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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501 (c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

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OMB No. 1545-1150

2012

Open to Public Inspection

25 000	A	For	the 2	012 calendar <u>year, or tax year beginning</u>	2012, and ending			, 20			
Number & street (or P.O. box, if mail is not delivered to street addr.) Installation	Е	Che app	eckıf licable	C Name of organization		D Employ	er ider	ntification number			
Number & street (or P.O. box, if mail is not delivered to street addr.)		1		ange CAPE ATLANTIC INTERGROUP INC				22-3017884			
Transmered State State Country Amendad return City or town, state or country, and ziP + 4 State Country City or town, state or country, and ziP + 4 State Country City or town, state or country, and ziP + 4 State Country City or town, state or country, and ziP + 4 State Country City or town, state or country, and ziP + 4 State City or town, state or country, and ziP + 4 State City or town, state or country, and ziP + 4 State City or town, state or country, and ziP + 4 State City or town, state or country, and ziP + 4 State City or town, state or country, and ziP + 4 State City or town, state or country, and ziP + 4 State City or town, state City or town, state City or town, state City or state City or town, state City or state City		Nan	ne chan	Number & street (or P.O. box, if mail is not delivered to st	Number & street (or P.O. box, if mail is not delivered to street addr.) Room/ suite E Telephore						
Againstein GG ARRIOR TOWNSHIP NJ 08234	L	Initi	al returr								
According Method	L	Ter	minated	3153 FIRE ROAD	1C		((609)442-3359			
Concounting Method	L			City or town, state or country, and ZIP + 4		F Group E	xempt	ion			
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Tax-exempt status (check only cent)	C				H C	neck 🕨 🔀 if	the or	ganization is not			
If the organization is not a section 506(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-Ez or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) but if the organization chooses to file a return, be sure to file a complete return Add lines 55, 6c, and 75, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part III, line 25, column (8) below are \$500,000 or more, file Form 990-EZ	ı					required to at	ttach S	chedule B			
But if the organization chooses to file a return, be sure to file a complete return L. Add lines Sb, 6c, and 7b, to line 9 to determine gross recepts. If gross recepts are \$200,000 or more, or if total assests (Part II, Inine 25, column (B) below) are \$500,000 or more, file form 990 instead of Form 990-EZ Part II Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to the instructions for the Part I the Organization in the Part I the Organization used Schedule O to represent the organization used Schedule O to	_					•					
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L Add lines 5b, 6c, and 7b, to line 8 to determine gross recepts, if gross recepts are \$200,000 or more, or if total assets (Part II, ine 25, column (B) below) are \$500,000 or more, file Form 390 metals of Form 390—EZ Part II 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 1 Contributions, gifts, grants, and smilar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sades expenses 6 Garring and fundrasing events a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garring and fundrasing events a Gross income from fundrasing events b Less cost or goods sold in the sum of such gross income and contributions exceeds \$15,000) b Gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundrasing events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from saming and fundrasing events (add lines 6a and 6b and subtract line 6c) 7 Gross profit or (loss) from saming and fundrasing events (add lines 6a and 6b and subtract line 6c) 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Gross sales of inventory, less returns and allowances 1 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Gross sales of inventory, less returns and allowances (loss) from gaming and fundrasing events (ad				·	i Form 990-N (e-pos	tcard) may be	requi	red (see instructions)			
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11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 11 12 12 13 375 14 12 11 15 13 375 16 11 2013 18 12 12 19 13 375 11 2013 19 12 13 375 11 2013 19 12 13 13 375 11 2013 18 11 12 19 13 375 15 166 17 25, 096 18 27, 710 19 78, 415 20 78, 415	_		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8)	9	21,490			
Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 11 12 13 375 14 12 12 13 3 75 14 12 13 3 75 14 12 13 21 14 12 13 3 75 14 12 15 12 12 14 12 15 12 12 15 12 12 16 12 12 17 10 18 12 12 18 12 12 18 12 12 18 12 12 18 12 12 18 12 12 18 12 12			10	Grants and similar amounts paid (list in Schedule O)		ő					
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 12, 710 25, 096 17 25, 096 18 -3, 606 19 78, 415 20 74, 809		E	11	Benefits paid to or for members	DEC 1 1 201	الخاا	11				
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 12, 710 25, 096 17 25, 096 18 -3, 606 19 78, 415 20 74, 809		X	12	Calarios, stroi compensation, and employed benefits	EUI, CO LL AL EUI.	ارما ا	12	255			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 12, 710 25, 096 17 25, 096 18 -3, 606 19 78, 415 20 74, 809		Ē~	1		000						
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 12, 710 25, 096 17 25, 096 18 -3, 606 19 78, 415 20 74, 809	-	<u>s</u>	14	Occupancy, rent, utilities, and maintenance	ogden. Ut						
Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 122,715 17 25,096 18 -3,606 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 74,809	_	S		Printing, publications, postage, and shipping	TTTT TO THE STATE OF THE STATE	•					
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 18 -3,606 78,415	€		I	·	•						
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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 19 78,415 20 74,809	7				•	· •	 				
S Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year Combine lines 18 through 20 1 74,809	<u>ي</u>	A		•		•	18	-3,606			
S Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year Combine lines 18 through 20 1 74,809	\leq	ΝS	19		(A)) (must agree with			70 415			
S Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year Combine lines 18 through 20 1 74,809		ŦĔ	20					/0,415			
		Ś						74 900			
		For P	1		20		<u> 21 </u>				

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For	m.990-	EZ (2012) CAPE A	<u> </u>	C INTERGROUP	I 22-30178	84		Page 2
Pa	art II	Balance Sheets (see	the instructio	ons for Part II)				_
		Check if the organization us	sed Schedul	e O to respond to any q	uestion in this Part II			
					(A) Begi	nning of year	L_,	(B) End of year
22	Cash	i, savings, and investments				57,382	22	54,993
23	Land	l and buildings	•			0		0
24		r assets (describe in Schedu	le O)			21,033		18,844
25		l assets				78,415	25	73,837
26		I liabilities (describe in Sche	•			0	26	0
27		assets or fund balances (lin			, , <u>, , , , , , , , , , , , , , , , , </u>	78,415	27	73,837
Wh	scnbe th	Statement of Progra Check if the organization to organization's primary exert ee organization's program set by expenses in a clear are thefited, and other relevant in	used Schedu npt purpose? rvice accomp	ule O to respond to any of SEE ATTACHM polishments for each of its	question in this Part III ENT #1 sthree largest program se	ervices,		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)
		ATTACHMENT #2	ilorniauon io	r each program live.				
				-				
29	(Grants	\$ \$) If this amoi	unt indudes foreign gran	nts, check here	>	28	a
	-,							
30	(Grants	s \$) If this amo	unt indudes foreign gran	nts, check here	•	29	a
30								
	(Grants	s \$) If this amo	unt includes foreign gran	nts, check here	•	30	а
31	Other (Grants	program services (describe in s \$		D) unt indudes foreign graf	nts, check here	▶ ∏	31	a
32	Total	program service expenses				<u> </u>	32	
P	art IV	List of Officers, Directors	s, Trustees,	, and Key Employees L	ist each one even if not o	compensated. (see	the	
		Check if the organization is	used Sched	4- 1				X
· ·		(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit p deferred compens	lans,	(e) Estimated amount of other compensation
SI	EE A'	TTACHMENT #3						
	J.						•	
_								
_								
_								
	34					-,		
_								
_						-		

Pa	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			ļ
	detailed description of each activity in Schedule O	33		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			
25-	change on Schedule O (see instructions)	34	_	X
35 a		25-		v
h	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330	-	_^_
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	-000		
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			······
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	٠.		~
39	Section 501(c)(7) organizations Enter		:	
а	Initiation fees and capital contributions included on line 9	*;	*. XY	27
b	· · · · · · · · · · · · · · · · · · ·	×	ř. :	- na
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	·		, s
	section 4911 , section 4912 ; section 4955 ; section 4955		1	, ,
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		٠.	
	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) and 501(c)(4) organizations. Enter amount of tax imposed on	400	-	
_	organization managers or disqualified persons during the year under sections 4912,		* 0	ă.
	4955, and 4958			. ~ .
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	-		- 2
	reimbursed by the organization		m	1
е	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 ▶ NJ			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no ▶			
	Located at ZIP + 4 ZIP			T
.b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	450	Yes	1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X.
	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	. 54	- - -	. · .
	and Financial Accounts.	, , ;	ي. آپ	* ~
_		42c	<u> </u>	X
C	At any time during the calendar year, did the organization maintain an office outside the U.S? If "Yes," enter the name of the foreign country	726	L	<u> A</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			137
		-	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	×	4, " 3	3 4 1
	completed instead of Form 990-EZ	44a		Х
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		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	$_{ au}$ explanation in Schedule O	44d	<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
45b	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			<u> </u>
	Form 990-EZ (see instructions)	45b	l	X

CAPE ATLANTIC INTERGROUP I 22-3017884

<u>Form 990-E2</u>	(2012)				 			age 4
40 5 1 1						Γ	Yes	No
	organization engage, directly or indirect			tivities on behalf of o	rin opposition	-	,	77
Part VI	didates for public office? If "Yes," compl		rt I	•	•	46	J	X
rait VI.	Section 501(c)(3) organizate All section 501(c)(3) organizations m		ne 47-41	Oh and EQ and comm	olate the tables for lines			
	50 and 51	iust answer questor	15 4/-4	ou and 52, and comp	nete the tables for lines			
3	Check if the organization used Sche	edule O to respond t	to any o	uestion in this Part V	1			Γ
		out o to togotha	io uny q	300001111111111111111111111111111111111			Yes	No
47 Did the	organization engage in lobbying activit	es or have a section	n 501(h)) election in effect du	nng the tax		1.00	
	f "Yes," complete Schedule C, Part II .		` '	, , , , , , , , , , , , , , , , , , , ,	3	47		Х
	organization a school as described in se	ction 170(b)(1)(A)(ii)? If "Ye	s," complete Schedu	le E .	48		Х
49a Drd the	organization make any transfers to an	exempt non-chanta	ble relat	ted organization?		49a		X
b If "Yes,	" was the related organization a section	527 organization?				49b		Х
50 Comple	ete this table for the organization's five I	nghest compensate	d emplo	yees (other than office	cers, directors, trustees an	d key		
employ	yees) who each received more than \$10	0,000 of compensat	tion fron	n the organization If	there is none, enter "None	"		
31	(a) Name and title of each employee	(b) Averag		(C) Reportable compensation (Forms	(d) Health benefits contruib- utions to employee benefit plans,	(e) Estim	ated am	ount o
	paid more than \$100,000	devoted to p		W-2/1099-MISC)	and deferred compensation	otherc	mpensa	ation
NONE								
_	****							
						1		
						1		
						ļ		
*.								
	00 of compensation from the organization of compensation from the organization of daddress of each independent contractor paid	·,	enter "h	(b) Type of service	(c) (Compensatio	n	
NONE								
r								
	· · · · · · · · · · · · · · · · · · ·							
			1					
d Total -	number of other independent contractor	e each rocours co	or \$100	000				
	number of other independent contractor e organization complete Schedule A? N	•			7(a)(1)			
-	empt charitable trusts must attach a cor		(5)(5) 01	gameadong and 454	· \~/(' /	▶ ∏ Ye	s F	No
	s of perjury, I declare that I have examined this		ากลองเอก	schedules and statemen	ts and to the hest of my knowl		<u> </u>	
	nd complete Declaration of preparer (other that							
	Jul (r)				· · · · · · · · · · · · · · · · · · ·			
Sign	Signature of officer					Date	-	
Here	CLYDE LOFLIN			ASSIST	ANT TREASURE	ર		
	Type or print name and title							
1	Print/Type preparer's name	Preparer's signature	е	Date	Check if	PTIN		
Paid		DIANE CURT			self- employed	P0023	865	52
Preparer	Firm's name DIANE CURT				Firm's EIN ▶ 2 (•		
Use Only	·					9-383-		
	discuss this return with the preparer sh		struction	 1S_		► X Y	es	No
		(Software Only) - 2012			F	om 990		2012)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ ► See separate instructions.

Open to Public Inspection

		the organization								mployer i		ation nu	ımber	
_		ATLANTI								<u>2-301</u>	<u>7884</u>			
Pa					ty Status (All organicause it is (For lines 1					ructions				
1	Ň				association of churches									
2	П				(1)(A)(ii). (Attach Sche				. , , , ,					
3		A hospital or a	cooperativ	e hospital se	ervice organization des	cnbed in	section 17	70(b)(1)(A)	(iii).					
4		A medical resea	arch organ	zaton opera	ated in conjunction with	h a hospita	describe	dın secti	on 170(b)	(1)(A)(iii).	Enter the	hospita	al's nar	ne,
_	П	aty, and state:		for the born			1							
5		170(b)(1)(A)(iv). (Comple	te Part II)	efit of a college or unive					tai unit des	scribeair) sect	ion	
6	H ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '													
7		An organization section 170(b)		•	s a substantial part of its Part II)	s support f	rom a gov	ernmental	unit or froi	m the gene	əral publi	c descr	ibed in	
8	Ц				on 170(b)(1)(A)(vi). (C									
9	X				(1) more than 33 1/39									
					rempt functionssubje e and unrelated busine		•		•			1		
					ne 30, 1975 See secti					0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30000			
10	П	An organization	organize	d and operat	ted exclusively to test for	or public sa	afety. See	section 5	i09(a)(4).					
11	: 🗌	An organization	organize	d and operat	ted exclusively for the b	enefit of, t	o perform	the functio	ns of, or to	carry out	the			
					ported organizations de es the type of supporti							ion		
	_	a Type I	ı	Type II	c ☐ Type II	I-Function	ally integra	ated	d 🗌	Type III-I	Non-fund	tionally	ıntegra	ated
e		By checking thi	s box, I ce	ertify that the	organization is not cor	ntrolled dire	ctly or ind	irectly by o	ne or mor	e disqualif	ied			
				_	ers and other than one	or more p	ublicly su	pported or	ganızatıon	s describe	d in sect	on		
_		509(a)(1) or sec												
f		If the organization, cl			determination from the	IRS that it	ıs a Type I	, Type II, c	r Type III s	supporting	1			Г
g	E	Since August 1	7, 2006, h		zation accepted any g	ıft or contri	bution fror	m any of th	е					٠_
		following perso											Van	NI-
			-	-	/ controls, either alone ly of the supported org	_	with pers	ons descri	bed in (ii)			11g(i)	Yes	No X
-	-		-	_	ry of the supported org cribed in (i) above?	anizations		•				11g(il)		X
				-	on described in (i) or (ii)) above?						11g(iii)		X
<u>h</u>		_			ut the supported organ							<u> </u>		
/i) N	am	e of supported	ļ ,,,) EIN	(iii) +	(by) is as		(1) 5		(vi)	is the	(vii)	Amour	ot of
(1)		ganization	'"'	CHA	(iii) Type of organization (described on lines 1-9	in col (i) ti	-		notify the	organizatio		11, ,	etary su	
					above or IRC section	1	document?	1 -	support?		ed in the S.?		, ,	
	24		İ		(see instructions))	Van	Na	Vos	No	Yes	No	-		
			 			Yes	No	Yes	No	162	NO	+		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part III

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

Sec	tion A Public Support	der the tests liste	o below, prease	complete Part II	1			
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)	2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	26,519	24,291	25,783	19,918		21,024	117,535
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	25,793	18,277	18,469	19,136		25,741	107,416
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 ,	52,312	42,568	44,252	39,054		46,765	224,951
	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				i			
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							224,951
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·						<i>-</i>
	lendar year (or fiscal year beginning in)	(a) 2008 52,312	(b) 2009 42,568	(c) 2010 44,252	(d) 2011 39, 054	(e)	2012 46,765	(f) Total 224,951
9	Amounts from line 6	52,312	42,568	44,252	39,034		40,703	224,931
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	859	564	564	137		81	2,205
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С 11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	859	564	564	137		81	2,205
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	53,171	43,132	44,816	39,191	L	46,846	227,156
14	First five years. If the Form 990 is for the orgonization, check this box and stop here	janization's first,	second, third, fo	urth, or fifth tax y	ear as a section	501(c)	(3)	▶ [
Sec	ction C. Computation of Public Sup	port Percent	tage		_			
15	Public support percentage for 2012 (line 8, co	olumn (f) divided	by line 13, colur	mn (f))		15		99.03%
16	Public support percentage from 2011 Schedu	ıle A, Part III, lıne	15	····		16		%
Sec	ction D. Computation of Investment	t Income Per	rcentage					
17	Investment income percentage for 2012 (line		•	3, column (f))		17		0.97%
18	Investment income percentage from 2011 Sc	hedule A, Part III	l, line 17 .			18		%
19a	33 1/3% support tests 2012. If the organic	zation did not ch	eck the box on l	ine 14, and line 1	15 is more than 3	33 1/3%	5, and line	_
	not more than 33 1/3%, check this box and s	=	-	-				▶ <u>x</u>
þ	33 1/3% support tests 2011. If the organic							_
	line 18 is not more than 331/3%, check this b	-	_	-			-	· · • _
20	Private foundation. If the organization did no	ot check a box or	n line 14, 19a, oi	19b, check this	box and see ins	truction	iS	•

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

Open to Public
Inspection

Name of the organization		_			tification number
CAPE ATLANTIC INTERC			-1104	22-30178	84
Part I Fundraising Activities.			id "Yes" to Form 990, P	artiv, line 17	
Form 990-EZ filers are no 1 Indicate whether the organization			wang activities Check a	all that apply	
a Mail solicitations	Tased forids till		tation of non-government		
b Internet and email solicitations			tation of government gr		
c Phone solicitations			al fundraising events		
d In-person solicitations		3	- ·-··-		
2a Did the organization have a writte	n or oral agreem	ent with any individ	ual (including officers, d	firectors, trustees	
or key employees listed in Form 9	90, Part VII) or e	ntity in connection v	with professional fundra	ising services?	Yes 🔀 No
b If "Yes," list the ten highest paid in to be compensated at least \$5,00			rsuant to agreements u	nder which the fundraiser	IS
			r	·	
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		have custody or control of contributions?	from activity	(or retained by) fund- raiser listed in col (i)	(or retained by) organization
		Yes No			
1					
2					
3					
4					
5	··				
6					
7					
8					
9					
10					
Total		<u> </u>			
List all states in which the organiz registration or licensing.	ation is registere	d or licensed to soli	cit contributions or has	been notified it is exempt	from
registration of licensing.	*****				
			_	 	
E					

Sched	lule G (Form 990 or 990–EZ) 2012			Page 3
11	Does the organization operate gaming activities with nonmembers? .		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer chantable gaming?		Yes	X No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	13a		<u>%</u>
b	An outside facility .	13b		%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
	and records.			
-	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	amoun		=======================================
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party			
23				
	Name ►			
	Address ▶			
16	Gaming manager information			
	Name ►			
2.	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to			
	retain the state garning license?		Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent		
	in the organization's own exempt activities during the tax year ▶ \$			
Part	IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	mns (III)	and (v), and	l Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	mation	(see instruct	ions)

12 990G3

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2012

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ

Inspection 👵 Employer identification number

22-3017884

Name of the organization

CAPE ATLANTIC INTERGROUP INC

INVENTORY

COMPUTER EQUIP LESS ACCUM DEPREC

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III	
OPEN TO PUBLIC	
INSPECTION For calendar year 2012 or tax period beginning , and ending	
Name of Organization	Employer Identification Number
CAPE ATLANTIC INTERGROUP INC	22-3017884
Primary Purpose	
PROVIDE BOOKS AND LITERATURE TO RECOVERING ALCOHOLICS.	NO CHARGE FOR THOSE
UNABLE TO PAY; IN JAILS/ INSTITUTIONS ARRANGE SPEAKERS.	PROMOTES UNITY
AMONG OVER 80 INDIV GROUPS OF AA IN ATLANTIC, CAPE MAY	AND S OCEAN COUNTY.
SERVES AS LOCUS FOR NETWORKING. COMMUNICATIONS CONCERNI	NG MEETINGS WHICH
AIDED MORE THAN 250 ALCOHOLICS. ANSWERED HUNDREDS OF PH	ONE INQUIRIES ABOUT
ALCOHOLICS ANONYMOUS AND HELP C	-

990 PROGRAM SERVICE ACCOMPLISHMENT

NSPECTION For calendar year 2012 or tax pend	od beginning	, and ending	
me of Organization		· · · · · · · · · · · · · · · · · · ·	Employer Identification Number
APE ATLANTIC INTERGROUP IN	<u> </u>		22-3017884
art III - Statement of Program Service Accomplish			
rants and allocations	Amount includes foreign gra		expenses
	Exempt Purpose Ach	evernents	
ONE			
2			
ż			
•			
*			
			
7:			
•			
3-			

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART	V, LINE 42A
OPENTO PUBLIC	
INSPECTION For calendar year 2012 or tax period beginning	, and ending .
Name of Organization	Employer Identification Number
CAPE ATLANTIC INTERGROUP INC	22-3017884
Part V - Line 42a	
Individual Name	· · · · · · · · · · · · · · · · · · ·
or Daniel N	
Business Name	
CAPE ATLANTIC INTERGROUP INC	
Street Address .	2152 EIDE DOAD
Circle Address .	3153 FIRE ROAD SUITE 1C
	<u> 50116 1C </u>
U.S. Address	
Zip code City	State
or	Grate
Foreign Address	
City .	
-	
Province or State	
Country	· · · · · <u> </u>
Postal code	08234
*	
Phone Number .	<u>(609) 442-3359</u>
Fax Number	

STATEMENT #1 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE POSTAGE	15)
TOTAL CARRIED TO 990 EZ PG 1 LINE 15	166
STATEMENT #2 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)	
GROUP DONATIONS	
TOTAL CARRIED TO EZ1 LINE 1	21,024
STATEMENT #3 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)	
INTEREST INCOME	
TOTAL CARRIED TO 990-EZ PG 1 LINE 4	81
STATEMENT #4 - OTHER REVENUE (990-EZ PG 1 LINE 8)	
MISC REVENUE 221	
TOTAL CARRIED TO 990-EZ PG 1 LINE 8	221
STATEMENT #5 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)	
ACCOUNTING FEES	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13	375
STATEMENT #6 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)	
RENT	
TOTAL CARRIED TO 990-EZ PG 1 LINE 14	11,845
STATEMENT #7 - OTHER EXPENSES (EOEZ PG 1 LINE 16)	
BANK CHARGES	

CAPE ATLANTIC INTERGROUP INC . 22-3017884

22-301/004		FAGE 2
1	····	
* OFFICE EQUIP AND SUPPLIES	1,409	
STATE AND MUNICIPAL FEES	210	
TELEPHONE ANSWERING SERVICES	1,597	
MISC EXP	65	
CAIG TRAVEL	1,681	
WEBSITE	247	
H & I	3,030	
CPC/PI	439	
NEWSLETTER	825	
~ UNITY	489	
PHONE COORDINATOR	405	
YOUNG AT HEART	406	
HOSPITALITY	151	
MOSPITALITI	131	
TOTAL CARRIED TO EOEZ PG 1 LINE 16		12,710
		- \
STATEMENT #8 - GROSS INCOME FROM FUNDRAISING (990-EZ PO	G I LINE 6	В)
UNITY BREAKFAST	6,948	
ROUNDUP INCOME	6,948	
OTHER ACTIVITIES	5,741	
TOTAL CARRIED TO 990-EZ PG 1 LINE 6B		25 741
TOTAL CARRED TO 390 HZ TO T DIME OB	• • • •	25,741
STATEMENT #9 - DIRECT EXPENSES FROM GAMING (990-EZ PG	l LINE 6C)	
→ UNITY BREAKFAST	6,472	
ROUNDUP 2013	303	
OTHER ACTIVITIES	5,366	
ROUND UP 2012 LESS CREDIT	16,141	
TOTAL CARRIED TO 990-EZ PG 1 LINE 6C		28,282
CENTERNOVE HIG COOKS CALL OF TARRESTED (751 TARREST		
STATEMENT #10 - GROSS SALE OF INVENTORY (EZ1 LINE 7A)		
LITERATURE SALES	17 500	
	17,582	
MEETING LIST SALES	2,706	
TOTAL CARRIED TO EZ1 LINE 7A		20 200
TOTAL CARRIED TO EZI DINE /A		20,288
	_ _	
STATEMENT #11 - LESS: COST OF GOODS SOLD (EZ1 LIONE 7B)	
The second of th	,	
LITERATURE	15,398	
™ MEETING LISTS	2,185	
	2,103	
TOTAL CARRIED TO EZ1 LIONE 7B		17,583
		2.,500

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTÄCHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV					
INSPECTION For calendar year 2012 or tax penod beginning , and ending		ending			
Name of Organization		Employer Identification Number		fication Number	
CAPE ATLANTIC INTERGROUP	INC		22-3017884		
(A) Name and Title	(B) Average hours per week devoted to postion	(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	
BILL THOMASSON CHAIRPERSON	10.00	0	0	0	
JOHN HARRINGTON VICE CHAIRMAN	10.00	0	0	0	
PETER J WHITE TREASURER	10.00	0	0	0	
CLYDE LOFLIN ASSISTANT TREASURER	10.00	0	0	0	
ELIÑOR LOFLIN BUDGET AND FINANCE	10.00	0	0	0	
9.					
* •					
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