

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2018**Open to Public
Inspection****A** For the 2018 calendar year, or tax year beginning

, 2018, and ending

, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WILMINGTON AREA INTERGROUP ASSOCIATION, INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 5901 WRIGHTSVILLE AVE City or town, state or province, country, and ZIP or foreign postal code WILMINGTON NC 28403	D Employer identification number 58-1575069 E Telephone number (910) 617-1191 F Group Exemption Number ▶ 0501
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ WWW.WILMINGTONAA.ORG		
J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) 4947(a)(1) or 527		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **119,180****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	69,263
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1
	5a Gross amount from sale of assets other than inventory	5a	31,999
	b Less: cost or other basis and sales expenses	5b	26,451
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	5,548
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,599
c Less: direct expenses from gaming and fundraising events	6c	11,166	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,433	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	4,318	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	81,563	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	38,795
	13 Professional fees and other payments to independent contractors	13	10,540
	14 Occupancy, rent, utilities, and maintenance	14	11,485
	15 Printing, publications, postage, and shipping	15	3,278
	16 Other expenses (describe in Schedule O)	16	8,167
	17 Total expenses. Add lines 10 through 16	17	72,265
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,298
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,298

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

WILMINGTON AREA INTERGROUP ASSOCIATION, INC

Employer identification number

58-1575069

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,828	40,855	44,919	41,567	69,263	237,432
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	46,373	49,651	54,534	48,737	31,999	231,294
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	87,201	90,506	99,453	90,304	101,262	468,726
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) ..						468,726

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	87,201	90,506	99,453	90,304	101,262	468,726
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1	2	1	1	1	6
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1	2	1	1	1	6
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	87,202	90,508	99,454	90,305	101,263	468,732
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests -- 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support tests -- 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
42a The organization's books are in care of <input type="checkbox"/> SEE ATTACHMENT #4 Telephone no. <input type="checkbox"/>		
Located at <input type="checkbox"/> ZIP + 4 <input type="checkbox"/>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47		X
----	--	---

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

- b If "Yes," was the related organization a section 527 organization?

49b		X
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

	Yes	X No
--	-----	------

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

Sign Here	Signature of officer	Date
	TREASURER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions

	Yes	X No
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

WILMINGTON AREA INTERGROUP ASSOCIATION, INC

Employer identification number

58-1575069

PART I, LINE 16 OTHER EXPENSES - - BANK & CC FEES, NEW PROGRAM STARTUP
EXPENSES

CLIENT COPY

2018 FORM 990 PRIMARY EXEMPT PURPOSE

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

OPEN TO PUBLIC
INSPECTION

For calendar year 2018, or tax period beginning , and ending

Name of Organization

WILMINGTON AREA INTERGROUP ASSOCIATION, INC

Employer Identification Number

58-1575069

Primary Purpose

CLEARING HOUSE FOR REGIONAL MEETINGS OF AA GROUPS; ORDERING, SELLING, AND
DISTRIBUTING AA LITERATURE; TELEPHONE SERVICES FOR INQUIRIES REGARDING AA;

CLIENT COPY

2018 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC
INSPECTION

For calendar year 2018, or tax period beginning , and ending

Name of Organization

WILMINGTON AREA INTERGROUP ASSOCIATION, INC

Employer Identification Number
58-1575069

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

Exempt Purpose Achievements

PROGRAM PROVIDED INFORMATION AND SUPPORT TO THOUSANDS OF INDIVIDUALS AND RELATED ORGANIZATIONS IN THE GREATER WILMINGTON NC AREA

CLIENT COPY

2018 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2018, or tax period beginning , and ending

Name of Organization

WILMINGTON AREA INTERGROUP ASSOCIATION, INC

Employer Identification Number

58-1575069

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
CHAIRPERSON	0.00	0	0	0
SECRETARY	0.00	0	0	0
TREASURER	0.00	0	0	0

2018 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC
INSPECTION

For calendar year 2018, or tax period beginning , and ending

Name of Organization

WILMINGTON AREA INTERGROUP ASSOCIATION, INC

Employer Identification Number

58-1575069

Part V - Line 42a

Individual Name

or

Business Name:

Street Address 5901 WRIGHTSVILLE AVE

U.S. Address:

Zip code 28403

City WILMINGTON

State NC

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(910) 617-1191

Fax Number

2018 DETAIL STATEMENTS

WILMINGTON AREA INTERGROUP ASS
58-1575069

PAGE 1

STATEMENT #1 - NOT INCLUDING CONTRIBUTIONS (990-EO PG 9 LINE 8A)

SPECIAL EVENTS

TOTAL CARRIED TO 990-EO PG 9 LINE 8A

CLIENT COPY

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, & ending _____, 20 _____

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Name of exempt organization

WILMINGTON AREA INTERGROUP ASSOCIATION, INC

Employer identification number

58-1575069

Name and title of officer

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	81,563
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize HRB TAX GROUP INC

ERO firm name

to enter my PIN [redacted] as my signature

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see the instructions.

Form 8879-EO (2018)

WELCOME TO H&R BLOCK®

Thank you for choosing H&R BLOCK®. If you are having your taxes prepared, and you are at an office operated by HRB Tax Group, Inc. ("HRB"), your tax return will be prepared by HRB. If you are at a franchised H&R BLOCK® office, your return will be prepared by an independently owned and operated franchisee ("Franchisee"). In either case, this Client Service Agreement ("CSA") explains what you should expect from your tax preparer and from other companies that may provide products and services to you. It also explains what is needed from you so that they can provide the great service you expect. This CSA contains an Arbitration Agreement, the terms of which are set forth below.

The office you have chosen will prepare your tax return(s) and/or provide other products and services you request. If you are having your taxes prepared, your tax preparer will (1) interview you to learn details that affect your taxes, and (2) ask you for documents to help accurately record your income, credits or deductions. You agree to provide information related to all products and services you receive, including information that affects your tax situation, and to verify the accuracy of this information. If you discover that you did not provide complete and accurate information, you agree to file an amended return. Your tax preparer would be happy to prepare any amendment for you, but there may be an additional charge. The use and disclosure of information you provide to H&R BLOCK® is governed by the Privacy Notice provided to you. You may request a copy of our most recent Privacy Notice from any office, or you may access a copy at www.hrblock.com.

ARBITRATION IF A DISPUTE ARISES ("ARBITRATION AGREEMENT")

1. Scope of Arbitration Agreement. All disputes and claims between you and any one or more of the H&R Block Parties (as defined below) shall be resolved through binding individual arbitration unless you opt out of this Arbitration Agreement using the process explained below. However, either you or the H&R Block Parties may bring an individual claim in small claims court, as long as it is brought and maintained as an individual claim. All issues are for the arbitrator to decide, except that issues relating to the validity, enforceability, and scope of this Arbitration Agreement, including the interpretation of paragraph 3 below, shall be determined by the court and not the arbitrator. For purposes of this CSA and Arbitration Agreement, the term "H&R Block Parties" shall include HRB, Emerald Financial Services, LLC, and Franchisee; as well as any of their direct or indirect parents, subsidiaries, and affiliates. For purposes of this CSA and Arbitration Agreement, the term "you" shall mean the business or entity that is the taxpayer. These terms shall also include the predecessors, successors, officers, directors, agents, employees and franchisees of the H&R Block Parties and the taxpayer, respectively.

Right to Opt Out of This Arbitration Agreement: You are not required to accept arbitration even though you must sign this CSA to receive service today. You may opt out of this Arbitration Agreement within the first 60 days after you sign this CSA by sending an email to arbitrationoptouts@hrblock.com, or by sending a signed letter to Arbitration Opt-Out, P.O. Box 32818, Kansas City, MO 64171. The email or letter should include your business or entity name, the first five digits of your Federal Employer Identification Number, state and zip code of your principal place of business, and the words "Reject Arbitration." If you opt out of this Arbitration Agreement, any prior arbitration agreement shall remain in force and effect.

2. How Arbitration Works. Either party may initiate arbitration, which shall be conducted by the American Arbitration Association ("AAA") pursuant to its Consumer Arbitration Rules or (if applicable) Commercial Arbitration Rules ("AAA Rules"), as modified by this Arbitration Agreement. The AAA Rules are available on the AAA's website www.adr.org, or by calling the AAA at (800) 778-7879. In the event the AAA is unavailable or unwilling to hear the dispute, the parties shall agree to, or the court shall select, another arbitration provider. Unless you and the H&R Block Parties agree otherwise, any arbitration hearing shall take place in the county of your principal place of business. We encourage you to call (855) 267-2202 in advance of filing a claim for arbitration to see if the dispute can be resolved prior to arbitration.

3. Waiver of Right to Bring Class Action and Representative Claims. All arbitrations shall proceed on an individual basis. The arbitrator is empowered to resolve the dispute with the same remedies available in court, including compensatory, statutory, and punitive damages; attorneys' fees; and declaratory, injunctive, and equitable relief. However, any relief must be individualized to you and shall not affect any other client. The arbitrator is also empowered to resolve the dispute with the same defenses available in court, including but not limited to statutes of limitation. **You and the H&R Block Parties also agree that each may bring claims against the other in arbitration only in your or their respective individual capacities and in so doing you and the H&R Block Parties hereby waive the right to a trial by jury, to assert or participate in a class action lawsuit or class action arbitration, to assert or participate in a private attorney general lawsuit or private attorney general arbitration, and to assert or participate in any joint or consolidated lawsuit or joint or consolidated arbitration of any kind.** If a court decides that applicable law precludes enforcement of any of this paragraph's limitations as to a particular claim for relief, then that claim for relief (and only that claim for relief) must remain in court and be severed from any arbitration. The H&R Block Parties do not consent to, and the arbitrator shall not have authority to conduct, any class action arbitration, private attorney general arbitration, or arbitration involving joint or consolidated claims, under any circumstance.

4. Arbitration Costs. The H&R Block Parties will pay all filing, administrative, arbitrator and hearing costs. The H&R Block Parties waive any rights they may have to recover an award of attorneys' fees and expenses against you.

5. Other Terms & Information. This Arbitration Agreement shall be governed by, and interpreted, construed, and enforced in accordance with, the Federal Arbitration Act and other applicable federal law. Except as set forth above, if any portion of this Arbitration Agreement is deemed invalid or unenforceable, it will not invalidate the remaining portions of the Arbitration Agreement.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION

The H&R Block Parties agree to be bound by the terms above. The undersigned has the authority to bind and sign on behalf of you, the taxpayer, and understands and voluntarily agrees on your behalf to the terms of the Arbitration Agreement described above, as well as all other terms, conditions and disclosures presented in this Client Service Agreement.

SIGNATURE ON FILE

Taxpayer's Name

04/12/2019

Date

Taxpayer's Representative's Signature

Taxpayer's Representative's Name and Title

HRB TAX GROUP INC
3538 S COLLEGE RD
WILMINGTON NC 28412
9107990090

58-1575069
WILMINGTON AREA INTERGROUP ASSOCIATION, INC

INSTRUCTIONS FOR FILING 2018 FEDERAL FORM 990-EZ

.YOU HAVE ELECTED TO E-FILE FEDERAL FORM 990-EZ

CLIENT COPY

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03/19/19
Cash Basis

The Wilmington Area Intergroup Association, Inc
Cash income Statement
January through December 2018

Jan - Dec 18

Ordinary Income/Expense	
Income	
Revenue	
Donations	37,692.04
Drink Collections	217.91
Faithful Fivers	180.00
Friends of Intergroup	1,345.85
Group Contributions	23,489.20
Literature, Med, Coins, Chips	21,761.12
Retail Sales	11,999.61
Shipping Income	257.95
Special Events Income	13,598.67
Revenue - Other	4,308.17
Total Revenue	114,850.52
Sales	1,003.12
Sales Tax	-3,240.35
Total Income	112,613.29
Cost of Goods Sold	
COGS	0.00
Literature & Medallion Purchase	26,179.53
Total COGS	26,179.53
Gross Profit	86,433.76
Expense	
Continuing Education	225.00
Contract Services	
Outside Contract Services	8,645.84
Total Contract Services	8,645.84
Deposit discrepancy	178.35
Discretionary Expenses	
Credit Card Fees	696.73
Drink Expense	271.83
Professional Fees	
Accounting	125.00
Training	1,544.38
Total Professional Fees	1,669.38
Special Events Expenses	11,166.43
Total Discretionary Expenses	13,804.37
Facilities and Equipment	
Equip Rental and Maintenance	179.40
Occupany compensation	3,500.00
Utilities	132.13
Total Facilities and Equipment	3,811.53
Finance Charge	417.36
Interest Expense	2.83
Miscellaneous Expenses	226.35
Non-Discretionary Expenses	
Bank Service Charge	75.50
Insurance	366.00
Internet Access	469.61
Office Expense	1,051.90
Office Phone	880.44
Payroll Expenses	
Payroll Tax	7,984.81
Wages	30,810.31

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03/19/19

Cash Basis

The Wilmington Area Intergroup Association, Inc
Cash income Statement
January through December 2018

	Jan - Dec 18
Total Payroll Expenses	38,795.12
Utilities	2,105.86
Verizon Cell (Night Owl)	788.80
Website	614.02
Total Non-Discretionary Expenses	45,147.25
Operations	
Postage, Mailing Service	940.94
Supplies	1,722.69
Telephone, Telecommunications	2,011.00
Total Operations	4,674.63
Reconciliation Discrepancies	0.00
Total Expense	77,133.51
Net Ordinary Income	9,300.25
Other Income/Expense	
Other Income	
COGS Adjustment	-90,758.45
COGS Reconciliation	90,758.45
Interest Income	0.72
Miscellaneous Revenue	10.00
Start Up Donations	6,555.40
Total Other Income	6,566.12
Other Expense	
Start Up Expenses	6,570.06
Total Other Expense	6,570.06
Net Other Income	-3.94
Net Income	<u>9,296.31</u>

Balance Sheet
12/31/18

Wilmington Area Intergroup Association

ASSETS

Bank Accounts	\$14,283	18,731
Accounts Receivable	3,200	3,200
TOTAL ASSETS	\$17,483	21,931

LIABILITIES

Credit cards 2,121

EQUITY

AIP
Opening balances ? ~~14,283~~ 6,065 ? ~~9,297~~
Net Income ~~9,297~~ 9,297

TOTAL LIABILITIES AND EQUITY \$17,483

21,931