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Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2011

Open to Public Inspection

		e 2011 calendar year, or tax year beginning , 2011, and ending					, 20	
B CI	heck if iplicable	C Name of organization			D Emplo	yer Ider	ntification number	
L Ad	ddress cl	nange APPALACHIAN SOUTH FOLKLIFE CENTER		Room/ suite	<u></u>	55-0581558		
∐ Na	ame chan	Number & street (or P O box, if mail is not delivered to st	phone number					
∐լու	itial retur			.111 1				
∐те	rminated	P O BOX 10	(30	4:4660006				
	nended r				F Group	Exempti	on ,	
L AF	plication inding				Numb			
		ng Method· X Cash		H C	Check ▶ 🏻 ı	f the org	anization is not	
		e:▶ THE FOLKS@FOLKLIFECENTER.ORG		r	equired to a	attach Sc	hedule B	
	•		47(a)(1) or		Form 990, 9		<del></del>	
		f the organization is not a section 509(a)(3) supporting organization of		_		_		
		than \$50,000 A Form 990-EZ or Form 990 return is not required thoug	h Form 99	0-N (e-pos	stcard) may	be requi	ired (see instructions)	
		organization chooses to file a return, be sure to file a complete return						
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts a						
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 9					145,909	
Pa	rt 1	Revenue, Expenses, and Changes in Net Assets or F		•	see the instr	uctions f	or Part I.)	
	1	Check if the organization used Schedule O to respond to any question				<del>, , , , , , , , , , , , , , , , , , , </del>		
	1	Contributions, gifts, grants, and similar amounts received				1	17,497	
	2	Program service revenue including government fees and contracts,				2	118,909	
	3	Membership dues and assessments			• • • • •	3		
	4	Investment income				4	204	
	5a	Gross amount from sale of assets other than inventory						
	b	Less cost or other basis and sales expenses	<del> </del>	1 1				
В	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b		5c				
REVENU	6	Gaming and fundraising events						
E	а	Gross income from gaming (attach Schedule G if greater than						
	ļ	\$15,000)	6a					
E	b	Gross income from fundraising events (not indicating \$-10)		of contribut	tions			
		from fundraising events reported white 11 (affach Schedule) G if the						
		sum of such gross income and contributions exceeds \$15(000)	6b		9,299	1 1		
	C	Less: direct expenses from gaining and fundralising events	6c		2,848			
	a	Net income or (loss) from gaming and fundraising events (add lines 6a	and 6b ar	d subtract				
		Gross sales of inventory, less returns and allowances				6d	6,451	
			7a					
		Less: cost of goods sold	7b			1 1		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line	7a)			7c		
	8	Other revenue (describe in Schedule O)				8		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		· · · · ·	<u></u>	9	143,061	
	10	Grants and similar amounts paid (list in Schedule O)				10	· · · · · · · · · · · · · · · · · · ·	
Ē	11	Benefits paid to or for members	• • •			11	1,119	
ê	12	Salaries, other compensation, and employee benefits				12	22,500	
EXPENSES	13	Professional fees and other payments to independent contractors				13		
ŝ	14	Occupancy, rent, utilities, and maintenance				14	28,943	
S	15	Printing, publications, postage, and shipping				15	792	
	16	Other expenses (describe in Schedule O)				16	61,933	
	17	Total expenses. Add lines 10 through 16				17	115,287	
Ā	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	27,774	
NSE E	19	Net assets or fund balances at beginning of year (from line 27, column					100 040	
ASSETS		end-of-year figure reported on prior year's return)				19	180,840	
ร่	20	Other changes in net assets or fund balances (explain in Schedule O).				20	200 614	
	21	Net assets or fund balances at end of year Combine lines 18 through 2	:O		🕨	21	208,614	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

and enter the amount of tax-exempt interest received or accrued during the tax year.  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a X  44b X  C Did the organization receive any payments for indoor tanning services during the year?  44c X  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	Forn	n 990-EZ (2011)		F	age :
Ves   No	Pa				
33 Det the organization orgage in any significant calculuty not previously reported to the IRSY If "Yes," provide a dataled description of each actively in Schedule 0.  34 Were any significant changes made to the organization's name. Cherwise, explain the change on Schedule 0 (see instructions).  35 a manufact document of they reflect a change to the organization's name. Cherwise, explain the change on Schedule 0 (see instructions).  36 b the organization have unrelated businesses giosis income of \$1.00 or more during the year from business extinities (such as these reported on lines 2.8a, and 7.8, among others).  36 b the organization have unrelated businesses giosis income of \$1.00 or more during the year from business extinities (such as these reported on lines 2.8a, and 7.8, among others).  37 b if "Yes," the Bost Shape and Schedule 0 (see the Sched		instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V		<u></u>	
destaled description of each activity in Schedule O  Were any genificant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (See on Britardina)  33a Dat the organization have unrelated business gross morne of \$1,000 or more during the year from business activities (cut has those reported or lines? 2.6, and 7.8, among others?)  53b Dat the organization have unrelated business gross morne of \$1,000 or more during the year from business activities (cut has those reported or lines? 2.6, and 7.8, among others?)  53b Dat the organization a section 501(c)(6),010(c)(6) organization subject to section 663(3)(6) nobce, reporting, and proxy tize requirements during the year? If "Yes," reporting and proxy tize requirements during the year? If "Yes," complete applicable pairs after 55 chedule (9.4, Part III and proxy tize requirements during the year?  53c Dat the organization undergo a liquidation, dissolution, termination, or significant disposition of reflects and undergo an equirement of political expenditures, direct or indirect, as described in the instructions. ▶ 27a				Yes	No
34   Were any significant changes made to the organization governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization? Amended sourcement if they reflect a change to the organization and the change on Schedule O (see instructions)	33		İ		ĺ
soop of the amended documents if they reflect a change to the organizations name. Otherwise, explain the change on Schodulo O (see instructions)  35a			33	<u> </u>	X
change on Schedule O (see instructions)  3a Did the organization have surprised business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8a, and 7a, grong others)?  b If "Yes," to line 35a, has the organization thed a Form 990-T for the year? If "No," provide an explanation in Schedule O C Was the organization as each of 501(c)(s), org301(c)(s), or 501(c)(s) organization subject to section 603(s) notice. Was the organization as each of 501(c)(s), org301(c)(s), or 501(c)(s) organization subject to section 603(s) notice. The property of the organization subject is section 603(s) notice. The property of the organization subject is section 603(s) notice. The property of the organization business and subject is section 603(s) notice. The property of the organization business and subject is section 603(s) organization subject. Section 501(c)(s) organization or direct, and section organization subject. Schedule N. 3a Did the organization business in the property of the section 603(s) organization business organization business in subject. Schedule I, Parl II and enter the total amount involved. 3ab If "Yes," complete Schedule I, Parl II and enter the total amount involved. 3ab If "Yes," complete Schedule I, Parl II and enter the total amount involved. 3ab If "Yes," complete Schedule I, Parl II and enter the total amount involved. 3ab If "Yes," complete Schedule I, Parl II and enter the total amount involved. 3ab If "Yes," complete Schedule I, Parl II and enter the solid section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year of diff engage in an excess benefit transaction organization and uning the year of diff engage in an excess benefit transaction organization and uning the year of diff engage in an excess benefit transaction organization. All transaction and uning the year of diff engage in an excess benefit transaction organization. All transactions are seen to see of possible sections of the organization manager	34				
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  b II "Yea," to line 35a, has the organization filed a Form 390-T for the year "If "No," provide an explanation in Schedule O c Was the organization undergo a flughten of the year "If "No," provide an explanation in Schedule O c Was the organization undergo a flughten of the year "If "Yea," complete Schedule C, Part III			1		
activities (such as those reported on lines 2, 6a, and 7a, among others)?  b If "Yes," to the sast, has the regnaration field a Form 980—To the year? If "Yes," complete section 6033(e) notice, and year the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  35b			34		X
b   "Yes," to line 35a, has the organization field in Form 990-T for the year /!! "No," provide an explanation in Schedule O   35b   X    Was the organization a section 501(c)(4) of 501(c)(5) of 501(c)(6) organization subject to section 8033(e) notice, reporting, and proxy tax requirements during the year? II "Yes," complete Schedule C, Part II   35c   X    50	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
c Was the organization a section 501(c)(4), 501(c)(5), of 501(c)(6) organization subject to section 033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 1987. The programment of the proximal proxy tax requirements during the year? If "Yes," complete sphistable parts of 5chedule N. 38 X. 378 Enter amount of polinical expenditures, direct or indirect, as described in the instructions. ▶ [37a] 38 Did the organization tile Form 1120-PDL for this year? 58 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization tile Form 1120-PDL for this year? 59 Did the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 59 Did the organization during the year under section 59 Did the organization during the year under sections 4912, 4955, and 4958 decided on any of its prior Form 590 or 990-E27 If "Yes," complete Schedule L, Part I, 50 Did the organization organization managers or disqualished persons during the year under sections 4912, 4955, and 4958 decided organization. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction of If "Yes," complete Form 5868-T and 59 Did the organization in a foreign country. ▶ 50 Did the organization for exceptions and filing requirements for Form 104 Did the organization for exceptions and filing requiremen		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	İ	X
section 501(c)(3) and 501(c)(4) organization of law gape in an excess benefit transaction during the year, of deficitly organization of law gapes or described by the organization in a forest fire section 4955 b  1 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimburston in any of shock and year, of section 501(c)(4) organizations. Enter amount of tax imposed on organization in the foreign country.  2 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mposed on any other section any other section and set of the section 4955 b  3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mposed on any other section any other section 4955 b  3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mposed on organization and set of the section 4955 b  3 Section 501(c)(3) and 501(c)(4) organizations. Bit the organization organg in any section 4955 b  3 Section 501(c)(3) and 501(c)(4) organizations. Bit the organization organg in any other specified on any of its prior forms 990 or 990-EZ2 (if "Yes," complete Schedulue, L. Part I.  4 Usit the states with which a copy of this return is filed, b NONE  1 List the states with which a copy of this return is filed, b NONE  2 If Yes," center the name of the foreign country. b  3 Section 501(c)(3) and 501(c)(4) organization in a prior year that has not been reported on any of its prior forms 990 or 990-EZ2 (if "Yes," complete Schedulue, L. Part I.  4 List the states with which a copy of this return is filed, b NONE  4 List the states with which a copy of this return is filed, b NONE  4 List the states with which a copy of this return is filed, b NONE  5 Section 501(c)(3) and 501(c)(4) organization in a prior year that frameword in the section of the authority over a financial accountry in a foreign country (which is a bank accountry, securities accountry, or other financial accountry)?  4 List the states with which a copy of this return is filed, b NONE  5 Section 501(c)(3) in the callendar year, did the	b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  372 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶   37a   37b   X  375 Bit the organization berow from, or make any loans to, any officer, director, futures, or key employee or were any such beans made in a prior year and still outstanding at the end of the tax year covered by this return?   38a   X  375 Bit 11" Yes," complete Schedule, L. Part II and enter the total amount involved.   38b   39  380 Section 501(c)(?) organizations Enter:  a initiation fees and capital contributions included on line 9.  b Gross recopits, included on line 9, for public use of club facilities   39b   39a   3	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
during the year? If "Yes," complete applicable parts of Schedule N  37a		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
37a Eiter amount of political expenditures, direct or indirect, as described in the instructions. ▶   37a	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
b Did the organization file Form 1120-PQL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trusteo, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Did Tirves," complete Schedule L, Part II and enter the total amount involved.  38c Did Tirves, "complete Schedule L, Part II and enter the total amount involved.  38d Section 501((pt) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 501((pt)) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 501((pt)) organizations. Did the organization engage in any section 4955 ▶ Section 501((pt)) and 501((pt)) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the proof forms 990 or 990-E27 (if "Yes," complete Schedule L, Part I.  40b X  Section 501((pt)) and 501((pt)) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501((pt)) and 501((pt)) organizations. Enter amount of tax on line 40c rembursed by the organization.  41c List the states with which a copy of this return is filed, ▶ NONE  41c List the states with which a copy of this return is filed, ▶ NONE  41c Located at ▶  42c At any time during the celendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ▶  52e the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial account in a foreign country; ▶  53e the instructions for exception second organization files the second organization foreign country; ▶  54 Section 494((a)) nonexering the challer form 720 to r		during the year? If "Yes," complete applicable parts of Schedule N	36		X
38a Did the organization borrow from, or make any loans to, any officer, director, fusition, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Section 501(c)(7) organizations. Enter:  38c Intraction fees and capital contributions included on line 9.  38a Section 501(c)(7) organizations included on line 9.  38b Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 4911 ▶ ; section 4911 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 4911 ▶ ; section 4911 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 4911 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 40b X  40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  41c List the states with which a copy of this return is filed. ▶ NONE  42c The organization shooks are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶ 2/19 + 4 ▶  42d List the states with which a copy of this return is filed. ▶ NONE  42d The organization for solidating the very did the organization have an interest in or a signature or or other authority over a fanicational account in a foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.     37a			
38a Did the organization borrow from, or make any loans to, any officer, director, fusition, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Section 501(c)(7) organizations. Enter:  38c Intraction fees and capital contributions included on line 9.  38a Section 501(c)(7) organizations included on line 9.  38b Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 4911 ▶ ; section 4911 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 4911 ▶ ; section 4911 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 4911 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 4915 ▶ ; section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 40b X  40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  41c List the states with which a copy of this return is filed. ▶ NONE  42c The organization shooks are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶ 2/19 + 4 ▶  42d List the states with which a copy of this return is filed. ▶ NONE  42d The organization for solidating the very did the organization have an interest in or a signature or or other authority over a fanicational account in a foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin	b	Did the organization file Form 1120-POL for this year?	37Ь		X
b   if "Yes," complete Schedule L, Part II and enter the total amount involved	38a				
b   if "Yes," complete Schedule L, Part II and enter the total amount involved		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
a Intiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities  39b    39c    30c	b				
b Gross recepts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an syscion 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 40b X  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheltor transaction? If "Yes," complete Form 8868-T  The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶  Located at ▶  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: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside the U S ?  If "Yes," enter the name of the foreign country: ▶  35 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital fac	39	Section 501(c)(7) organizations Enter:	1		
b Gross recepts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an syscion 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 40b X  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheltor transaction? If "Yes," complete Form 8868-T  The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶  Located at ▶  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: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside the U S ?  If "Yes," enter the name of the foreign country: ▶  35 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital fac	а	Initiation fees and capital contributions included on line 9			
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If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  143  144a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 Did the organization receive any payments for indoor tanning services during the year?  16 If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  16 At Did the organization have a controlled entity within the meaning of section 512(b)(13)?  17 At Did the organization receive ant payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		· · · · · · · · · · · · · · · · · · ·			
If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  143  144a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 Did the organization receive any payments for indoor tanning services during the year?  16 If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  16 At Did the organization have a controlled entity within the meaning of section 512(b)(13)?  17 At Did the organization receive ant payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	Ì	х
and enter the amount of tax-exempt interest received or accrued during the tax year.    43				·	
and enter the amount of tax-exempt interest received or accrued during the tax year.    43	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			▶ [
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completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  45a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45b  Did the organization receive ant payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a Did the organization receive ant payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b X			44b		x
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	c	Did the organization receive any payments for indoor tanning services during the year?			
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meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b				<del></del> -
Form 990-EZ (see instructions)					
		Form 000 F7 (and understand)	45h		х
	JVA			EZ (2	

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

Department of the Treasury

## **Public Charity Status and Public Support**

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

OMB No 1545-0047 2011

Open to Public Inspection

Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. **Employer Identification number** 

111	Α	TACHTAN	SOUTH FOLK	TILE CENIER			<u> </u>		5-058	1220				
Pa	rt I	l Reasoi	n for Public Cha	rity Status (All organ	nizations m	ust comple	ete this pa	rt.) See ins	structions.					
he o	rga	anization is not	a private foundation b	ecause it is: (For lines	1 through 1	11, check o	only one b	ox.)						
1	Ц	A church, con	vention of churches, c	r association of church	es describe	ed in <b>sect</b>	lon 170(b)	(1)(A)(I).						
2		A school desc	ribed in section 170(b	)(1)(A)(II). (Attach Sche	edule E.)									
3	П	A hospital or a	cooperative hospital	service organization de	scribed in	section 1	70(b)(1)(A	)(iii).						
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,													
	city, and state													
5		, –	rganization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> b)(1)(A)(Iv). (Complete Part II.)											
6	П	A federal, stat	e, or local governmen	or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organizatio		es a substantial part of					om the ge	neral pu	blic des	cribed	ın	
8	П	1		ion 170(b)(1)(A)(vi). (C	omplete Pa	art II )								
9	$\overline{\mathbf{x}}$	1		es: (1) more than 33 1/3			m contribu	tions. mer	nbership f	ees, and	l aross			
•		_	•	exempt functionssub							_			
		support from	gross investment incor	ne and unrelated busin	ess taxable	e income (	less sectio	n 511 tax)	from busi	nesses				
		acquired by th	ie organization after Ji	une 30, 1975. See <b>sectl</b>	on 509(a)(	<b>2).</b> (Comp	lete Part II	l)						
0	П	An organizatio	n organized and oper	ated exclusively to test	for public s	safety See	section :	509(a)(4).						
1	Н	4 ~	•	ated exclusively for the	•	•			to carry o	ut the				
•	Ч	_		pported organizations							tion			
				bes the type of support										
		a ∏ Type I	ь ∏ Тур	е∥ с ∏-	Type III~Fu	nctionally	integrated		d ∏ 1	Type III-0	Other			
е	П	, – .		e organization is not co		-	_			• •				
	L	J -	•	agers and other than on		•					ction			
		•	ection 509(a)(2).					_						
f		If the organiza	tion received a writter	determination from the	IRS that if	tis a Tyne	I Type II	or Type III	supportin	a				
٠			check this box										Г	
g			17, 2006, has the orga	inization accepted any								••	L.	
				the controls, outbox along	ar tagatha	ar uuth mar	oono dooo	ribad in (ii	`			Yes	No	
				tly controls, either alone ody of the supported or							11g(i)	103	X	
				scribed in (i) above?	-						11g(ii)	-	X	
													X	
		• •		son described in (i) or (i							[11g(iii)	L	Λ	
h		Provide the to	ilowing information ab	out the supported orga	nizalion(s). T		i		Γ					
m N	am	ne of supported	(II) EIN	(iii) Type of organization	(iv) Is the	organization	(V) Did vo	u notify the		isthe	. (vii)	Amou	nt of	
(-,		ganization	(,	(described on lines 1-9			1		organizatio			suppor		
				above or IRC section	governing	document?	of your	support?	_	ed in the S.7				
				(see instructions))	V	N.	V	Na						
				<del></del>	Yes	No	Yes	No	Yes	No	+			
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#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to qualify u	nder the tests li	isted below, plea	ise complete Pai	rt II )				
Sec	tion A. Public Support								
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,629	13,491	14,019	12,552	17,497	70,188		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	72,756	67,485	90,951	86,352	125,360	442,904		
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	85,385	80,976	104,970	98,904	142,857	513,092		
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								
C	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6.)				<u> </u>		513,092		
	tion B. Total Support	1					<del></del>		
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
9	Amounts from line 6	85,385	80,976	104,970	98,904	142,857	513,092		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	361	234	146	24	204	969		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b	361	234	146	24	204	969		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11, and 12)	85,746	81,210	105,116	98,928	143,061	514,061		
14	First five years. If the Form 990 is for the or organization, check this box and stop here								
Sec	tion C. Computation of Public Sup								
15	Public support percentage for 2011 (line 8, c	olumn (f) divid	ed by line 13, co	lumn (f))		15	<u>99.81 %</u>		
16	Public support percentage from 2010 Sched				· · <u>· · · · · · · · · · · · · · · · · </u>	16	99.90 %		
	tion D. Computation of Investmen					T T	0 10		
17	Investment income percentage for 2011 (line		-			17	0.19 %		
18	Investment income percentage from 2010 Sc					18	0.01 %		
19a b	33 1/3 % support tests 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization								
	line 18 is not more than 33 1/3 %, check this						Г		
20	Private foundation. If the organization did n	not check a box	on line 14 19a	or 19b, check th	his box and see	instructions	▶ [		

#### **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.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

APPALACHIAN SOUTH FOLKLIFE CENTER

**Employer Identification number** 

55-0581558

OTHER EXPENSES CONSIST OF EXPENSES RELATED TO PROGRAM SERVICES (48,423) MISCELLANEOUS OPERATING EXPENSES SUCH AS INSURANCE, OFFICE SUPPLIES, VEHICLE EXPENSES AND TAXES, LICENSES AND PERMITS (13,510).

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990 PRIMARY EXEMPT PU	IRPOSE	
ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III		
OPEN TO PUBLIC		
INSPECTION For calendar year 2011 or tax period beginning	, and ending	
Name of Organization APPALACHIAN SOUTH FOLKLIFE CENTER		mployer Identification Number 5 - 0581558
Primary Purpose		
EDUCATIONAL AND CHARITABLE FUNCTIONS		· · · · · · · · · · · · · · · · · · ·

#### 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

For calendar year 2011 or tax period beginning INSPECTION

, and ending

Name of Organization

APPALACHIAN SOUTH FOLKLIFE CENTER

**Employer Identification Number** 

55-0581558

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants Program service expenses

48,423

**Exempt Purpose Achievements** 

THE CENTER HAS THREE MAJOR PROGRAMS THAT COMPRISE ITS PROGRAM SERVICES. THE WORKCAMP/SERVICE LEARNING PROGRAM PROVIDES HOME REPAIRS AND OTHER COMMUNITY SERVICES TO DISTRESSED APPALACHIAN COUNTIES WHILE TEACHING PARTICIPANTS ABOUT APPALACHIAN CULTURE. THIS PROGRAM ALSO PROVIDES SAFE MEMORABLE EXPERIENCES FOR PARTICIPATING COLLEGE STUDENTS. THIS PROGRAM SERVES APPROXIMATELY 1000 PEOPLE PER YEAR. THE LEARNING DAY CAMP PROVIDES AT RISK AREA STUDENTS EXTRA EDUCATIONAL OPPORTUNITIES INCREASING THE CHANCE FOR SUCCESS IN SCHOOL, BRINGS PARENTS INTO THE LEARNING CYCLE AND GIVES OLDER CHILDREN LEADERSHIP OPPORTUNITIES. THIS PROGRAM SERVES APPROXIMATELY 100 STUDENTS PER YEAR. THE EDUCATIONAL AND SOCIAL JUSTICE PROGRAMS PROVIDES WORKSHOPS FOR PEOPLE OF ALL AGES TO LEARN ABOUT SOCIAL JUSTICE AND MULTICULTURALISM. THIS PROGRAM SERVES APPROXIMATELY 1000 PEOPLE PER YEAR.

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 99	00-EZ PAGE 2.	PART IV							
OPEN TO PUBLIC									
INSPECTION For calendar year 2011 or ta	x period beginning	and	ending						
Name of Organization Employer Identificat									
APPALACHIAN SOUTH FOLKLIE	55-05815								
(A) Name and Title	(B) Average hours per	(C) Compensation	(D) Cont. to employee	(E) Expense account					
(.,,	week devoted to postion	(Form W-2/1099-MISC) (If not paid, enter -0-)	ben. plans & def. comp.	& other compensation					
JAMES CAMPBELL	PRESIDENT	(ii not para, enter -o-)	,	<u>, , , , , , , , , , , , , , , , , , , </u>					
771 TURTLE RIDGE ROAD	4.00								
PRINCETON, WV 24740		0	o	0					
LORI MCKINNEY	VICE	٥	Ŭ	Ū					
MERCER STREET	PRESIDENT								
PRINCETON, WV 24740	3.00	0	o	0					
TIMOTHY MAINLAND	SECRETARY	·		•					
126 EAST CONCORD	2.00								
ATHENS, WV 24712		0	o	0					
MARY ELLEN GRIFFITH	TREASURER	Ĭ		•					
943 TURTLE RIDGE ROAD	2.00								
PRINCETON, WV 24740	2.00	0	ol	0					
ROBERT BLANKENSHIP	DIRECTOR	J	Ĭ	· ·					
MERCER ST	0.00								
PRINCETON, WV 24740	0.00	0	ol	0					
JAMES GILL	DIRECTOR	Ĭ	Ĭ	Ü					
HC 74 BOX 103F	0.00								
HINTON, WV 25951	0.00	0	ol	0					
VERON HALTOM	DIRECTOR			·					
280 MOUNT JACKSON HEIGHTS									
PRINCETON, WV 24740		0	o	0					
BILL GRIFFITH	DIRECTOR	•		-					
943 TURTLE RIDGE ROAD	0.00								
PRINCETON, WV 24739	0.00	0	ol	0					
ROSCHELLA OSBOURNE	EXECUTIVE	J		·					
P O BOX 10	DIRECTOR								
PIPESTEM, WV 25979	50.00	22,500	ol	0					
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THE ADD
ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A
OPEN TO PUBLIC
INSPECTION For calendar year 2011 or tax period beginning , and ending  Name of Organization Employer Identification Number
Name of Organization Employer Identification Number APPALACHIAN SOUTH FOLKLIFE CENTER 55-0581558
Part V - Line 42a
Tark V Ellio 420
Individual Name ROSCHELLA OSBOURNE
or
Business Name
D. O. BOY 10
Street Address P O BOX 10
U.S. Address.
Zip code 25979 City PIPESTEM State WV
or
Foreign Address
City
Province or State
Country
Country
Postal code
Phone Number (304) 320 - 2254
Fax Number
Fax Number

### Form **8868**

(Rev. January 2012)

Department of the Treasury

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

▶ File a separate application for each return.

OMB No. 1545-1709

internal nevenue cervice	<del> </del>		· · · · · · · · · · · · · · · · · · ·			- krl
<ul> <li>if you are filing for an Automatic 3-Month Ex</li> <li>If you are filing for an Additional (Not Automatic Section 2)</li> </ul>						▶ 🏻
Do not complete Part II unless you have alread	•				•	
Electronic filling (e-file). You can electronically to corporation required to file Form 990-T), or an acrequest an extension of time to file any of the form Associated With Certain Personal Benefit Contract electronic filling of this form, visit www.irs.gov/efile	file Form 8868 if you need a dditional (not automatic) 3-n ns listed in Part I or Part II w cts, which must be sent to th	3-month automatic ex nonth extension of time with the exception of Fo tie IRS in paper format	dension of to e. You can e orm 8870, In	me to electro	o file (6 months for a onically file Form 886 ation Return for Trans	sfers
Part I Automatic 3-Month Extensi	on of Time. Only submit	original (no copies ne	eded).			
A corporation required to file Form 990-T and recept I only	· -	nth extension chec			•	▶ 🗍
All other corporations (including 1120-C filers), p tax returns	artnerships, REMICs, and tr					
Type or Name of exempt organization or other	per filer, see instructions	E	nter mer s	$\overline{}$	Ifying number, see I	
print APPALACHIAN SOUTH		'D			55-0581558 - 55	
File by the Number, street, and room or suite n	<del></del>			<del></del>	cial security number (	
due date for P O BOX 10				$  \sqcap$		
return. See City, town or post office, state, and	ZIP code For a foreign addi	ess, see instructions.				
Instructions PIPESTEM WV 25979						
Enter the Return code for the return that this app	lication is for (file a separate	application for each re	eturn)			01
Application	Return	Application				Return
Is For	Code	Is For		Code		
Form 990	01	Form 990-T (corporation)				07
Form 990-BL	02	Form 1041-A				08
Form 990-EZ	01	Form 4720		09		
Form 990-PF	04	Form 5227		10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above)	06	Form 8870		12		
<ul> <li>The books are in the care of ► SEE AT</li> <li>Telephone No ►</li> </ul>	TACHMENT #4	FAX No. ▶			······	
If the organization does not have an office or	place of business in the Un		boy			. П
If this is for a Group Return, enter the organization does not have all office of the organization does not have all office organization does not hav					• • • • • • • • • • • • • • • • • • • •	. If this is
for the whole group, check this box	<u> </u>	part of the group, chec				and attach
a list with the names and EINs of all members the		sart of the group, one	m uno box,			und allacin
1 I request an automatic 3-month (6 months fo		ile Form 990-T) extens	sion of time			
until AUGUST 15 , 20 12 , to file the	·	•		e The	extension is	
for the organization's return for.	<b>J</b>					
▶ X calendar year 20 11 or						
<ul><li>X calendar year 20 11 or</li><li>tax year beginning</li></ul>	, 20, and	ending		,:	20	
			7	-	<del></del>	
2 If the tax year entered in line 1 is for less than		Initial return	Final retu	ırn	Change in accoun	ting period
3a If this application is for Form 990-BL, 990-PF		er the tentative tax,				
less any nonrefundable credits. See instruction  b If this application is for Form 990-PF, 990-T,		undable credits and		3a	\$	0
estimated tax payments made Include any p				3ь	\$	0
c Balance due. Subtract line 3b from line 3a. li	<del></del>			-		
EFTPS (Electronic Federal Tax Payment Syst	, , ,	, , , , , , , , , , , , , , , , , , , ,	٠ ١	3c	\$	0
Caution. If you are going to make an electronic f		m 8868, see Form 845		-	8879-EO	

for payment instructions.