						0	0	0
(10)MARTHA COURSEY	1.00									
DIRECTOR		х						0	0	0
(11)DALE JAEGER	1.00									
DIRECTOR		х						0	0	0
(12)JOANNA HASS	1.00									
DIRECTOR		х						0	0	0
(13)MARY ACKERLY	4.00									
DIRECTOR		х		х				0	0	0
(14)ABLE_ALLEN	1.00									
PRESIDENT		х		x				0	0	0
EEΛ										Form 990 (2020)

EEA Form **990** (2020)

Part VII Section A. Officers, Directors, T	rustees, Key Emp	loyee	s, ar		(C)	est Co	mpe	ensated Employe	es (continuea)			
(A) Name and title	(B) Average hours per week	box	, unles er and	Pos eck m ss per d a di	sition nore the rson is rector	han one s both ar /trustee)	1	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	со	(F) nated and of other mpensation the	r tion
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	nization d organi	
(15)JESS_AUSTIN	4.00											-
TREASURER (16)		Х		Х				0	0			0
(17)												
(18)												
<u>(19)</u>												
<u>(20)</u>												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal	I, Section A .						•	167,737	0			0
2 Total number of individuals (including but no reportable compensation from the organizat		isted a	bove	e) wl	no re	eceive	d mo	ore than \$100,000	of			
3 Did the organization list any former officer		kov on	anlo	·/OO	or h	ighost	com	anonsatad			Yes	No
employee on line 1a? If "Yes," complete Si		-				-				3		х
4 For any individual listed on line 1a, is the sur												
organization and related organizations gre-				con	nplei	te Sch	edul 	e J for such		4	х	
5 Did any person listed on line 1a receive or a for services rendered to the organization?	accrue compensation	on from	any			_		ation or individual		5		х
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report 												
(A)	Compensation for	uic cai	Criu	ai ye	ai c	, riding	VVILII	(B)	iizations tax year.	(C)		
Name and business	s address							Description of service	es	Compens	sation	
Total number of independent contractors (ir	ncluding but not lim	ited to	thos	se lis	ted a	above)	who	0				

Form 990 (2020) JOHN C CAMPBELL FOLK SCHOOL, INC 56-0552780 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 Federated campaigns 1a Membership dues 1b Contributions, Gifts, Grants and Other Similar Amounts **c** Fundraising events 1c **d** Related organizations 1d Government grants (contributions) . . 1e 613,500 All other contributions, gifts, grants, and similar amounts not included above 1f 963,708 Noncash contributions included in 1g | \$ Total. Add lines 1a-1f 1,577,208 2a TUITION HOUSING MEALS 900099 994,701 994,701 Program Service Revenue f All other program service revenue 994,701 Investment income (including dividends, interest, and 235,383 235,383 Income from investment of tax-exempt bond proceeds (i) Real 6a Gross rents 6a 1,700 **b** Less: rental expenses . . 6b c Rental income or (loss) 1,700 **d** Net rental income or (loss) 1,700 1,700 (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis and sales expenses . . 7b Other Revenue **c** Gain or (loss) **7c** 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 150 **b** Less: direct expenses 2,355 c Net income or (loss) from fundraising events (2,205)(2,205)9a Gross income from gaming activities, See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 222,608 **b** Less: cost of goods sold 10b 118,866 c Net income or (loss) from sales of inventory 103,742 103,742 **Business Code** 11a SALE OF DONATED ITEMS 900099 **b** MISCELLANEOUS 900099 16,136 16,136 **d** All other revenue

16,136

1,010,837

2,926,665

e Total. Add lines 11a-11d

56-0552780

JOHN C CAMPBELL FOLK SCHOOL, INC

Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX		<u> </u>	
Do I	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 000 044			
7	Other salaries and wages	1,837,544	957,794	761,105	118,645
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	81,163		81,163	
9	Other employee benefits	431,521		431,521	
10	Payroll taxes	118,353		118,353	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	15,600		15,600	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	196,390	146,384	48,990	1,016
12	Advertising and promotion	219,720	200,647	2,228	16,845
13	Office expenses	181,517	61,940	81,166	38,411
14	Information technology		_	-	-
15	Royalties				
16	Occupancy	159,287	125,855	33,432	
17	Travel	74,010	65,790	8,220	
18	Payments of travel or entertainment expenses	,	33,133		
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	335,493	335,493		
23	Insurance	78,403	333,433	78,403	
23 24	Other expenses. Itemize expenses not covered	70,403		70,403	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	• • • • • • • • • • • • • • • • • • • •	222 254	200 264		
a	INSTRUCTOR PAY	228,064	228,064		
b	SUPPLIES	319,720	245,024	74,618	78
C	SPECIAL PROJECTS AND EVENTS	18,039	12,155	288	5,596
d			_		
е	All other expenses	25,162	2,422	22,740	
25	Total functional expenses. Add lines 1 through 24e	4,319,986	2,381,568	1,757,827	180,591
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Page **11**

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	282,695	1	156,028
	2	Savings and temporary cash investments	3,232,231	2	2,447,899
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	17,135	4	4,874
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \dots		6	
, 0	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	297,660	8	299,212
As	9	Prepaid expenses and deferred charges	42,370	9	41,626
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 9,464,572			
	b	Less: accumulated depreciation	4,920,835	10c	4,823,644
	11	Investments - publicly traded securities	10,655,874	11	11,625,441
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	43,245	15	46,708
	16	Total assets. Add lines 1 through 15 (must equal line 33)	19,492,045	16	19,445,432
	17	Accounts payable and accrued expenses	397,395	17	328,676
	18	Grants payable		18	
	19	Deferred revenue	989,321	19	1,434,035
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,386,716	26	1,762,711
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
ğ	27	Net assets without donor restrictions	17,100,897	27	16,627,650
3ale	28	Net assets with donor restrictions	1,004,432	28	1,055,071
힏		Organizations that do not follow FASB ASC 958, check here			
교		and complete lines 29 through 33.			
sor	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	10 10 10 10 10 10 10 10 10 10 10 10 10 1	31	48 400 800
Net	32	Total net assets or fund balances	18,105,329	32	17,682,721
	33	Total liabilities and net assets/fund balances	19,492,045	33	19,445,432
EEA					Form 990 (2020)

Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,92	6,665
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,31	9,986
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,39	3,321
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	8,10	5,329
5	Net unrealized gains (losses) on investments	5		97	0,713
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1	7,68	2,721
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🗌
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		🛭 3	a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .	3	b	
				orm QQ	n (2020)

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Insp

ЈОН	N C	CAMPBELL FOLK SCHOOL, I	NC				56-0552780	0
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this par	t.) See instructions	S.
The	orgar	ization is not a private foundation bec	ause it is: (For lines	1 through 12, check only	y one box.)		
1		A church, convention of churches, or	association of chu	rches described in secti	on 170(b)	(1)(A)(i).		
2	X	A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ).	.)		
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	A)(iii).		
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ited by a g	governmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7		An organization that normally receive	s a substantial part	of its support from a gov	ernmental	unit or from	m the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi). (Complete Part II.)				
9		An agricultural research organization	described in secti	on 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colleg	je
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and stat	e of the college or	
		university:						
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bus	siness taxable income (le	ess section	n 511 tax) f	rom businesses	
	_	acquired by the organization after Ju	ne 30, 1975.See s	section 509(a)(2). (Comp	olete Part	III.)		
11	Ц	An organization organized and opera	ated exclusively to	test for public safety. See	e section	509(a)(4).		
12	Ш	An organization organized and operat	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	;
		of one or more publicly supported org	-					•
		Check the box in lines 12a through 12				•		•
	а					-		ng
		the supported organization(s) the		• • • • • • • • • • • • • • • • • • • •	ity of the c	lirectors or	trustees of the	
		supporting organization. You mu	•					
	b	Type II. A supporting organization	•			_		
		control or management of the sup			sons that o	control or r	nanage the supported	
		organization(s). You must comp						
	С	Type III functionally integrated						th,
		its supported organization(s) (see						()
	d	Type III non-functionally integr					•	n(s)
		that is not functionally integrated.					it and an attentiveness	
		requirement (see instructions). Y	· ·					
	е	Check this box if the organization				sa Type I,	Type II, Type III	
		functionally integrated, or Type III						
	f	Enter the number of supported organ Provide the following information about						• • • •
	g	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) le the e	rganization	(v) Amount of monetary	(vi) Amount of
	(1)	Name of supported organization	(11) E114	(described on lines 1-10		r governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(U)								
(C)								
(D)								
(E)								
Toto								

Schedule A (Form 990 or 990-EZ) 2020 JOHN C CAMPBELL FOLK SCHOOL, INC 56-0552780 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 **(e)** 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **6 Public support.** Subtract line 5 from line 4 Section B. Total Support **(b)** 2017 (c) 2018 (d) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2016 (e) 2020 **7** Amounts from line 4 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **9** Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)

11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc. (see in	nstructions))			12			
13	First five years. If the Form 990 is for the organ	ization's fir	st, second, thir	d, fourth, or fif	th tax year as	a section	501(c	(3)	
	organization, check this box and stop here								▶ 🗌
Sec	ction C. Computation of Public Support Pe	ercentage	9						
14	Public support percentage for 2020 (line 6, colun	mn (f), divid	led by line 11,	column (f)) .		14			%
15	Public support percentage from 2019 Schedule A	A, Part II, li	ne 14			15			%
16a	33 1/3% support test - 2020. If the organization	did not ch	eck the box on	line 13, and li	ne 14 is 33 1/3	% or mor	e, che	eck this	
	box and stop here. The organization qualifies as	s a publicly	supported org	anization					▶ □
k	33 1/3% support test - 2019. If the organization	did not ch	eck a box on li	ne 13 or 16a, a	and line 15 is 3	33 1/3% o	r more	e, check	
	this box and stop here. The organization qualified	es as a pub	olicly supported	dorganization					▶ □
17a	10%-facts-and-circumstances test - 2020. If the	ne organiza	ition did not ch	eck a box on l	ne 13, 16a, or	16b, and	line 1	4 is	
	10% or more, and if the organization meets the f	facts-and-c	ircumstances t	est, check this	box and stop	here. Ex	plain i	n	
	Part VI how the organization meets the facts-and	d-circumsta	inces test. The	organization	qualifies as a p	ublicly su	pport	ed	
	organization								▶ □
k	10%-facts-and-circumstances test - 2019. If the	ne organiza	ition did not ch	eck a box on l	ine 13, 16a, 16	b, or 17a	, and	line	
	15 is 10% or more, and if the organization meets	s the facts-	and-circumstar	nces test, chec	k this box and	stop her	e. Exp	olain	
	in Part VI how the organization meets the facts-a	and-circum:	stances test. T	he organizatio	n qualifies as a	a publicly	suppo	orted	
	organization								▶ □
18	Private foundation. If the organization did not c	check a box	on line 13, 16	a, 16b, 17a, o	r 17b, check th	is box an	d see		
	instructions								>

56-0552780

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support			-	-		
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	() 0040	4.) 0047	() 0040	(1) 00 (0	() 0000	(n = l
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
12	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for the orga	unization's first	second third	fourth or fifth	tay year as a se	ection 501(c)(3)
	organization, check this box and stop here						
Sec	etion C. Computation of Public Suppor						· · · · · ·
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line			ine 13, column	n (f))	17	%
	Investment income percentage from 2019 Se		• •			18	%
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-			-

Part IV Supporti

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Yes	No
1		
-		
2		
3a		
Sd		
3b		
3c		
4a		
44		
4b		
4c		
70		
_		
5a		
5b		
5c		
•		
6		
7		
8		
9a		
Ju		
9b		
-		
9с		
10a		
- 54		
10b		
A (Form 990	or 990-E	Z) 2020

Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Seci	ion B. Type I Supporting Organizations		V	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	_		
	2 Shirt and the same of the sa		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)	
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions)
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	•		
L	that these activities constituted substantially all of its activities.	2a		
Ø	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

ched	ule A (Form 990 or 990-EZ) 2020 JOHN C CAMPBELL FOLK SCHOOL, INC		56-055	2780 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 <i>(explai</i>	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations	s must complete Section	ns A through E.
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

1 2

3

4

5

6

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Minimum asset amount for prior year (from Section B, line 8, Column A)

EEA

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2020 JOHN C CAMPBELL FOLK SCHOOL, INC 56-05:

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Га	rype in Non-Functionally integrated 509(a)(5) Supporting Organizations (continued)				
Sec	ction D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exem	pt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purposes	of supported organizat	ions 3		
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)				
6	6 Other distributions (describe in Part VI). See instructions.				
7	7 Total annual distributions. Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.				
9	9 Distributable amount for 2020 from Section C, line 6				
10	10 Line 8 amount divided by line 9 amount)	
		/i\	(ii)	(iii)	

10 Line 8 amount divided by line 9 a	amount		10	
Section E - Distribution Allocation	s (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from				
2 Underdistributions, if any, for year	ars prior to 2020			
(reasonable cause required - exp	<i>plain in Part VI).</i> See			
instructions.				
3 Excess distributions carryover, if	any, to 2020			
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through 3e				
g Applied to underdistributions of p	orior years			
h Applied to 2020 distributable am				
i Carryover from 2015 not applied	,			
j Remainder. Subtract lines 3g, 3h	n, and 3i from line 3f.			
4 Distributions for 2020 from				
Section D, line 7:	\$			
a Applied to underdistributions of p	-			
b Applied to 2020 distributable am	ount			
c Remainder. Subtract lines 4a an				
5 Remaining underdistributions for	•			
any. Subtract lines 3g and 4a fro				
greater than zero, explain in Par				
6 Remaining underdistributions for				
and 4b from line 1. For result gre	eater than zero, <i>explain in</i>			
Part VI. See instructions.				
7 Excess distributions carryove	r to 2021 . Add lines 3j			
and 4c.				
8 Breakdown of line 7:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
-			
_			

Schedule B

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

JOHN C CAMPBELL FOLK SCHOOL, INC

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

Schedule of Contributors

► Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number**

56-0552780

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	▼ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Check if	your organization is cove	red by the General Rule or a Special Rule .				
), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
instructio		,, , , , , , , , , , , , , , , , , , , ,				
General	Rule					
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-FZ, or 990-PE), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-FZ or on its					

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LILLIAN GANTSOUDES 589 NORTH RIDGE TRL BRASSTOWN NC 28902	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDREW LEWIS DECEASED ONE FOLK SCHOOL ROAD BRASSTOWN NC 28902	\$15,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANN RICHARDSON DECEASED ONE FOLK SCHOOL ROAD BRASSTOWN NC 28902	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BETTY S EAGLES CHARITABLE LEAD ANNU PO BOX 2907 WILSON NC 27894	\$12,107	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ERIC AND CYNTHIA CERO 3132 BAMBOO RD BOONE NC 28607	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DEBORAH AND JOHN CHAPMAN 1320 S JOSEPHINE ST DENVER CO 80210	\$10,000	Person 🐹 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	DAVID AND KAY SPILLMAN 3929 HICKORY HILL DR SOMERSET KY 42503	\$5,000	Person 🛣 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8_	CARL DREHER AND CHARLOTTE BRISTOW 791 MASON RD BRASSTOWN NC 28902	\$20,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	JANET DAVIS 700 W ROBERT ST HAMMOND LA 70401	\$ 10,000	Person x Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	EDWARD AND PHYLLIS WRIGHT 1613 CHEYENNE DR HILLSBOROUGH NC 27278	\$5,000	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	EVELYN BRANNON 629 TURRENTINE AVE GADSDEN AL 35901	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	GREGORY AND CANDACE OSBORN 1450 GREENWOOD AVE PALO ALTO CA 94301	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13	JEFF AND DEBBIE LONG 3242 TATTING RD MATTHEWS NC 28105	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_14	LUNDY FETTERMAN FAMILY FOUNDATION T 208 FOX LAKE DR CLINTON NC 28328	\$	Person x Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15	MERKEL FOUNDATION, INC. PO BOX 846 SHEBOYGAN WI 53082	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16	KATHERINE AND KEVIN MONTGOMERY 1708 TILINE RD TILINE KY 42083	\$	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17	PO BOX 288 CLIFTON TX 76634	\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18	MADELEINE MEYER AND MARTIN LONDON 1 COMPTON CIRCLE MILL VALLEY CA 94941	\$5,000	Person x Payroll	

Employer identification number

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CAROL ROBINSON 1050 19TH AVENUE PL NW	\$\$	Person 🗷 Payroll 🗌 Noncash 🗍 (Complete Part II for
	HICKORY NC 28601		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	NORTH CAROLINA COMMUNITY FOUNDATION 3737 GLENWOOD AVE STE 460	\$6,590	Person 🗷 Payroll 🗌 Noncash 🗌
	RALEIGH NC 27612		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_21	DAVID AND CAROL SMUCKER 469 MYERS RD	\$17,000	Person 🗷 Payroll 🗌 Noncash 🗌
	BRASSTOWN NC 28902		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	ROBERT BIXLER AND CYNTHIA CARLISLE 404 FERNWOOD DR SENECA SC 29678	\$25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	ROBERT AND CAROL TROUT 229 LAKE RD ONTARIO NY 14519	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Name	Name of the organization		Employer identification number		
ЈОН	N C CAMPBELL FOLK SCHOOL, INC		56-0552780		
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.				
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised			
	funds are the organization's property, subject to the organizati				
6	Did the organization inform all grantees, donors, and donor ad	_	_		
-	only for charitable purposes and not for the benefit of the dono				
	conferring impermissible private benefit?				
Pa	rt II Conservation Easements.				
	Complete if the organization answered "Yes" o	n Form 990. Part IV. line 7.			
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or edu		f a historically important land area		
	Protection of natural habitat		f a certified historic structure		
	Preservation of open space	Treservation of	a definited filosofie du detaile		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a co	onservation		
_	easement on the last day of the tax year.	deciservation contribution in the form of a ce			
•			Held at the End of the Tax Year 2a		
a	Total acreage restricted by conservation easements				
b					
C	Number of conservation easements on a certified historic structure of conservation easements included in (c) against de	, ,	<u>2c</u>		
d	Number of conservation easements included in (c) acquired a		24		
•	<u> </u>				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	anization during the		
	tax year •				
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the period				
_	violations, and enforcement of the conservation easements it h				
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and enforcing conservati	ion easements during the year		
_	<u> </u>				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year		
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	, , , ,		
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation	•			
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements the	nat describes the		
_	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections		other Similar Assets.		
	Complete if the organization answered "Yes"				
1a	If the organization elected, as permitted under FASB ASC 958				
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in further	rance of public		
	service, provide, in Part XIII the text of the footnote to its finan	icial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and balar	nce sheet works of		
	art, historical treasures, or other similar assets held for public of	exhibition, education, or research in furtheran	ce of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X		▶ \$		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial gai	in, provide the		
	following amounts required to be reported under FASB ASC 9	958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		▶ \$		
h	Assets included in Form 990, Part X		▶ ¢		

Pa	rt III Organizations Maintaining Col	lections of A	Art, Histo	ical T	reasures,	or Otl	ner Similar A	ssets (co	ontin	ued)
3	Using the organization's acquisition, accession, and	d other records,	check any of	the follo	wing that mak	ke signif	icant use of its			
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan	or exchange p	rogram	S			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									_
4	Provide a description of the organization's collection	ns and explain h	now they furth	er the c	rganization's	exempt	purpose in Part			
	XIII.	·	•			·				
5	During the year, did the organization solicit or recei	ve donations of	art, historical	treasure	es, or other sir	milar				
	assets to be sold to raise funds rather than to be m							. Tyes	. [No
Pa	rt IV Escrow and Custodial Arrange									_
	Complete if the organization answ	vered "Yes" o	on Form 9	90, Pa	rt IV, line 9	, or re	ported an am	ount on F	orm	1
	990, Part X, line 21.				•		•			
1a	Is the organization an agent, trustee, custodian or o	ther intermedian	y for contribu	tions or	other assets i	not				
								Tyes	. [No
b	If "Yes," explain the arrangement in Part XIII and co							_		
		·	Ü				Ar	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form 99	00, Part X, line 2	1, for escrow	or custo	odial account l	iability?		. Yes	. [No
b	If "Yes," explain the arrangement in Part XIII. Chec					-			. Ē	ĺ
Pa	t V Endowment Funds.									
	Complete if the organization answ	vered "Yes" o	on Form 9	90, Pa	rt IV, line 1	0.				
	(a) Current year	(b) Prior y	ear	(c) Two years	back	(d) Three years back	(e) Four	years I	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year	ar end balance (line 1g, colun	nn (a)) ł	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ► %									
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c should equ	ual 100%.								
3a	Are there endowment funds not in the possession	of the organizati	on that are h	eld and	administered f	for the				
	organization by:								Yes	No
	(i) Unrelated organizations						. .	. 3a(i)		
	(ii) Related organizations						. .	. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations	listed as require	d on Schedu	e R?.				. 3b		
4	Describe in Part XIII the intended uses of the orga	nization's endow	ment funds.							
Pa	rt VI Land, Buildings, and Equipmer	nt.								
	Complete if the organization answ	vered "Yes" o	on Form 9	90, Pa	rt IV, line 1	1a. S	ee Form 990,	Part X, li	ne 1	0.
	Description of property	(a) Cost or other	er basis (b) Cost or	other basis	(c) /	Accumulated	(d) Boo	k value	-
		(investme	nt)	(0	other)	de	preciation			
1a	Land				L87,359			1	87,	359
b	Buildings			6,8	352,260		3,031,481	3,8	320,	779
С	Leasehold improvements									
d	Equipment			1,7	798,740		1,242,999		555,	741
е	Other				526,213		366,448		259,	765
Tota	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Par	t X, column (323,	

chedule D (Form		CHOOL, INC		56-0552780	Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Part	IV line 11h See	Form 000 Part V	(line 12
	•				
	 (a) Description of security or category (including name of security) 	(b) Book va	ue	(c) Method of valuat Cost or end-of-year marke	
) Financial o	derivatives				
Closely-he	eld equity interests				
) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶			
Part VIII	Investments - Program Related.		n		· !! . 40
	Complete if the organization answered "Yes"	on Form 990, Part	IV, line 11c. See	Form 990, Part X	k, line 13.
	(a) Description of investment	(b) Book va	lue	(c) Method of valuat	
				Cost or end-of-year marke	t value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(6) (7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX	Other Assets.	• • •			
	Complete if the organization answered "Yes"	on Form 990. Part	IV. line 11d. See	Form 990. Part X	(. line 15.
	(a) Description				Book value
(1)CONSTRU	ICTION IN PROGRESS			, ,	38,483
(2)MUSEUM	COLLECTION EXHIBITS				8,175
(3)UTILITY	DEPOSITS				50
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.)			•	46,708
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part	IV, line 11e or 11	1f. See Form 990,	Part X,
	line 25.				
		(b) Book value			
(1) Federal in	ncome taxes				
` '					
(1) Federal ii (2) (3) (4) (5)	ncome taxes				

(6) (7) (8) (9) **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Retur	n.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,897,378
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.) 2d Add lines 2a through 2d	2e	070 713
е 3	Subtract line 2e from line 1	3	970,713
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	2,926,665
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	2,926,665
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	P • • • • • • • • • • • • • • • • • • •	
1	Total expenses and losses per audited financial statements	1	4,319,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,319,986
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,319,986
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; lart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2020

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JOHN C CAMPBELL FOLK SCHOOL, INC

Employer identification number 56-0552780

Pai	tl			
			YES	NO
1	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?	1	X	
2	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?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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, use Part II	3	Х	
1	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	x	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		x
_				
b	Admissions policies?	5b		х
С	Employment of faculty or administrative staff?	5c		х
d	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		х
f	Use of facilities?	5f		х
g	Athletic programs?	5g		х
h	Other extracurricular activities?	5h		х
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	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," explain on Part II	7	х	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization					Employer ide	ntification number
JOHN C CAMPBELL FOLK SCHOOL	, INC				56-05	52780
Part I Fundraising Activities		the organiz	zation ans	wered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are no	t required to co	mplete this	part.			
1 Indicate whether the organization rais				ies. Check all that ap	oply.	
a Mail solicitations	-		-	f non-government gra		
b Internet and email solicitations				f government grants		
c Phone solicitations				aising events		
d In-person solicitations		5 🗀		3		
2a Did the organization have a written o	r oral agreement v	vith anv indivi	dual (includin	na officers, directors,	trustees.	
or key employees listed in Form 990,						es No
b If "Yes," list the 10 highest paid individ						_
compensated at least \$5,000 by the						
, ,	g					
		(:::) D:-1 6			(v) Amount paid to	(-i) A
(i) Name and address of individual	(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	contributions?		from activity	fundraiser listed in col. (i)	organization
		Yes	No		coi. (i)	
1		162	NO	_		
ı						
2						
2						
3						
3						
A						
4						
-						
5						
•						
6						
_						
7						
•						
8						
•						
9						
40						
10						
T-1-1						
Total					Carl St. Carray and Carray	
3 List all states in which the organization	i is registered or ii	censed to so	iicit contributi	ons or has been noti	ned it is exempt from	
registration or licensing.						

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts Less: Contributions Gross income (line 1 minus Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ **9** Enter the state(s) in which the organization conducts gaming activities: ${f a}$ Is the organization licensed to conduct gaming activities in each of these states? igsquare**b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 56-0552780

JOH	N C CAMPBELL FOLK SCHOOL, INC 56-0552780			
Pa	rt I Questions Regarding Compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
e	For paragraph listed on Form 000, Part VII. Section A. line 45, did the arrestication never service			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_	The organization?	60		
	Any related organization?	6a 6b		X
D	If "Yes" on line 6a or 6b, describe in Part III.	OD		Х
	ii 100 oitimio oa oi ob, accombo iitt ait III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	_		21
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

			W-2 and/or 1099-MI				(E) Total of columns (F) Compensation			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	- (C) Retirement and other deferred compensation	(D) Nontaxable benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
JERRY JACKSON	(i)	167,737	0	0	0	0	167,737	0		
1 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0		
	(i)									
2	(ii)									
	(i)									
3	(ii)									
	(i)									
4	(ii)									
	(i)									
5	(ii)									
	(i)									
6	(ii)									
	(i)									
7	(ii)									
	(i)									
8	(ii)									
	(i)									
9	(ii)									
	(i)									
10	(ii)									
	(i)									
11	(ii)									
	(i)									
12	(ii)									
	(i)									
13	(ii)									
	(i)									
14	(ii)									
	(i)									
<u>15</u>	(ii)									
	(i)									
16	(ii)									

EEA Schedule J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Inspection
Employer identification number

56-0552780 JOHN C CAMPBELL FOLK SCHOOL, INC 01. Form 990 governing body review (Part VI, line 11) A COPY OF FORM 990 IS PROVIDED TO THE TREASURER, AS WELL AS THE BUSINESS MANAGER AND ALL BOARD MEMBERS, PRIOR TO FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) OFFICERS ARE REQUIRED ANNUALLY TO REPORT ANY POSSIBLE CONFLICTS OF INTEREST. 03. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE AVAILABLE TO THE PUBLIC. 04. Explanation of other changes in net assets or fund balances (Part XI, line 9) UNREALIZED LOSSES ON INVESTMENTS