

Form **990**

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)

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: Haywood County Agricultural and Activities Center Association
 Number and street (or P O box if mail is not delivered to street address): P.O. Box 308
 City or town, state or country, and ZIP + 4: Waynesville NC 28786

D Employer identification no.: 56-1944716

E Telephone number: _____

F Accounting method: Cash
 Accrual Other (specify) _____

G Website: ▶ N/A

J Organization type (check only one): 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

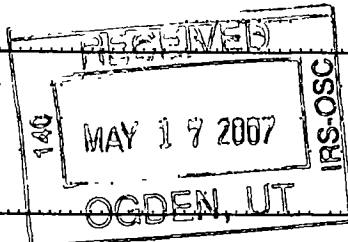
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 328,132

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instr.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ _____
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a			
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c		162,960	
	d	Total (add lines 1a through 1c) (cash \$ <u>162,960</u> noncash \$ _____)	1d			162,960
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			47,756
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			3,238
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ _____)	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d					
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		104,869	
	b	Less direct expenses other than fundraising expenses	9b		89,615	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			15,254
	10a	Gross sales of inventory, less returns and allowances	10a		9,309	
b	Less cost of goods sold	10b		8,100		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			1,209	
	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			230,417
Net Assets	13	Program services (from line 44, column (B))	13			68,645
	14	Management and general (from line 44, column (C))	14			27,492
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17			96,137
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			134,280
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,097,720
	20	Other changes in net assets or fund balances (attach explanation) See Statement 2	20			9,727
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			1,241,727



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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	559	559		
32	Legal fees	32				
33	Supplies	33	5,054	1,913	3,141	
34	Telephone	34	262	262		
35	Postage and shipping	35				
36	Occupancy	36	6,262	3,853	2,409	
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	13,831	13,831		
42	Depreciation, depletion, etc (attach schedule)	42	18,754	18,732	22	
43	Other expenses not covered above (itemize)					
a	See Statement 3	43a	51,415	30,316	21,099	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	96,137	68,645	27,492	0

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

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

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

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

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose?

▶ **County Fair and Community Activities**

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

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

a To operate and promote an exhibition to encourage and improve agriculture, home economics, manufacturing, education and vocational arts.

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

68,645

b

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

c

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

d

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

e Other program services (attach schedule)

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

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

68,645

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash-non-interest-bearing	2,100	45	3,148	
	46 Savings and temporary cash investments	214,484	46	151,639	
	47a Accounts receivable				
	b Less allowance for doubtful accounts		47c		
	48a Pledges receivable				
	b Less allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55a Investments-land, buildings, and equipment basis				
	b Less accumulated depreciation (attach schedule)		55c		
56 Investments-other (attach schedule)		56			
57a Land, buildings, and equipment basis	1,566,665				
b Less accumulated depreciation (attach schedule)					
58 Other assets (describe <input type="checkbox"/> See Statement)	95,275	412,291	57c	1,471,390	
		863,539	58	193	
59 Total assets (must equal line 74) Add lines 45 through 58.		1,492,414	59	1,626,370	
Liabilities	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) <input type="checkbox"/> See Worksheet		394,694	64b	384,643
	65 Other liabilities (describe <input type="checkbox"/>)			65	
66 Total liabilities. Add lines 60 through 65		394,694	66	384,643	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	1,097,720	67	1,181,755	
	68 Temporarily restricted		68	59,972	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,097,720	73	1,241,727	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,492,414	74	1,626,370	

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

a	Total revenue, gains, and other support per audited financial statements		a	230,417
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	230,417
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	230,417

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

a	Total expenses and losses per audited financial statements		a	96,137
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	96,137
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	96,137

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Attached	0	0	0	0

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 \blacktriangleright 0, section 4912 \blacktriangleright 0, section 4955 \blacktriangleright 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 \blacktriangleright 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0		
90a	List the states with which a copy of this return is filed \blacktriangleright None		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	
91a	The books are in care of \blacktriangleright Laurissa Hendrix PO Box 308 Located at \blacktriangleright Waynesville, NC	Telephone no \blacktriangleright 828-452-6758 ZIP + 4 \blacktriangleright 28786	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \blacktriangleright 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 of the United States?	91b	X
c	If "Yes," enter the name of the foreign country \blacktriangleright	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here \blacktriangleright <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year \blacktriangleright 92		

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

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2005

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization: Haywood County Agricultural and Activities Center Association Employer identification number: 56-1944716

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3c	X
<p>4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a	X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	X

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	289,182	362,855	197,000	38,050	887,087
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	32,605	42,883	24,266	28,443	128,197
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,712	2,956	1,068	1,461	7,197
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	323,499	408,694	222,334	67,954	1,022,481
24 Line 23 minus line 17	290,894	365,811	198,068	39,511	894,284
25 Enter 1% of line 23	3,235	4,087	2,223	680	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test Enter line 24, column (e)					
d Add Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2004) 0	(2003) 0	(2002) 0	(2001) 0	0
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2004) 0	(2003) 0	(2002) 0	(2001) 0	0
c Add Amounts from column (e) for lines 15 <u>887,087</u> 16 _____ 17 <u>128,197</u> 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					1,022,481
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					99.2961%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.7039%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following.			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2005

Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **Haywood County Agricultural and Activities Center Association** Identifying number **56-1944716**

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instr	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	18,754

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	18,754
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

Forms 990 / 990-PF	Mortgages and Other Notes Payable		2005
For calendar year 2005, or tax year beginning		7/01/05	and ending 6/30/06

Name Haywood County Agricultural and Activities Center Association	Employer Identification Number 56-1944716
--	--

Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) First Citizen's Bank	
(2) First Citizens Bank	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 150,000	9/18/01	3/07/07	4 ann-\$7,615, Bal 158,038	5.060
(2) 249,500	7/07/04	3/15/10	4 ann inst \$23,699&balloon	5.500
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) Building #2	Building #2
(2) All assets of Organization	Multi-purpose arena
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	147,565	147,521
(2)	247,129	237,122
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	394,694	384,643

Federal Statements

Statement 1 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
Flea Market Strawberries	\$ 9,309	\$ 8,100	\$ 1,209
Total	\$ 9,309	\$ 8,100	\$ 1,209

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Prior rental income deposited in current year	\$ 9,727
Total	\$ 9,727

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Flea Market Strawberries	\$	\$	\$	\$
Miscellaneous	74	74		
Expenses				
Advertising	3,057	2,921	136	
Awards	9,312	9,312		
Cleaning	2,773	322	2,451	
Insurance	12,855	3,600	9,255	
Judging	742	742		
Entertainment	2,750	2,750		
Miscellaneous	777	612	165	
Parking Attendants	3,000	3,000		
Repairs & Maintenance	9,161	376	8,785	
Rental Management Fees	6,050	6,050		
Office Expense	574	267	307	
Loan Fee Amortization	290	290		
Total	\$ 51,415	\$ 30,316	\$ 21,099	\$ 0

Statement 4 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Loan fees, net	\$ 484	\$ 193
Construction in Progress	863,055	
Total	\$ 863,539	\$ 193

Federal Asset Report

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
1	Gas Heaters	7/01/94	3,037				3,037	12 MO S/L	2,783	254
4	Tables & Chairs	7/17/95	1,175				1,175	12 MO S/L	971	98
5	Chairs	9/19/95	1,625				1,625	12 MO S/L	1,320	136
6	64 tables	9/19/95	6,487				6,487	12 MO S/L	5,271	540
8	1 Heater	12/05/96	624				624	12 MO S/L	446	52
9	1 sign	9/17/97	1,887				1,887	12 MO S/L	1,219	157
10	1 Building	7/01/94	20,942				20,942	40 MO S/L	5,236	523
11	1 Staming barn	7/01/94	900				900	20 MO S/L	495	45
12	Ramp for handicapped	11/01/95	1,197				1,197	40 MO S/L	289	30
13	1 Wash rack	4/04/96	2,100				2,100	40 MO S/L	486	52
14	1 Livestock Barn & Shed	9/12/97	8,950				8,950	40 MO S/L	1,753	223
15	1 Dance Floor Addition	10/01/97	811				811	40 MO S/L	157	20
16	1 Gravel road	7/01/94	1,139				1,139	20 MO S/L	626	57
17	1 Landscaping	7/01/94	1,210				1,210	20 MO S/L	666	60
18	1 Fairground improvements	7/01/94	1,910				1,910	20 MO S/L	1,051	95
19	1 Gravel road	11/15/95	1,686				1,686	20 MO S/L	815	84
20	1 Fence	4/04/96	1,741				1,741	20 MO S/L	805	87
21	1 Landscaping	6/20/98	2,673				2,673	20 MO S/L	936	133
22	Land Improvements	10/26/98	8,062				8,062	40 MO S/L	1,344	201
23	Bleachers	7/27/98	7,055				7,055	10 MO S/L	4,880	705
25	Sound Equipment	9/10/99	1,466				1,466	10 MO S/L	855	147
26	Tables-Adirondack	9/17/99	7,881				7,881	12 MO S/L	3,776	657
27	Arena Project	12/03/99	42,000				42,000	40 MO S/L	5,863	1,050
28	High Chairs	9/21/99	374				374	10 MO S/L	215	37
31	Ice Maker (Haywood Appliance)	7/18/00	2,171				2,171	10 MO S/L	1,068	217
32	Stove (Haywood Appliance)	9/22/00	336				336	10 MO S/L	160	33
33	Freezer (Lowes)	9/22/00	247				247	10 MO S/L	117	25
34	New Computer w/networking	1/23/01	1,217				1,217	10 MO S/L	537	122
35	Grading	5/16/01	4,961				4,961	20 MO S/L	1,013	248
36	Hydroseeding	4/17/01	900				900	20 MO S/L	188	45
37	New Building	3/15/01	41,902				41,902	40 MO S/L	4,539	1,048
38	Show Ring Arena	6/26/01	37,860				37,860	40 MO S/L	3,786	946
39	Grading	10/01/01	8,032				8,032	20 MO S/L	1,506	402
40	Gutters for Old Barn	7/12/01	2,293				2,293	20 MO S/L	459	114
41	Arena	11/07/01	9,933				9,933	40 MO S/L	911	248
42	New Exhibit Building	9/24/01	134,932				134,932	40 MO S/L	12,650	3,373
44	Building #2	11/01/02	46,178				46,178	40 MO S/L	3,079	1,154
45	Storm Drain	2/19/03	8,278				8,278	20 MO S/L	966	414
46	Paving - Building #2	12/18/02	6,550				6,550	20 MO S/L	819	327
47	Table Holder	5/04/03	752				752	12 MO S/L	136	62
48	50 Tables	4/30/03	3,500				3,500	12 MO S/L	632	292
52	Software	10/01/03	1,495				1,495	5 MO S/L	523	299
53	Cigarette Butt Container	3/30/05	550				550	10 MO S/L	14	55
54	Floor Scrubber	6/29/05	2,000				2,000	10 MO S/L	0	200
55	Gravel Roads	10/10/04	5,716				5,716	20 MO S/L	214	286
56	Retaining wall	1/28/05	1,294				1,294	20 MO S/L	27	65
57	Bingo Machine	6/29/05	776				776	10 MO S/L	0	78
58	Lions Club Barn	7/22/04	40,000				40,000	40 MO S/L	917	1,000
59	Multipurpose Arena	6/01/06	1,074,775				1,074,775	40 MO S/L	0	2,239
60	Wiring Lions Club Barn	4/06/06	3,084				3,084	40 MO S/L	0	19
Total Other Depreciation			<u>1,566,664</u>				<u>1,566,664</u>		<u>76,519</u>	<u>18,754</u>
Total ACRS and Other Depreciation			<u>1,566,664</u>				<u>1,566,664</u>		<u>76,519</u>	<u>18,754</u>
Grand Totals			1,566,664				1,566,664		76,519	18,754
Less: Dispositions			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>1,566,664</u>				<u>1,566,664</u>		<u>76,519</u>	<u>18,754</u>

Federal Statements

Form 990, Part I, Line 1c - Government Contributions

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions from Schedule B	\$ 162,960	\$	\$ 162,960
Total	<u>\$ 162,960</u>	<u>\$ 0</u>	<u>\$ 162,960</u>

Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
Column B	\$
Flea Market	
Supplies	1,478
Utilities	3,372
Interest	7,448
Cleaning	510
Contract Labor	1,200
Advertising	129
SubTotal	<u>14,137</u>
Total	<u>14,137</u>

Direct expenses other than fundraising expenses
reported on Form 990, page 1, line 9b.

Form **8868**
(Rev December 2004)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

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

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

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

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

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

Type or print	Name of Exempt Organization Haywood County Agricultural and Activities Center Association	Employer identification number 56-1944716
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions. P.O. Box 308	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Waynesville NC 28786	

COPY

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

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

- The books are in the care of ► **Laurissa Hendrix**
- Telephone No. ► **828-452-6758** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **2/15/07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year or

► tax year beginning **7/01/05**, and ending **6/30/06**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 12-2004)

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization Haywood County Agricultural and Activities Center Association	Employer identification number 56-1944716
	Number, street, and room or suite no. If a P.O. box, so indicate P.O. Box 308	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Waynesville NC 28786	

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

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

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of Laurissa Hendrix
Telephone No. 828-452-6758 FAX No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 5/15/07.

5 For calendar year _____, or other tax year beginning 7/01/05, and ending 6/30/06.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
An audit is being conducted, and additional time is needed to report correct financial information in accordance with the audit.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Made A. Bumgarner* Title Cert. Public Accountant Date 2/14/07

Notice to Applicant-To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name Ray, Bumgarner, Kingshill & Assoc., P.A.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 385 N Haywood St, Suite 3
	City or town, province or state, and country (including postal or ZIP code) Waynesville NC 28786

**HAYWOOD COUNTY
 AGRICULTURE AND ACTIVITIES CENTER ASSOCIATION
 2006 BOARD OF DIRECTORS
 ADDRESS & PHONE NUMBERS**

Tom Alexander
 Secretary-Susan
 1620 Brown Avenue
 Waynesville, NC 28786
 828-452-6666

Guy Angel
 85 James Loop
 Waynesville, NC 28786
 828-456-7883

John Best
 149 Ray Best Road
 Clyde, NC 28721
 828-627-9741 or 828-456-2408

Corky Boyd
 419 Coleman Mountain Road
 Waynesville, NC 28786
 828-926-1978

Barbara Clontz
 P.O. Box 1011
 Canton, NC 28716
 828-648-2805

Jim Cochran
 P.O. Box 362
 Hazelwood, NC 28738
 828-456-7639

Kevin Ensley
 428 Dellwood Road
 Waynesville, NC 28786
 828-456-6395

Marlene Ferguson
 191 Ferguson Cove Loop
 Clyde, NC 28721
 828-627-9094

Wade Francis
 1049 Francis Farm Road
 Waynesville, NC 28786
 828-456-3166

Aleasa Glance
 1286 Bald Creek Road
 Clyde, NC 28721
 828-627-6491 or 828-456-2400

Lurissia Hendrix
 200 Bridget Drive
 Waynesville, NC 28786
 828-452-6300

Rick Honeycutt
 County Manager (Interim)
 215 N. Main Street
 Waynesville, NC 28786
 828-452-6625

Janice Liner
 1549 Worley Cove Road
 Canton, NC 28716
 828-648-3220

Marlyn McFall
 322 Reed Cove Road
 Waynesville, NC 28786
 828-648-0500

Christi McLean
 100 McLean Lane
 Waynesville, NC 28785
 828-452-9600

Jane Mehaffey
 94 Indian Springs Road
 Clyde, NC 28721
 828-627-3702

Treasurer

Janet Messer
73 Lisa Road
Waynesville, NC 28785
828-926-3320

Wallace Messer
172 Shelton Street
Waynesville, NC 28786
828-456-8642 or 456-7113

Dorothy Morrow
517 Rabbit Skin Road
Waynesville, NC 28786
828-926-3442 or 452-6620-403

Teresa Muse
341 Broom Sage Drive
Clyde, NC 28721
828-627-2171 or 828-456-7529

Kaleb Rathbone
Mountain Research Station
265 Test Farm Road
Waynesville, NC 28786
828-456-3943

Kaleb Rice
116 Ford Street
Canton, NC 28716
828-646-3440 or 828-648-2609

Adam Ross
459 Farmland Road
Waynesville, NC 28786
828-400-1161 or 828-456-2408

Hugh Russell
214 Barn Loop Lane
Waynesville, NC 28786
828-648-7939

Wallace Simmons
Haywood County 4-H
P.O. Box 308
Waynesville, NC 28786
828-456-3575 or 648-9349

Bill Skelton
Extension Director
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