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Form **990-EZ**

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JULY 1, , 2009, and ending JUNE 30, , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization
ASHE COUNTY ARTS COUNCIL, INC.

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

City or town, state or country, and ZIP + 4
WEST JEFFERSON, NC 28694

D Employer identification number
58-1344392

E Telephone number
336-846-2787

F Group Exemption Number ▶

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

G Accounting Method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	174277
	2	Program service revenue including government fees and contracts	2	101833
	3	Membership dues and assessments	3	
	4	Investment income	4	450
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less. direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ SALES TAX REFUND, CONCESSIONS, ETC.)	8	4129
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	280689
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	95233
	13	Professional fees and other payments to independent contractors	13	2400
	14	Occupancy, rent, utilities, and maintenance	14	23230
	15	Printing, publications, postage, and shipping	15	9714
	16	Other expenses (describe ▶ SEE SCHEDULE)	16	148045
	17	**Total expenses.** Add lines 10 through 16 ▶	17	278622
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2067
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	43829
	20	Other changes in net assets or fund balances (attach explanation) UNREALIZED GAIN ON INVESTMENTS	20	1132
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	47028

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	19605	22	25781
23	Land and buildings		23	
24	Other assets (describe ▶ SEE SCHEDULE)	29093	24	22634
25	**Total assets**	48698	25	48415
26	**Total liabilities** (describe ▶ ACCOUNTS PAYABLE)	4869	26	1387
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	43829	27	47028

SCANNED JUN 1 3 2011

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No 10642I Form **990-EZ** (2009)

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

What is the organization's primary exempt purpose? **TO PROVIDE ART PROGRAMS IN ASHE COUNTY.**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	**THE ASHE COUNTY ARTS COUNCIL PROVIDED ARTS PROGRAMS, CONCERTS, ETC. TO THE LOCAL COMMUNITY AND STUDENTS IN ASHE COUNTY, NC.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	225820
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	225820

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE SCHEDULE				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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 shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ LINDA HARMS Telephone no. ▶ 336-846-2787			
	Located at ▶ 303 SCHOOL AVE, WEST JEFFERSON, NC ZIP + 4 ▶ 28694			
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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	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 ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer Jane Lanan Date 5/12/11

Type or print name and title Jane Lanan, Executive Director

Paid Preparer's Use Only

Preparer's signature	Priscilla L Norris	Date 5-10-11	Check if self-employed ▶ ☑	Preparer's identifying number (See instructions) P00840104
Firm's name (or yours if self-employed), address, and ZIP + 4	PRISCILLA L NORRIS, CPA PO BOX 1422 JEFFERSON, NC 28640		EIN ▶ 56-2116637 Phone no ▶ 336-846-2688	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
ASHE COUNTY ARTS COUNCIL, INC.	58 : 1344392

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % 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).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	173845	174728	172798	177298	163477	862146
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	9600	9600	9600	10800	10800	50400
4 **Total.** Add lines 1 through 3	183445	184328	182398	188098	174277	912546
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4.						912546

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	183445	184328	182398	188098	174277	912546
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2267	2402	1967	748	450	7834
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			6832	6181	4129	17142
11 **Total support.** Add lines 7 through 10						937522
12 Gross receipts from related activities, etc. (see instructions)					12	538633

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.34 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	96.70 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) N/A
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10

2008 -

COMMISSIONS & CONCESSIONS	$1625
COPY FEES	354
SALES TAX REFUND	1269
FEE REIMBURSEMENTS	794
OTHER MISCELLANEOUS RECEIPTS	2139
TOTAL	$6181

2009 -

COMMISSIONS & CONCESSIONS	$1699
SALES TAX REFUNDS	649
FEE REIMBURSEMENTS	594
OTHER MISCELLANEOUS RECEIPTS	1187
TOTAL	$4129

2009 FORM 990-EZ
SCHEDULE FOR LINE 16
FOR YEAR ENDING JUNE 30, 2010

ASHE COUNTY ARTS COUNCIL
303 SCHOOL AVE
WEST JEFFERSON, NC 28694
ID# 58-1344392

DIRECT PROGRAM EXPENSES:	
PROGRAMMING	$ 118,614
INDIRECT EXPENSES:	
DEPRECIATION	6,583
OFFICE SUPPLIES	2,766
TRAVEL	2,529
NC SALES TAX	2,627
TELEPHONE	2,071
ADVERTISING/MARKETING	3,882
DUES & SUBSCRIPTIONS	775
TRAINING	605
MISCELLANEOUS	2,895
INSURANCE	2,179
OTHER:	
FUND DRIVE:	2,519
TOTAL DIRECT AND INDIRECT EXPENSES FOR LINE 16.	$ 148,045

2009 FORM 990-EZ
SCHEDULE FOR LINE 24
FOR YEAR ENDING JUNE 30, 2010

ASHE COUNTY ARTS COUNCIL
303 SCHOOL AVE
WEST JEFFERSON, NC 28694
ID# 58-1344392

ACCOUNTS RECEIVABLE:	$ 713
ARTWORK	7,500
FIXED ASSETS, NET	14,421
TOTAL ASSETS FOR LINE 24	$ 22,634

FORM 990-EZ 2009
For the tax year July 1, 2009 through June 30, 2010
PART IV

NAME & ADDRESS	TITLE & AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION (IF NOT PAID, ENTER 0)	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION	EXPENSE ACCOUNT & OTHER ALLOWANCES
Michael Bell PO Box 7 Glandale Springs, Nc 28629	Director 1/4 hour	0	0	0
Sara Benfield 160 Summit Dr. Todd, NC 28684	Vice President 1/2 hour	0	0	0
Doyle Brown PO Box 844 West Jefferson, NC 28694	Director 1/4 hour	0	0	0
Fowler & Jennie Bush PO Box 1141 West Jefferson, NC 28694	Director 1/4 hour	0	0	0
Ron & Nancy Carter 2099 Homestead Road Todd, NC 28684	Director 1/4 hour	0	0	0
Theresa Early Curd 646 Calloway Gap Road West Jefferson, NC 28694	Treasurer 1/2 hour	0	0	0
Jane Davis 266 River Knoll Dr. Jefferson, NC 28640	Director 1/4 hour	0	0	0
Alfred & Josette Glover PO Box 784 West Jefferson, NC 28694	Director 1/4 hour	0	0	0
Connie Hardison 943 Twin Bridges Dr. Fleetwood, NC 28626	Director 1/4 hour	0	0	0
Dana Johnson PO Box 922 Jefferson, NC 28640	Director 1/4 hour	0	0	0
Sharon Kasel 2691 Chestnut Hill Road Crumpler, NC 28617	Director 1/4 hour	0	0	0
Dee Liss PO Box 241 Glendale Springs, NC 28629	Director 1/4 hour	0	0	0
Becky Marsten 910 Wiley Gambill Rd. Crumpler, NC 28617	Director 1/4 hour	0	0	0

NAME & ADDRESS	TITLE & AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION (IF NOT PAID, ENTER 0)	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION	EXPENSE ACCOUNT & OTHER ALLOWANCES
Vicky Moody PO Box 26 West Jefferson, NC 28694	Director 1/4 hour	0	0	0
Lesia Nave PO Box 313 Warrensville, NC 28693	Director 1/4 hour	0	0	0
Michele Obenchain 177 Amberidge Dr. Jefferson, NC 28640	Director 1/4 hour	0	0	0
Tammy Parunak 344 Brook Lane West Jefferson, NC 28694	Secretary 1/2 hour	0	0	0
Ellie (&Ed) Perzel PO Box 1317 West Jefferson, NC 28694	President (Director) 1 hour	0	0	0
David Van Hoy Reeves House 840 Solomon Rd. Mouth of Wilson, VA 24363	Director 1/4 hour	0	0	0
Lisa Willingham 2340 Little Peak Creek Road Jefferson, NC 28640	Director 1/4 hour	0	0	0
Gerald Price PO Box 147 Creston, NC 28615	Ex-Officio (non-voting) 1/4 hour	0	0	0
Jerry McMillan 302 Wilton Ave West Jefferson, NC 28694	Ex-Officio (non-voting) 1/4 hour	0	0	0
Jane Lonon 2740 Dick Phillips Road West Jefferson, NC 28694	Executive Director 40 hours	$ 39,963	0	0
Linda Harms 713 West Sugar Tree Road Warrensville, NC 28693	Director of Operations 40 hours	$ 26,454	0	0
Rebecca Herman 504 Black Bear Inn Rd. West Jefferson, NC 28694	Program Director 40 hours	$ 20,023	0	0