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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

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

Open to Public

			,		mapection
<u>A F</u>	or the	2009 calendar year, or tax year beginning OCT 1, 2009	nd ending	<u>SEP 30, 2010</u>	
B c	heck if	Please C Name of organization		D Employer identific	cation number
aį	pplicable	use IRS NORTH CAROLINA AZALEA FESTIVAL			
	Addres	S label or A D WITT MINICIPANT TNG			
\vdash	Name			⊢ 56_∩	755213
<u> </u>	_lchange ∃Initial	Doing Business As	, T ₂ , .		
\vdash	return	See Number and street (or P.O. box if mail is not delivered to street address	s) Room/suit	ļ —	
\vdash	Termin	Instruct P O BOX 3275		910-	<u>794-4650</u>
L.	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,046,982.
	Application	WILMINGTON, NC 20400		H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer HANK ESTEP		for affiliates?	Yes X No
		5725 OLEANDER DRIVE, WILMINGTON, NC	28403	H(b) Are all affiliates inc	luded? Yes No
1 7	34.646		527		list (see instructions)
		e: NCAZALEAFESTIVAL.ORG	,	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I. Va		A State of legal domicile: NC
	irt I	-	L 16	il ol lolmation. 1340[N	A State of legal dollliche. INC
LFC		Summary		17D DD 0140MB 17	DII IIIII
ě		Briefly describe the organization's mission or most significant activities: DE	VELOP A	ND PROMOTE N	EW HANOVER
auc		COUNTY AREA			
Activities & Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or di	sposed of mo	re than 25% of its net as	ssets
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
G	4	Number of independent voting members of the governing body (Part VI, line	lb)	4	6
Š.	5	Total number of employees (Part V, line 2a)	-	5	13
ij	l	Total number of volunteers (estimate if necessary)		6	0
÷		Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	3,337.
¥				7 <u>a</u> 7b	3,3 <u>37.</u> 0.
	b	Net unrelated business taxable income from Form 990-T, line 34			
		Contributions and grants (Part VIII, line 1h) RECEIVED	-	Prior Year	Current Year
Revenue			-	001 100	1 042 645
و ج		Program service revenue (Part VIII, line 2g)	<u> </u>	981,180.	1,043,645.
\$ ≥	10	Program service revenue (Part VIII, line 29) Investment income (Part VIII, column (A), likes 37-45 and 7db 2011 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,935.	3,337.
j "	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
3	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A); line 1	2)	989,115.	1,046,982.
>_	13	Grants and similar amounts paid (Part IX, column (A) lines (3)			13,300.
É		Benefits paid to or for members (Part IX, column (A), line 4)			
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	10)	59,437.	72,347.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	` `	05/2014	, , , , , , , , , , , ,
֝֝֝֝֝֝֝֝֝֝֟֟֝ <u>֚֚</u>	1	- · · · · · · · · · · · · · · · · · · ·	<u> </u>		
	l	Total fundraising expenses (Part IX, column (D), line 25)		972,541.	984,180.
	I	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-		
_		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	1,031,978.	1,069,827.
ر مس	19	Revenue less expenses. Subtract line 18 from line 12		-42,863.	-22,845.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		937,428.	807,014.
ABB	21	Total liabilities (Part X, line 26)		133,426.	25,857.
골들	22	Net assets or fund balances Subtract line 21 from line 20		804,002.	781,157.
	art II	Signaturé Block	*		
ь—		Under penalties of perjury, diclare that I have examined this return, including accompanying schedu	les and statement	s, and to the best of my knowled	lge and belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer	has any knowled	ge /	
C:	_			12/6	17011
Sig		Stringture of officer	•	Date	[2011
Her	е			/	
		HANK ESTEP, PRESIDENT-ELECT			
		Type or print name and title		Shook if	
Paid	ı	Preparer's Date			er's identifying number istructions)
_		signature HUGH HARRELL, CPA		employed	
•	oarer'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
140	. 44 17	29 discuss this return with the preparer shown above? (see instructions)			X Ves No

Pa	rt III Statement of Program Service Accomplishments	73213 Lago =
1	Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION	
	THE MISSION OF THE NORTH CAROLINA AZALEA FESTIVAL IS TO BE NA	TIONALLY
	RECOGNIZED AS A SHOWCASE FOR OUR COMMUNITY'S RICH ARRAY OF AR	TWORK,
	GARDENS, HISTORY AND CULTURE THROUGH RECREATIONAL, EDUCATIONAL	
	FAMILY ORIENTED EVENTS. THE FESTIVAL ENCOURAGES VOLUNTEERISM	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	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 X No
Ū	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	
	(Code.) (Expenses \$ 149,432. including grants of \$) (Revenue \$	89,834.)
4a		•
	THE FRIDAY CONCERT HELPS ATTRACT PEOPLE FROM OUTSIDE OF THE CONTROL OF THE CONTRO	
		OWCASING
	OUR COMMUNITY.	
4b	(Code.) (Expenses \$ 136,784. including grants of \$) (Revenue \$	129,613.)
	THE WEDNESDAY CONCERT HELPS ATTRACT PEOPLE FROM OUTSIDE OF TH	
	COMMUNITY EARLIER IN THE WEEK AND CONTRIBUTES TO THE DIVERSIT	·
	ACTIVITIES INCLUDED IN SHOWCASING OUR COMMUNITY.	1 01
	ACTIVITIES INCLUDED IN SHOWCASING OUR COMMONITY.	
		
4c	(Code.) (Expenses \$ 70,398. including grants of \$) (Revenue \$	0.)
	PUBLICITY ADVERTISES THE ANNUAL FESTIVAL, SHOWCASING THE RICH	ARRAY OF
	ACTIVITIES AND EVENTS THAT TAKE PLACE DURING THE FESTIVAL. PU	BLICITY
	ALLOWS VISITORS TO PLAN WHICH ACTIVITIES AND EVENTS THEY WOUL	D MOST
	LIKE TO TAKE PART IN DURING THE FESTIVAL, WHILE SHOWCASING TH	
	AREA AND CULTURE.	
	THE THE COLLOND	
		· · · · · · · · · · · · · · · · · · ·
4d	,	
	(Expenses \$ 583, 221. including grants of \$) (Revenue \$ 824, 198.)	
4e	Total program service expenses ►\$ 939,835.	
		Form 990 (2009)
93200 02-04		,,

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		Х		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х		
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		Х		
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 similar funds or 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		Х		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1				
	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			l I		
	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						
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?						
	If "Yes," complete Schedule D, Part V					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	1				
	as applicable	11	X	ļ		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,					
_	Part VI					
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total					
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII					
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in					
•	Part X, line 16? If "Yes," complete Schedule D, Part IX					
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X					
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X					
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI, XII, and XIII.	12		x		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No					
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? 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		X		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"					
00	complete Schedule G, Part III	19		X		
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000 4	X X		
		rorm	990 (ZUU9)		

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

			Yes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete			7,7
	Schedule K If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
	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	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	100		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	İ	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			!
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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?	١		٠,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		\ . .
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	X
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?	33		A
0.7	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		x
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38		X
		Form	990 (2009)

<u>5</u>

orm 990 (2		56-0755213	Pa	age :
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			ļ
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ł
	filed for the calendar year ending with or within the year covered by this return 2a 13			ľ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			l
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
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	i		
	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_		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
_	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			v
h	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b_		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	-/-		
	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?	7 f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter.			ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			i
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

AT WILMINGTON, INC.

56-0755213

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	:		
þ	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X X X
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ŀ		
	by the following:			
	The governing body?	8a_	_X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	١.		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		. T	
40-	Does the experimentary have least shorters broughes as afflicted?	40.	Yes	No.
	Does the organization have local chapters, branches, or affiliates?	10a		<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?	106		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	 ''	^	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
_	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
	in 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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	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		
Sec	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			
46	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 tina	incial	
2	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 ALISON BARINGER - 910-794-4650	uon 🕨		
	5725 OLEANDER DRIVE B-7, WILMINGTON, NC 28403			
	2123 ODERLODE DELVE DE 1, WITHINGION, NC 20403	Form	990 /	2009)

932006 02-04-10 Form 990 (2009) AT WILMINGTON, INC. 56-0'
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

X Check this box if the organization did not compensate any current officer, director, or trustee.

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

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

(A)	(B)	y cu	11611))	, une	<u> </u>	(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(ct	neck	c all t	that	арр	ly)	compensation	compensation	amount of
	per week	rector						from the	from related organizations	other compensation
		eordi	tee			sated		organization	(W-2/1099-MISC)	from the
		fruste	nal tru:		oyee	ошрег		(W-2/1099-MISC)		organization and related
		Individual trustee or director	institutional trustee	Officer	(еу етр	Highest compensated employee	Ро ятея			organizations
ERICA MEARNS		_	_	-	_	_	_			
PRESIDENT	30.00			х				0.	0.	0.
HANK ESTEP										-
PRES ELECT	5.00			Х				0.	0.	0.
CHARLES KAYS							ļ			
VICE PRES	5.00			X		<u> </u>	_	0.	0.	0.
DONNA CAMERON								_	_	_
TREASURER	5.00		_	Х		<u> </u>	ļ	0.	0.	0.
STEPHEN COBLE	- 00									•
ASST TREAS LIZ CARROLL	5.00			Х			-	0.	0.	0.
SECRETARY	5.00			х				0.	o.	0
SECRETARI	3.00			Α		<u> </u>		0.	0.	0.
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0755213 Page 8				_		_
	n	75,	ミ ク1	3	Page	Į

(A) Name and title	(B) Average hours		-	(C Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation		(F) Estimat amount	of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other ompensa from th organiza and rela organizat	ation ie tion ted
- -							_			_		
												<u> </u>
				-								
1b Total								0.	0).		0.
Total number of individuals (inclu compensation from the organization)		ose	liste	d al	bov	e) wh	no re		•	•		0
3 Did the organization list any form line 1a? If "Yes," complete Sched		stee	, ke	y en	olqr	уөе,	or h	nghest compensated er	mployee on		Yes	No X
For any individual listed on line 1a and related organizations greater	a, is the sum of reportab		-						the organization		4	Х
5 Did any person listed on line 1a ruthe organization? If "Yes," comple	ete Schedule J for such			rom	any	unr	elat	ed organization for serv	rices rendered to		5	x
1 Complete this table for your five the organization NONE		depe	nde	nt c	ont	racto	ors t	hat received more than	\$100,000 of compe	nsatio	on from	
Name and	(A) I business address							(B) Description of s	services	Con	(C) pensation	on
	 											
											<u>.</u>	
											_	
Total number of independent cor \$100,000 in compensation from to	_	ot lir	nite	d to		se li: O	sted	above) who received n	nore than	Fo	rm 990	(2009)

Form **990** (2009)

3,337

0.

1046982.

12

Total. Add lines 11a-11d

Total revenue. See instructions.

1043645

AT WILMINGTON, INC.

Part IX | Statement of Functional Expenses

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

	All other organizations must compl		not required to comple	ete columns (B), (C), and	(D).
	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				<u> </u>
2	Grants and other assistance to individuals in				
2	the U.S See Part IV, line 22	13,300.	13,300.		
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	66,955.	9,179.	57,776.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes	5,392.	799.	4,593.	 -
11	Fees for services (non-employees):	3,354.	/33.	4,593.	
'' a	Management				
	Legal				
c	Accounting	6,484.		6,484.	
d	Lobbying	0,404.			
e	Professional fundraising services. See Part IV, line 17		-		
f	Investment management fees			· · ·	<u> </u>
g	Other				
12	Advertising and promotion	74,209.	71,417.	2,792.	
13	Office expenses	31,457.	26,080.	5,377.	
14	Information technology		<u> </u>		
15	Royalties				
16	Occupancy				
17	Travel	26,095.	26,095.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7.		7.	
21	Payments to affiliates	F 200	5 200		
22	Depreciation, depletion, and amortization	5,389.	5,389.	24 000	
23	Insurance Other expenses. Itemize expenses not covered	36,078.	2,050.	34,028.	
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	ENTERTAINMENT	260,072.	260,072.		
b	RENT	151,342.	151,342.		
С	CATERING	86,072.	86,072.		
d	FOOD AND BEVERAGE	53,303.	51,537.	1,766.	
е	LICENSES, FEES, PERMITS	15,902.	14,351.	1,551.	
f	All other expenses	237,770.	222,152.	15,618.	
25	Total functional expenses. Add lines 1 through 24f	1,069,827.	939,835.	129,992.	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				Form 990 (2009

932010 02-04-10

Form 990 (2009)

Pa	rt X	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	
	2	Savings and temporary cash investments		596,134.	2	640,028.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	50.	4	5,298.	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete			
		Part II of Schedule L			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use .		2,082.	8	2,082.
4	9	Prepaid expenses and deferred charges		28,717.	9	32,360.
	10a	Land, buildings, and equipment cost or other	10a 174,083.			
		basis Complete Part VI of Schedule D	110 015		105 046	
	1	Less accumulated depreciation	10ы 46,837.	118,815.		127,246.
	11	Investments - publicly traded securities	101 620	11		
	12	Investments other securities See Part IV, line	191,630.	12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	027 420	15	007 014	
	16	Total assets. Add lines 1 through 15 (must equ	937,428. 20,336.	16	807,014. 11,228.	
	17	Accounts payable and accrued expenses	20,330.	17	11,440.	
	18 19	Grants payable Deferred revenue		18 19		
	20	Tax-exempt bond liabilities			20	
ro.	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director			21	
<u>.</u>		highest compensated employees, and disqualifi				
Ë		of Schedule L		22		
	23	Secured mortgages and notes payable to unrela		23		
	24	Unsecured notes and loans payable to unrelate	· ·		24	
	25	Other liabilities Complete Part X of Schedule D		113,090.	25	14,629.
	26	Total liabilities. Add lines 17 through 25		133,426.	26	25,857.
		Organizations that follow SFAS 117, check he	ere and complete	•		
S		lines 27 through 29, and lines 33 and 34.	·			
ğ	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets		28		
D E	29	Permanently restricted net assets		29		
Ē		Organizations that do not follow SFAS 117, c	heck here 🕨 🗓 and			
5		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
₹SS.	31	Paid-in or capital surplus, or land, building, or ed	juipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	804,002.		781,157.
Z	33	Total net assets or fund balances		804,002.	-	781,157.
	34	Total liabilities and net assets/fund balances		937,428.	34	807,014.

Form 990 (2009) AT WILMINGTON,
Part XI Financial Statements and Reporting AT WILMINGTON, INC.

	•		Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 (2009)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

NORTH CAROLINA AZALEA FESTIVAL

Employer identification number 56-0755213

Pai	t I Organizations Maintaining Donor Advise		Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 adv	used funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai		anization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
_	Preservation of land for public use (e.g., recreation or p	· · · · · · · · · · · · · · · · · · ·	istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax 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	` '	2d
3	Number of conservation easements modified, transferred, re		ne organization during the tax
	year >	, ,	3
4	Number of states where property subject to conservation ea	sement is located	-
5	Does the organization have a written policy regarding the per		f
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items:		
	(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	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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

Schedule D (Form 990) 2009

NORTH CAROLINA AZALEA FESTIVAL

		INGTON, IN							55213	
Pai	t III Orgànizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a sı	gnıfıcant	use of its	collection it	ems
	(check all that apply)									
а	Public exhibition	c	ı 🖂	Loan or exc	hange progra	ams				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	hey further t	he organizatio	on's exer	not purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	□ No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if ord	anization ai	nswered "Yes	s" to Forr	n 990. Pa	rt IV. line		
	reported an amount on Form 990, Pa	rt X, line 21	·	-			•	, -	-,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not	ıncluded	-		
	on Form 990, Part X?		•] Yes [□ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina	table [.]						
			g						Amount	
С	Beginning balance						1c		7 81100111	
	Additions during the year						1d		·	
e	Distributions during the year						1e		<u>-</u>	
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990 Part Y line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV		5211						_ res (NO
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10									
		(a) Current year		Prior year	(c) Two year			eare hack	(e) Four ye	are hack
1a	Beginning of year balance	(a) ouriont year	(6)	nor year	(C) TWO year	3 Dack	(u) mice y	Cai 3 Dack	(e) i oui ye	ars back
b	Contributions									
	Net investment earnings, gains, and losses									-
c d	Grants or scholarships									
	Other expenditures for facilities		 							
е	and programs				ľ					
	Administrative expenses									
	End of year balance									
9	Provide the estimated percentage of the year	r and balance hold a			<u> </u>	L			L	
2	Board designated or quasi-endowment	ir end balance neid a								
a		0/	_%							
	Permanent endowment	%								
		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	na aaministe	rea for tr	ne organiz	ation	<u>,,</u>	
	by.									s No
	(i) unrelated organizations								3a(i)	 -
	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(ii), are the related organizations								3b	
4 Par	Describe in Part XIV the intended uses of the				Ded V. beer	10				
rai								 1		
	Description of investment	(a) Cost or o		, , ,	or other		cumulate		(d) Book v	alue
	 	basis (investi	nent)	Dasis	(other)	aet	reciation			
	Land			10	<u> </u>		00.1		110	005
	Buildings			13	6,008.		23,1	U 3 •	112,	905.
	Leasehold improvements				-		_			
	Equipment			ļ <u>-</u>	0 0 0 0 0 0		00 ==			
	Other				8,075.		23,7	34.		341.
Tatal	Add lines 1a through 1a (Column (d) must a	aud Form OOA Dod	· V	mn (D) line 1	0(-1)			—	127	·) // C

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 AT WILMIN	GTON, INC.		56-0755213 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation d-of-year market value
Financial derivatives Closely-held equity interests			
Other			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	_		
Part VIII Investments - Program Related			
(a) Description of investment type	(b) Book value	(c) Me	thod of valuation d-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,			
	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B,	\ 15\		
Part X Other Liabilities. See Form 990, Par	t X, line 25		
1 (a) Description of liability		(b) Amount	
Federal income taxes			
PREPAID DEPOSITS		14,629.	
Total. (Column (b) must equal Form 990, Part X, col (B,) line 25)	14,629.	
2 FIN 48 Footnote In Part XIV. provide the text of the			enorts the organization's liability for

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48. 932053 02-01-10

NORTH CAROLINA AZALEA FESTIVAL

	dule D (Form 990) 2009 AT WILMINGTON, INC.				56-	0755213	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990	0 to Aud	lited Fina	ncial St	atement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5	-		
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net) Add lines 4 through 8			9			
10		2 and 0		10			
	Excess or (deficit) for the year per audited financial statements. Combine lines t XII Reconciliation of Revenue per Audited Financial State	omente l	With Reve		r Return		
		JIII CIIIC	***********	nue pe			
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 -	1				
a	Net unrealized gains on investments	2a					
þ	Donated services and use of facilities	2b	-				
С	Recoveries of prior year grants	20			_		
d	Other (Describe in Part XIV)	20	j				
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1				
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stat	tements	With Exp	enses p	oer Retu	rn	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_					
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b)				
С	Other losses	20					
d	Other (Describe in Part XIV)	20					
e	Add lines 2a through 2d		•		2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	. 1				
h	Other (Describe in Part XIV)	46					
0	Add lines 4a and 4b	-45.	, ,		10		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	ì			4c 5		
	rt XIV Supplemental Information				1 3		
		No 111 June 2		2 m 1) / 1 m		Oh Dart V line	4 David
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P						4, Paπ
X, IIN	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also o	complete ti	nis part to pi	rovide any	/ additional	information.	
						 -	
	<u> </u>						
							
				 .			
					School	tule D (Form 9	2000

Schedule D (Form 99)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009 Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

% ⊠ Employer identification number 56-0755213 Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Name of the organization NORTH CAROLINA AZALEA FESTIVAL INC. Part I General Information on Grants and Assistance criteria used to award the grants or assistance?

space is needed	(h) Purpose of grant or assistance					Schedule I (Form 990) 2009
rest to Form 990, Part IV, I (Form 990) if additional :	(g) Description of non-cash assistance					
anization answered "Y art IV and Schedule I-1	(f) Method of valuation (book, EMV, appraisal, other)					
complete if the organian \$5,000. Use Pa	(e) Amount of non-cash assistance				;	
e United States. Cartificate of the end of the control of the cartification of the cartificat	(d) Amount of cash grant					for Form 990.
Jrganizations in the L lox if no one recipient r	(c) IRC section if applicable				ganizations	see the Instructions
Governments and S,000 Check this	(b) EIN				nd government or	tion Act Notice,
Fart III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Fart IV, and Schedule I-1 (Form 990) if additional space is needed	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government (e) EIN (f) Method of valuation (book, responsible cash grant assistance or assistance or government (h) EIN (c) IRC section (d) Amount of valuation (book, responsible to the control of valuation (d) Description of (e) Purpose (h) Purpose or assistance or assis				2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	۔ ا

NORTH CAROLINA AZALEA FESTIVAL

56-0755213 Schedule I (Form 990) 2009 AT WILMINGTON, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FOR AZALEA FESTIVAL PRINCESS AND COURT	ın	13 300.	o		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I, I	ine 2, and any other	additional information	
632102 02-02-10		19			Schedule I (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
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 \$ 583221. INCLUDING GRANTS OF \$ 0. REVENUE \$ 824198.
FORM 990, PART VI, SECTION B, LINE 11: 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) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property) 990

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

Sequence No 67

NORTH	CAROLINA	AZALEA	FESTIVAL

Business or activity to which this form relates

Identifying number

AT WILMINGTON, INC.		FOI	RM 990 P			56-0755213
Part I Election To Expense Certain Prop			sted property, c	complete Part	V before y	
1 Maximum amount. See the instruction	ns for a higher limit	for certain businesses			1	250,000.
2 Total cost of section 179 property pla	ced in service (see	instructions)			2	
3 Threshold cost of section 179 proper	ty before reduction	in limitation			3	800,000.
4 Reduction in limitation. Subtract line 3	3 from line 2. If zero	or less, enter -0-			4	
5 Dollar limitation for tax year Subtract line 4 from I	ne 1 If zero or less, enter	-0- If married filing separately, se	e instructions		5	
6 (a) Description of	property	(b) Cost (busi	ness use only)	(c) Elected	i cost	
7 Listed property Enter the amount fro	m line 29		7			
8 Total elected cost of section 179 proj	perty. Add amounts	s in column (c), lines 6 and	17		8	
9 Tentative deduction Enter the smalle	er of line 5 or line 8				9	
10 Carryover of disallowed deduction from	m line 13 of your 2	008 Form 4562			10	
11 Business income limitation. Enter the	smaller of business	s income (not less than ze	ro) or line 5		11	
12 Section 179 expense deduction Add	lines 9 and 10, but	t do not enter more than l	ine 11		12	
13 Carryover of disallowed deduction to	2010 Add lines 9 a	and 10, less line 12	▶ 13			
Note: Do not use Part II or Part III below i	or listed property. I	Instead, use Part V.				
Part II Special Depreciation Allow	ance and Other D	epreciation (Do not inclu	ide listed propi	erty)		
14 Special depreciation allowance for qu	alified property (otl	her than listed property) p	laced in service	e during		
the tax year				J	14	
15 Property subject to section 168(f)(1) e	election				15	
16 Other depreciation (including ACRS)					16	
Part III MACRS Depreciation (Do r	not include listed p	roperty) (See instructions	;)			
-		Section A				
17 MACRS deductions for assets placed	I in service in tax ve	ears beginning before 200	9		17	4,895.
18 If you are electing to group any assets placed in s				▶□		•
Section B - Asset		e During 2009 Tax Year	Using the Ger	neral Deprecia	ation Syste	em
(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		13,820	. 7 YRS.	MQ	200DB	494.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
	/		27.5 yrs	ММ	S/L	
h Residential rental property	7		27.5 yrs.	ММ	S/L	
	,		39 yrs.	ММ	S/L	
 Nonresidential real property 	/		1	ММ	S/L	
Section C - Assets	Placed in Service	During 2009 Tax Year U	Ising the Alter	native Depre	iation Sys	stem
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 lii					21	
22 Total. Add amounts from line 12, line		nes 19 and 20 in column 6	n), and line 21			
Enter here and on the appropriate line					22	5,389.
23 For assets shown above and placed in			251.0 300 1131			3,303.
portion of the basis attributable to se	_	o carront your, onter the	23			
916251 11-04-09 LHA For Paperwork Reduction		senarate instructions.	, 20			Form 4562 (2009)

Form	4562	(2009)

AT WILMINGTON, INC.

	recreation, or a Note: For any through (c) of S	amusement.) vehicle for wi	hich you are	using the	standar	d mileag	e rate or		·	•					
			on and Othe					ınstru	ctions for li	mits for E	assena	er autor	nobiles)		
24a	Do you have evidence to s						es 🗀	_	24b If "Y					Yes [□ No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business investmen use percent	s/	(d) Cost or ther basis	Bas	(e) is for depressiness/inve	eciation estment	(f) Recovery period	(g Meth Conve	g) nod/	(Depre	h) eciation action		i) ited n 179
25	Special depreciation allo	1	· · ·	- 1	/ placed	ın servic			ax year an	d d				- 00	-
_	used more than 50% in	a qualified b	usiness use								25				
<u> 26</u>	Property used more tha	n 50% in a c	ualified busi	ness use								1			
		<u></u>		%											
		ļ		%								ļ			
	<u> </u>	<u> </u>		%						L					
<u>27</u>	Property used 50% or le	ess in a qual	ified busines T	1						1		ı <u> </u>			
				%						S/L -					
		<u> </u>		%						S/L ·					
	A.1.1	<u> </u>		%					l	S/L -	1				
	Add amounts in column	• •	ū				, page 1				28	L	1		
<u>29</u>	Add amounts in column	i (i), line 26 E	nter here an	Section									29		
If y	mplete this section for ve ou provided vehicles to y se vehicles.												ng this s	ection fo	or
		stat business (investment miles driven during the			a)		b)	l .	(c)	(d	•		e)	(f)	
30	Total business/investment		luring the	Vel	hicle	Vel	ııcle		/ehicle	Vehi	icle	Vet	nicle	Vehi	icle
	year (do not include com					ļ	-								
	Total commuting miles	_	-					 				<u> </u>			
32 Total other personal (noncommuting) miles driven															
33	Total miles driven during Add lines 30 through 32														
34	Was the vehicle availab during off-duty hours?	le for person	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes_	No	Yes	No
35	Was the vehicle used p	rımarıly by a	more]									
	than 5% owner or relate	ed person?													
36	Is another vehicle availause?	able for perso	onal												
		Section C	- Questions	for Emp	lovers V	Vho Pro	vide Vel	nicles	for Use b	v Their E	mplove	ees	1		
	swer these questions to one of the contract of			•	-					-			re not m	ore than	5%
_	Do you maintain a writte employees?	en policy sta	tement that	orohibits a	all perso	nal use o	of vehicle	es, inc	cluding cor	nmuting,	by you	r		Yes	No
20	Do you maintain a writte	an nolicy eta	tomont that	arabibite i	ooreonal	Luco of v	objeles	04001	nt commut	ana hy v	OUT				
36	employees? See the ins		•								oui				
39	Do you treat all use of v						00:0:0	, 0, 1,	0 01 111010	01111010					
	Do you provide more th	-		•		ınformat	tion from	ı your	emplovee	s about					†
	the use of the vehicles,		•					. ,	J						
41	Do you meet the require					monstra	ation use	?							
	Note: If your answer to		• .						covered ve	hicles				-	ļ
P	art VI Amortization												·		
	(a) Description o	f costs	Di	(b) ate amortization begins		(C) Amortizal amoun	ble t		(d) Code section		(e) Amortiza period or per		Ar fo	(f) mortization or this year	
42	Amortization of costs th	nat begins du	iring your 20		ar [.]							<u> </u>			
		<u> </u>	T	,,,				T							
_															
43	Amortization of costs th	nat began be	fore your 20	09 tax yea	ar	-						43			
	Total. Add amounts in o	-	-	-		o report						44			
	252 11-04-09												F	orm 456 2	2 (2009)