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Department of the Treasury Internal Revenue Service

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

Inspection

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

Open to Public

<u> </u>	or the	e 2008 calendar year, or tax year beginning OCT 1, 2008 and	ending S	<u>SEP 30, 2009</u>						
В	Check if	Please C Name of organization		D Employer identifi	cation number					
ā	pplicab	use IRS NORTH CAROLINA AZALEA FESTIVAL								
[Addre	an Liphel or L	Del or D. T.T.T. M.T.N.C.M.C.N. T.N.C.							
	Name	type	· · · · ·	56-0	755213					
	Initial	Con No. 10 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	E Telephone numbe	56-0755213						
	return □Termii	Specific D O DOY 3.37E	Room/suite		r 794-4650					
	⊣ation ∏Amen									
<u> </u>	return Applic	City or town, state or country, and ZIP + 4		G Gross receipts \$	989,115.					
	tion pendi	WILMINGTON, NC 28406		H(a) Is this a group re						
		F Name and address of principal officer:ERICA MEARNS		for affiliates?	Yes X No					
			8403	H(b) Are all affiliates inc	_					
	_	empt status X 501(c) (4) ◀ (insert no.)		1	list. (see instructions)					
		te: ► NCAZALEAFESTIVAL.ORG		H(c) Group exemptio						
		organization: X Corporation	L Year	of formation: 1948 N	A State of legal domicile: NC					
Pa	art I	Summary	-							
o o	1	Briefly describe the organization's mission or most significant activities. DEVE	LOP AN	ID PROMOTE N	EW HANOVER					
Activities & Governance		COUNTY AREA								
23	2	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its assets	3					
, e	3	Number of voting members of the governing body (Part VI, line 1a)		3	6					
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	6					
တ္	1	Total number of employees (Part V, line 2a)		5	12					
iţie	1	Total number of volunteers (estimate if necessary)		6	0					
흕	ì	Total gross unrelated business revenue from Part VIII, line 12, column (C)	•		7,935.					
¥	L			7a						
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34			0.					
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	Prior Year	Current Year					
2010 Revenue	8	Contributions and grants (Part VIII, line 1h)	-		004 100					
Ven	9	Program service revenue (Part VIII, line 2g)	<u> </u>	45.040	981,180.					
æ_e	10	Investment income (Part VIII, column (A), Imes 3, 4, and 7d)		17,343.	7,935.					
3	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8ck9c (10e, and 1e)		1,177,996.						
7		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,195,339.	989,115.					
63		Grants and similar amounts paid (Part IX, & lumn (A), lines 1:3)		50,000.						
\rightleftharpoons	14	Benefits paid to or for members (Part IX, Folumn (A), line 4) 4 2010								
ANNED JUL Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			59,437.					
≓ §	16a	Professional fundraising fees (Part IX, column (A) (net) (e) N, UT		,	<u> </u>					
\bigcirc $\stackrel{\circ}{\circ}$	ь	Total fundraising expenses (Part IX, column (D), line 25)								
யும்		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_	1,132,092.	972,541.					
4	i	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,182,092.	1,031,978.					
₹	10	Revenue less expenses Subtract line 18 from line 12		13,247.	-42,863.					
<u> </u>		Trevenue less expenses oubtract line to from line 12								
လည္သင္မ	200	Total assets (Part X, line 16)		Beginning of Year 994,520.	End of Year					
S.C. Assets or Balances	20	•	-		937,428.					
Net /	ĺ	Total liabilities (Part X, line 26)	-	147,655.	133,426.					
- 11	<u>22</u> rt	Net assets or fund balances Subtract line 21 from line 20 Signature Block		846,865.	804,002.					
[[]	11 (11		1 -1 -1 - 1							
		Under penalties of percup. Legione that I have examined this return, including accompanying schedules and and complete. Decidation of preparer has all and complete.	d statements, a ny knowledge	and to the best of my knowledg	ge and belief, it is true, correct,					
		(//\\/\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ہ در کر سے	7/1					
Sıgı	า			3//	1 10					
Her	е	Signature of officer		Date /	<i>'</i>					
		ERICA MEARNS, PRESIDENT								
		Type or print name and title								
D-14		Preparer's Date			r's identifying number tructions)					
Paid		signature HARRELL HUGH, CPA 5/11/	10 self	ployed 🕨 🔲						
	arer's	Firm's name (or TERRAY SUGGS, P.A.		EIN ▶						
use	Only	self-employed), \$5725 OLEANDER DRIVE SUITE D3								
		address, and ZIP+4 WILMINGTON, NC 28403		Phone no. ▶ 9	10-799-5333					
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					
		proparation and the proparation and the manufactures								

Pa	art III Statement of Program Service Accomplishments (see instructions)	415	aye Z
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION	·	
•	THE MISSION OF THE NORTH CAROLINA AZALEA FESTIVAL IS TO BE NATI	אד אד אנאר ר	7
	RECOGNIZED AS A SHOWCASE FOR OUR COMMUNITY'S RICH ARRAY OF ARTW		
	GARDENS, HISTORY AND CULTURE THROUGH RECREATIONAL, EDUCATIONAL		
	FAMILY ORIENTED EVENTS. THE FESTIVAL ENCOURAGES VOLUNTEERISM AN	<u> C</u> 171	<u>.C</u>
2	Did the organization undertake any significant program services during the year which were not listed on	٦ ا	-n
	the prior Form 990 or 990-EZ?	Yes 🗓	IJNo
	If "Yes", describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🔀	∐No
	If "Yes", describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 136,243. including grants of \$) (Revenue \$	150,84	10.)
	THE FRIDAY CONCERT HELPS ATTRACT PEOPLE FROM OUTSIDE OF THE COM	YTINUN	, ·
	AND CONTRIBUTES TO THE DIVERSITY OF ACTIVITIES INCLUDED IN SHOW		
	OUR COMMUNITY.		
		<u> </u>	
44	/Code: \/C	10 00	<u> </u>
4b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18,02	
	STREET FAIR ENTERTAINMENT PROVIDES A MULTITUDE OF ACTIVITIES AND		
	ENTERTAINMENT FOR VISITORS AND RESIDENTS IN SHOWCASING THE COMM	<u> YTINU</u>	<u>S</u>
	ART AND CULTURE.		
		-	
4c	(Code) (Expenses \$ 79,111. including grants of \$) (Revenue \$	73,06	2.)
	THE WEDNESDAY CONCERT HELPS ATTRACT PEOPLE FROM OUTSIDE OF THE	,	_ ,
	COMMUNITY EARLIER IN THE WEEK AND CONTRIBUTES TO THE DIVERSITY (F(
	ACTIVITIES INCLUDED IN SHOWCASING OUR COMMUNITY.		
			
4d	()		
	(Expenses \$ 575,387. including grants of \$) (Revenue \$ 739,258.)		
<u>4e</u>	Total program service expenses ▶\$ 896,139. (Must equal Part IX, Line 25, column (B).)	orm 990 (

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		_ X_
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_ X
14a	Did the organization maintain an office, employees, or agents outside of the U S.?	14a		_ X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form 5	990 (2	(8002

Form 990 (2008) AT WILMINGTON, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			}
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		_ X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_ X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	İ		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

56-0755213 AT WILMINGTON INC Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable 0 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 12 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Х d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7q Х h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: N/A 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A Gross income from members or shareholders 11a

Form 990 (2008)

12a

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them)

56-0755213

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the

<u> </u>	Air A Conseries De translation and Management			
sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.	_		
1a		5		
þ	Enter the number of voting members that are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>x</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	"		
	by the following.			
2	The governing body?	0.	x	
	Each committee with authority to act on behalf of the governing body?	8a	x	
b		8b	^	
	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b_	_	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	Ì		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u>X</u>
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		l	
а	The organization's CEO, Executive Director, or top management official?	15a		_X_
	Other officers or key employees of the organization?	15b		X
~	Describe the process in Schedule O. (see instructions)	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	ا ۵۰		v
	· · · · · · · · · · · · · · · · · · ·	16a		<u>X</u>
O	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion [.]	•	
	ALISON BARINGER - 910-794-4650			
	5725 OLEANDER DRIVE B-7, WILMINGTON, NC 28403			
32006		F	aan /	2000

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

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

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

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

(A) Name and Title	(B) Average			(C) Position				(D) Reportable	(E) Reportable	(F) Estimated
Hame and thie	hours	(c	(check all tha					compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SHERMAN CRINER	20.00									
PRESIDENT EDICA MEADIC	30.00	 		X				0.	0.	0 .
ERICA MEARNS PRES ELECT	5.00			x		l		0.	0.	0
HANK ESTEP	3.00	-	-	^		-		0.		0.
VICE PRES	5.00			x				0.	0.	0.
CHARLES KAYS	3.00		<u> </u>						<u>``</u>	
TREASURER	5.00			X				0.	0.	0.
DONNA CAMERON										
ASST TREAS	5.00	<u> </u>		X		<u> </u>		0.	0.	0.
STEPHEN COBLE										
SECRETARY	5.00			X	<u> </u>	ļ.,		0.	0.	0.
			<u> </u>	-	<u> </u>					
						l				
	+									-
		_		-			_			
	 						<u> </u>			
		\dashv			_	\vdash				
	 	\vdash		\vdash						

Form **990** (2008)

Par	t VII Section A. Officers, Directors, Tru	istees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average				osition			Reportable	Reportable		Es	timate	ed
		hours	(c	hecl	k all	that	app	ly)	compensation	compensation		an	nount	of
		per week	ector						from the	from related organization		com	other pensa	ition
		""	Individual trustee or director	8		ĺ	Highest compensated employee		organization	(W-2/1099-MI				
			rustee	Institutional trustee		92	age II		(W-2/1099-MISC)			organizat		
			dual	utous		Key employee	est co	5				l	d relat anızatı	
			횰	Insti	Officer	Ç.	돌	돌				orga	11112411	0115
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41	Tatal		J				Ļ		0.		0.			
2	Total Total number of individuals (including those	in 1a) who re	CO11/	od n		tha	n \$1	00						0.
2	compensation from the organization	in raj wno re	COIV	0 u 11	1016	uia	ПФІ	00,	ooo iii reportable		•			0
	oon pondation the organization		•										Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y em	plo	yee,	or t	nighest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch ındıvıdual										3		X
4	For any individual listed on line 1a, is the su									the organization				
	and related organizations greater than \$150			-						•		4		_X_
5	Did any person listed on line 1a receive or a				rom	any	unr	elat	ted organization for servi	ces rendered to				
	the organization? If "Yes," complete Sched	ule J for such	pers	on								5		X
	tion B. Independent Contractors Complete this table for your five highest co	managet ad in							that recovered was a three	\$100,000 of com		-4 6		
1	the organization. NONE	mpensateu m	aepe	e i i u e	nit C	Onti	acit	115	mat received more than	\$100,000 or con	ipens	auoni	IOIII	
	(A)								(B)	· · · · · · · · · · · · · · · · · · ·		(C		
	Name and business	address							Description of s	ervices	С	ompe		n
								\dashv						
	-							\dashv						
								\dashv						
2	Total number of independent contractors (ii	ncluding those	e in :	1) wł	10 re	ecei	ved i	mor	re than \$100,000 in com	pensation				
	from the organization	0												
										•		Form 9	990 (2	2008)

Form **990** (2008)

7,935.

0.

989,115.

Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

981,180.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	54,822.	13,274.	41,548.	
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,615.	1,217.	3,398.	
11	Fees for services (non-employees)	-			
а	Management				
b	Legal				
С	Accounting	17,436.		17,436.	<u>.</u>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	68,864.	58,436.	10,428.	
13	Office expenses	37,939.	31,590.	6,349.	
14	Information technology		1		
15	Royalties				
16	Occupancy				-
17	Travel	23,691.	23,288.	403.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	14.		14.	· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,157.	5,157.		
23	Insurance	43,705.	4,248.	39,457.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	CATERING	75,740.	75,740.		
b	FOOD AND BEVERAGE	55,695.	53,357.	2,338.	
С	DUES AND SUBSCRIPTIONS	4,752.		4,752.	
d	STORAGE	4,036.		4,036.	<u> </u>
e	TAXES	2,497.	1,253.	1,244.	
f	All other expenses	633,015.	628,579.	4,436.	
25	Total functional expenses. Add lines 1 through 24f	1,031,978.	896,139.	135,839.	0.
26	Joint Costs. Check here ▶ ☐ If following				
-	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	0 12 18 08			·	Form 990 (2008)

832010 12-18-08

Form 990 (2008)

AT WILMINGTON, INC.

[1 01	<u> </u>	Dalarios Oriosc	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	827,428.	2	596,134.
	3	Pledges and grants receivable, net	02//1201	3	330,134,
	4	Accounts receivable, net	5,765.	4	50.
1	5	Receivables from current and former officers, directors, trustees, key	3,703.		
	9	employees, or other related parties Complete Part II of Schedule L		5	
		Receivables from other disqualified persons (as defined under section		3	· · · · · · · · · · · · · · · · · · ·
	6	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
,,	7	Notes and loans receivable, net		7	
ěţ	7	Inventories for sale or use	5,985.	8	2,082.
Assets	8	· · ·	33,067.	9	28,717.
	9	Prepaid expenses and deferred charges Land, buildings, and equipment cost basis 10a 160, 263.	33,007.	9	20,717
	D	Less accumulated depreciation Complete Part VI of Schedule D 41,448.	_ 122,275.	40-	118,815.
Ì			144,413.	10c	110,013.
	11	Investments - publicly traded securities			191,630.
	12	Investments - other securities. See Part IV, line 11		12	191,030.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
1	15	Other assets See Part IV, line 11	994,520.	15	937,428.
	<u> 16</u>	Total assets. Add lines 1 through 15 (must equal line 34)	29,235.	16	20,336
	17	Accounts payable and accrued expenses	43,433.	17	20,330.
	18	Grants payable		18	
	19	Deferred revenue		19	
Liabilities	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
Lial		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
	24	Unsecured notes and loans payable	110 400	24	112 000
	25	Other liabilities Complete Part X of Schedule D	118,420.	25	113,090.
	26	Total liabilities, Add lines 17 through 25	147,655.	26	133,426.
		Organizations that follow SFAS 117, check here X and complete			
Ses		lines 27 through 29, and lines 33 and 34.	700 445		600 012
ja j	27	Unrestricted net assets	728,445.	27	690,912.
Ba	28	Temporarily restricted net assets	118,420.	28	113,090.
힡	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
ř.		Organizations that do not follow SFAS 117, check here			
0 0		complete lines 30 through 34.			
Net Assets or Fund Balance	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	016 065	32	904 002
	33	Total net assets or fund balances	846,865. 994,520.	33 34	804,002. 937,428.
Par	34 t XI	Total liabilities and net assets/fund balances Financial Statements and Reporting	334,320.	34	331,420.
T ai		Tinancial Statements and Reporting			Yes No
_	۸	winting method used to proper the Form 999. V Cook Associat	Other		<u> </u>
1		ounting method used to prepare the Form 990: 【X】Cash 【 Accrual 【 The organization's financial statements compiled or reviewed by an independent a			00 V
2a		· · · · · · · · · · · · · · · · · · ·	accountant?	-	2a X
b		the organization's financial statements audited by an independent accountant?	oubuldu for aussishe se this		2b X
С		es" to lines 2a or 2b, does the organization have a committee that assumes respon	•	audit,	
_		w, or compilation of its financial statements and selection of an independent accounts of a foderal award, was the assessment as required to underse as a sudt as and		Jan Allei	<u>2</u> c
за		result of a federal award, was the organization required to undergo an audit or aud	ins as set form in the Sing	ie Aud]_
		and OMB Circular A-133?			3a X
		es," did the organization undergo the required audit or audits?			3b Form 990 (2008)
83201	1 12-18	I-U8			runn 330 (2008)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization NORTH CAROLIN

NORTH CAROLINA AZALEA FESTIVAL

AT WILMINGTON, INC

Employer identification number

Schedule D (Form 990) 2008

Pa	rt I Organizations Maintaining Donor Advise		s or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, lin		o or resourter complete it the					
-	organization and the total total total total total	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds					
-	are the organization's property, subject to the organization's	-	Yes No					
6	Did the organization inform all grantees, donors, and donor a	<u> </u>						
Ū	for charitable purposes and not for the benefit of the donor of							
Pa	rt II Conservation Easements. Complete if the or							
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (e.g., recreation or	`	storically important land area					
	Protection of natural habitat	Preservation of certif						
	Preservation of open space							
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	servation easement on the last day					
	of the tax year		······································					
	·		Held at the End of the Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable							
	year ▶		-					
4	Number of states where property subject to conservation ea	sement is located >						
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, a	ind					
	enforcement of the conservation easements it holds?		. Yes No					
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, and	- · · · · · · · · · · · · · · · · · · ·						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?	•	L Yes					
9	In Part XIV, describe how the organization reports conservation							
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for					
Dai	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Traceures or C	they Circilar Accets					
1 4	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	ther Similar Assets.					
	Complete if the organization answered Tes to Form	990, Fait IV, line o.						
10	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	alance about wards of ort. historical					
ıa	treasures, or other similar assets held for public exhibition, ea							
	the footnote to its financial statements that describes these		blic service, provide, in Part XIV, the text of					
b	If the organization elected, as permitted under SFAS 116, to		on about waden of art, historical transcripts					
b	or other similar assets held for public exhibition, education, o							
	these items:	r research in furtherance of public service	e, provide the following amounts relating to					
	(i) Revenues included in Form 990, Part VIII, line 1		▶ ¢					
	(ii) Assets included in Form 990, Part X	•	> \$					
2	If the organization received or held works of art, historical tre	Seurae, or other eimiler accets for financia	al gain provide					
_	the following amounts required to be reported under SFAS 1		u gam, provide					
а	Revenues included in Form 990, Part VIII, line 1	To relating to triese items.	▶ \$					
b	Assets included in Form 990, Part X	•	► \$ ► \$					
		 	F ¥					

832051 12-23-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

NORTH CAROLINA AZALEA FESTIVAL Schedule D (Form 990) 2008 AT WILMINGTON, INC. 56-0755213 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all Public exhibition Loan or exchange programs а Scholarly research □ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ີ Yes Nο If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1c Additions during the year 1d Distributions during the year te е Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes Nο b If "Yes," explain the arrangement in Part XIV | Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back 1a Beginning of year balance Contributions Investment earnings or losses С Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment Permanent endowment % Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Part VI | Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other (b) Cost or other (c) Depreciation (d) Book value

basis (investment)

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2008

116,392.

2*.*423.

118,815

19,616.

832.

21.

1a Land

b Buildings

d Equipment

e Other

c Leasehold improvements

basis (other)

136,008

24,255.

AT WILMINGTON, INC.

56-0755213 Page 3

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12.	 		
(a) Description of security or category (including name of security)	(b) Book value	(c) f	Method of valua end-of-year mar	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
MARKETABLE SECURITIES	191,630.	COST		
	-			
Total (Col (b) should equal Form 990, Part X, col (B) line 12.)	191,630.			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13	J		
(a) Description of investment type	(b) Book value	(c) f	Method of valua	
(a) becomplied of investment type	(-,	Cost or e	end-of-year mar	ket value
	ļ			
				
				
Total (Col (b) should equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
	<u> </u>			
Total. (Column (b) should equal Form 990, Part X, col (B)	ine 15)			
Part X Other Liabilities. See Form 990, Part X				
(a) Description of liability		(b) Amount		
Federal income taxes				
PREPAID DEPOSITS_		113,090.		
				
	·			
Total. (Column (b) should equal Form 990, Part X, col (B) I	ing 25.)	113,090.		
In Part XIV, provide the text of the footnote to the organiz			tion's liability fo	r uncertain tax positions
under FIN 48			maoniny 10	

Schedule D (Form 990) 2008

Pa	rt XI	Reconciliation of Change in Net Assets from Form 990 to I	Finar	ncial State	emer	nts			
1	Total r	revenue (Form 990, Part VIII, column (A), line 12)			1			989	7,115.
2	Total e	expenses (Form 990, Part IX, column (A), line 25)			2			1,033	L,978.
3	Exces	s or (deficit) for the year. Subtract line 2 from line 1			3				2,863.
4	Net ur	nrealized gains (losses) on investments			4				
5		ed services and use of facilities			_ 5				
6	Invest	ment expenses .			6				
7	Prior p	period adjustments			7				
8	Other	(Describe in Part XIV)			8				
9	Total a	adjustments (net) Add lines 4-8			9				
10		s or (deficit) for the year per financial statements. Combine lines 3 and 9			10			-42	2,863.
Pai	rt XII	Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Rever	nue p	er Re	turn		
1	Total r	evenue, gains, and other support per audited financial statements					_1_		_
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12 ⁻		i					
а	Net ur	nrealized gains on investments	2a						
b	Donat	ed services and use of facilities	2b						
С	Recov	eries of prior year grants	2c	_					
d	Other	(Describe in Part XIV)	2d						
е	Add lii	nes 2a through 2d				L	2e		
3	Subtra	act line 2e from line 1	-				3		
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1.		i					
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other	(Describe in Part XIV)	_4b				İ		
С	Add lii	nes 4a and 4b				.	4c		
5		evenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		=			5		
Pa		Reconciliation of Expenses per Audited Financial Stateme	nts v	Vith Expe	nses	per	Retur	n	
1		expenses and losses per audited financial statements				-	1		
2		nts included on line 1 but not on Form 990, Part IX, line 25	1 .	1					
а		ed services and use of facilities .	2a						
b		ear adjustments	2b				ŀ		
С		s reported on Form 990, Part IX, line 25	2c						
d		(Describe in Part XIV)	2d						
е		nes 2a through 2d				F	<u>2e</u>		
3		act line 2e from line 1				.	3		
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1	l			-		
а		ment expenses not included on Form 990, Part VIII, line 7b	4a	_					
		(Describe in Part XIV)	4b						
		nes 4a and 4b			•	-	4c		
		expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) Supplemental Information				1	5		
Com	plete th	is part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines :	la and 4; Pa	rt IV, lı	nes 1b	and 2	b, Part V, lin	e 4, Part
(, Pa	ırt XI, lır	ne 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.							
	_								
							_		
								I- D /F-	000) 0000

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NORTH CAROLINA AZALEA FESTIVAL AT WILMINGTON, INC.

Employer identification number 56-0755213

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTICIPATION AS IT CONTRIBUTES TO THE REGION'S ECONOMY AND PROMOTES
THE UNIQUE QUALITIES OF WILMINGTON'S RIVER-TO-SEA COMMUNITY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VARIOUS SHOWS/CONCERTS/ACTIVITIES
EXPENSES \$ 575387. INCLUDING GRANTS OF \$ 0. REVENUE \$ 739258.
FORM 990, PART VI, SECTION A, LINE 10: THE BOARD REVIEWS AND APPROVES THE
TAX RETURN BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS
GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.
THE FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST.

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) 990

► Attach to your tax return.

OMB No 1545-0172

Sequence No 67

► See separate instructions. Name(s) shown on return

Business or activity to which this form relates

Form 4562 (2008)

NORTH CAROLINA AZALEA	FESTIVAL						
AT WILMINGTON, INC.					<u>AGE 10</u>		<u> 56-0755213</u>
Part I Election To Expense Certain Proper				operty, c	complete Part	V before yo	
1 Maximum amount See the instructions	•		es			1	250,000.
2 Total cost of section 179 property place	2						
3 Threshold cost of section 179 property						3	800,000.
4 Reduction in limitation Subtract line 3 f	4						
5 Dollar limitation for tax year Subtract line 4 from line	. 5						
6 (a) Description of pro	perty	(b) Cos	t (business use	only)	(c) Electe	d cost	
				- +-			
		-					
7 Listed property Enter the amount from	lma 20	<u> </u>					
7 Listed property. Enter the amount from	•	in calumn (a) lines	G and 7	7			
8 Total elected cost of section 179 prope9 Tentative deduction. Enter the smaller	8						
10 Carryover of disallowed deduction from		 007 Form 4562				. 9	
11 Business income limitation Enter the sr	•		an zara) ar l	ına F		10	
12 Section 179 expense deduction. Add lir	12						
13 Carryover of disallowed deduction to 20	•			13		1 12	· · · · · · · · · · · · · · · · · · ·
Note: Do not use Part II or Part III below for				131			
Part II Special Depreciation Allowar			include list	ed prope	ertv.)		
		(50.000					
14 Special depreciation for qualified proper	tv (other than lis	ted property) placed	in service d	lurina the	a tax vear	14	
15 Property subject to section 168(f)(1) ele	• ,	р. оролоу, р.шосс		g	, , , , , , , , , , , , , , , , , , , ,	15	
16 Other depreciation (including ACRS)						16	
Part III MACRS Depreciation (Do not	include listed pi	roperty) (See instruc	tions)		-	, .,	
		Section A					
17 MACRS deductions for assets placed in	service in tax ye	ears beginning before	2008			17	4,818.
18 If you are electing to group any assets placed in servi	ce during the tax year	into one or more general as	set accounts, c	heck here	▶ [
Section B - Assets	Placed in Servic	e During 2008 Tax '	Year Using	the Gen	eral Depreci	ation Syste	m
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment only - see instruction	investment use (d) Hecovery (e) Convention		(f) Method	(g) Depreciation deduction	
19a 3-year property							
b 5-year property		1,6	97. 5	YRS.	HY	200DB	339.
c 7-year property							
d 10-year property]						
e 15-year property]						
f 20-year property]						
g 25-year property			2	25 yrs.		S/L	
h Residential rental property	/		27	5 yrs	MM	S/L	
	1		27	'.5 yrs	MM	S/L	
i Nonresidential real property	/		3	9 yrs.	MM	S/L	
	/		l	MM		S/L	
Section C - Assets P	aced in Service	During 2008 Tax Ye	ear Using th	ne Alterr	ative Depre	iation Syst	em
20a Class life						S/L	
b 12-year			1	2 yrs		S/L	
c 40-year	/		4	0 yrs	MM	S/L	
Part IV Summary (See instructions.)						-, -, - -	
21 Listed property Enter amount from line	•		•			21	
22 Total. Add amounts from line 12, lines 1							-
Enter here and on the appropriate lines				see instr	, 	22	5,157.
23 For assets shown above and placed in s	_	e current year, enter	the			1	
portion of the basis attributable to section	on 263A costs			23			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part V

56-0755213 Page 2 AT WILMINGTON, INC.

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Section A - Depreciation and Other Information (Caution: See the instructions for inting for passanger automobiles.) 42		Note: For any _through (c) of	vehicle for w Section A, ali	hich you ar I of Section	e using the B, and Se	e standai ection C i	rd mileag f applica	ge rate d able	r dedu	cting leas	e expens	se, com	olete on	l y 24a, 2	4b, colui	mns (a)	
(s) Type of poperty (list vehicles first) (l	Sect	ion A - Depreciation a	and Other In	formation	(Caution:	See the	ınstruct	ions for	lmits fo	or passeng	ger autoi	nobiles.)				
Type of lyoperty (list vehicles first) Blade is unvestiment (list vehicles first) Blade is represented by the property placed in service during the tax year and used more than 50% in a qualified business use 26. Property used more than 50% in a qualified business use 27. Property used more than 50% in a qualified business use 28. Property used more than 50% in a qualified business use 29. Property used more than 50% in a qualified business use 29. Property used more than 50% in a qualified business use 29. Property used solve or less in a qualified business use 29. Property used solve or less in a qualified business use 29. Property used solve or less in a qualified business use 29. Property used solve or less in a qualified business use 29. Property used 50% or less in a qualified business use: 27. Property used 50% or less in a qualified business use: 28. Property used 50% or less in a qualified business use: 29. Property used 50% or less in a qualified business use: 29. Solve in the s	24a Do you have evidence to support the business/investme					claimed?	\	/es 🗌	No	24b lf "Y] Yes [□ No	
used more than 50% in a qualified business use: Section 1		Type of property Date Business (list vehicles first) placed in investmen		ent	Cost or	l /bu	Basis for depreciation (business/investment		Recovery	Method/		Depre	preciation Ele		cted on 179		
Section B - Intermetion on Use of Vehicle Vehicle		•		•		ty placed	l ın servi	ice durın	g the t	ax year ar	nd						
96 96 96 96 96 96 96 96												25	<u> </u>		L		
96 96 97 98 98 98 98 98	<u> 26 F</u>	Property used more tha	In 50% in a c	qualified bu		3*					1		1				
27 Property used 50% or less in a qualified business use:			 								 -		+				
27 Property used 50% or less in a qualified business use:			 		 		-				 		<u> </u>				
8 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole prometior, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Veh	27 F	Property used 50% or I	ess in a qual	ified busine			I				·		4				
8 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Enter here and on line 7, page 1 29 Enter here and on line 7, page 1 29 Enter here and on line 7, page 1 29 Enter here and on line 7, page 1 29 Enter here and on line 7, page 1 29 Enter here and on line 7, page 1 20 Enter here and on line 7, page 1 20 Enter here and on line 21, page 1 20 Enter here and on line 21, page 1 20 Enter here and on line 7, page 1 20 Enter here and on line 21, page 1 20 Enter here and on line 21, page 1 20 Enter here and on line 7, page 1 20 Enter here and on line 7, page 1 21 Enter here and on line 7, page 1 22 Enter here and on line 7, page 1 23 Enter here and on line 7, page 1 24 Enter here and on line 21, page 1 25 Enter here and on line 21, page 1 26 Enter here and on line 21, page 1 27 Enter here and on line 21, page 1 28 Enter here and on line 7, page 1 28 Enter here and on line 7, page 1 29 Enter here and on line 21, page 1 20 Enter here and an exception to complete Section B for the covered ve		reporty deed deve ex-									S/L·		1				
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44 Total. Add amounts in column (f). See the instructions for where to report	43 A	Amortization of costs th	at began be	fore your 20	008 tax ye	ar							43				
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