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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.

OMB No. 1545-1150

**2012****Open to Public Inspection**

**A** For the 2012 calendar year, or tax year beginning **2012**, and ending **20**

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

**C** Name of organization  
**CAPE ATLANTIC INTERGROUP INC**

Number & street (or P.O. box, if mail is not delivered to street address) Room/suite  
**3153 FIRE ROAD 1C**

City or town, state or country, and ZIP + 4  
**EGG HARBOR TOWNSHIP NJ 08234**

**D** Employer identification number  
**22-3017884**

**E** Telephone number  
**(609) 442-3359**

**F** Group Exemption Number ▶

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

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

**I** Website: ▶ **WWW.CAIGRP.ORG**

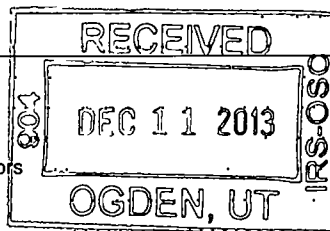
**J** Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(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.

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **67,355**

**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		EXPENSES		ASSETS	
1	Contributions, gifts, grants, and similar amounts received	1	21,024	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	81	21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	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	25,741		
6c	Less: direct expenses from gaming and fundraising events	6c	28,282		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-2,541		
7a	Gross sales of inventory, less returns and allowances	7a	20,288		
7b	Less: cost of goods sold	7b	17,583		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,705		
8	Other revenue (describe in Schedule O)	8	221		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	21,490		
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			
13	Professional fees and other payments to independent contractors	13	375		
14	Occupancy, rent, utilities, and maintenance	14	11,845		
15	Printing, publications, postage, and shipping	15	166		
16	Other expenses (describe in Schedule O)	16	12,710		
17	<b>Total expenses.</b> Add lines 10 through 16	17	25,096		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	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)	19	78,415		
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	74,809		



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

3-7

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**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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> 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>35b</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
<b>35c</b> 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
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>37b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>38b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>39a</b> Initiation fees and capital contributions included on line 9		
<b>39b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>40b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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		X
<b>40c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>40d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>40e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b> NJ		
<b>42a</b> The organization's books are in care of <b>42a</b> SEE ATTACHMENT #4 Telephone no <b>42a</b> Located at <b>42a</b> ZIP + 4 <b>42a</b>		
<b>42b</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 <b>42b</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		X
<b>42c</b> 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 <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> 137		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>44b</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		X
<b>44c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>44d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>45b</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)		X

	Yes	No
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		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		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		X

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 paid more than \$100,000	(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

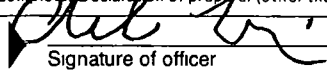
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ 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		Date
	CLYDE LOFLIN Type or print name and title	ASSISTANT TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DIANE CURTIS	DIANE CURTIS			P00238652
	Firm's name <input type="checkbox"/> DIANE CURTIS	Firm's EIN <input type="checkbox"/> 26-2983927			
	Firm's address <input type="checkbox"/> 2532 TREMONT AVENUE			Phone no <input type="checkbox"/> 609-383-1550	

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

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**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.)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> 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
<b>2</b> 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
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5	52,312	42,568	44,252	39,054	46,765	224,951
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6.)						224,951

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	52,312	42,568	44,252	39,054	46,765	224,951
<b>10a</b> 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>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	859	564	564	137	81	2,205
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	53,171	43,132	44,816	39,191	46,846	227,156
<b>14</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.03 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.97 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests -- 2012.** 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. ☒
- b 33 1/3% support tests -- 2011.** 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. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**  
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.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**CAPE ATLANTIC INTERGROUP INC**

Employer identification number

**22-3017884**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a** ☐ Mail solicitations

**b** ☐ Internet and email solicitations

**c** ☐ Phone solicitations

**d** ☐ In-person solicitations

**e** ☐ Solicitation of non-government grants

**f** ☐ Solicitation of government grants

**g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund- raiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ 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 charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in
- |          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |
- 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 ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent 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, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

CAPE ATLANTIC INTERGROUP INC

Employer identification number

22-3017884

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 CAPE ATLANTIC INTERGROUP INC	Employer Identification Number 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 CONCERNING MEETINGS WHICH AIDED MORE THAN 250 ALCOHOLICS. ANSWERED HUNDREDS OF PHONE INQUIRIES ABOUT ALCOHOLICS ANONYMOUS AND HELP C

## 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC  
INSPECTION

For calendar year 2012 or tax period beginning

, and ending

Name of Organization

CAPE ATLANTIC INTERGROUP INC

Employer Identification Number

22-3017884

### Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

Exempt Purpose Achievements

NONE

990 BOOKS ARE IN CARE OF

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

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

Part V - Line 42a

Individual Name

or

Business Name

CAPE ATLANTIC INTERGROUP INC

Street Address

3153 FIRE ROAD

SUITE 1C

U S Address

Zip code

City

State

or

Foreign Address

City

Province or State

Country

Postal code

08234

Phone Number

(609) 442-3359

Fax Number

**2012 DETAIL STATEMENTS**CAPE ATLANTIC INTERGROUP INC  
22-3017884

PAGE 1

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STATEMENT #1 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

POSTAGE.....	166	
TOTAL CARRIED TO 990 EZ PG 1 LINE 15.....		166

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## STATEMENT #2 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

GROUP DONATIONS.....	20,474	
OFFICE DONATIONS.....	58	
DONATIONS TO H & I.....	492	
TOTAL CARRIED TO EZ1 LINE 1.....		21,024

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## STATEMENT #3 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

INTEREST INCOME.....	81	
TOTAL CARRIED TO 990-EZ PG 1 LINE 4.....		81

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## STATEMENT #4 - OTHER REVENUE (990-EZ PG 1 LINE 8)

MISC REVENUE.....	221	
TOTAL CARRIED TO 990-EZ PG 1 LINE 8.....		221

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## STATEMENT #5 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

ACCOUNTING FEES.....	375	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13.....		375

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## STATEMENT #6 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

RENT.....	9,850	
UTILITIES.....	1,574	
COMPUTER DEPRECIATION.....	421	
TOTAL CARRIED TO 990-EZ PG 1 LINE 14.....		11,845

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## STATEMENT #7 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

BANK CHARGES.....	17	
TELEPHONE AND INTERNET.....	1,721	
INSURANCE.....	417	

**2012 DETAIL STATEMENTS**CAPE ATLANTIC INTERGROUP INC  
22-3017884

PAGE 2

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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.....	6
YOUNG AT HEART.....	406
HOSPITALITY.....	151

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TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	12,710
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## STATEMENT #8 - GROSS INCOME FROM FUNDRAISING (990-EZ PG 1 LINE 6B)

UNITY BREAKFAST.....	6,948
ROUNDUP INCOME.....	13,052
OTHER ACTIVITIES.....	5,741

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TOTAL CARRIED TO 990-EZ PG 1 LINE 6B.....	25,741
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## STATEMENT #9 - DIRECT EXPENSES FROM GAMING (990-EZ PG 1 LINE 6C)

UNITY BREAKFAST.....	6,472
ROUNDUP 2013.....	303
OTHER ACTIVITIES.....	5,366
ROUND UP 2012 LESS CREDIT.....	16,141

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TOTAL CARRIED TO 990-EZ PG 1 LINE 6C.....	28,282
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## STATEMENT #10 - GROSS SALE OF INVENTORY (EZ1 LINE 7A)

LITERATURE SALES.....	17,582
MEETING LIST SALES.....	2,706

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TOTAL CARRIED TO EZ1 LINE 7A.....	20,288
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## STATEMENT #11 - LESS: COST OF GOODS SOLD (EZ1 LIONE 7B)

LITERATURE.....	15,398
MEETING LISTS.....	2,185

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TOTAL CARRIED TO EZ1 LIONE 7B.....	17,583
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# 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 2012 or tax period beginning

, and ending

Name of Organization

Employer Identification Number

CAPE ATLANTIC INTERGROUP INC

22-3017884

(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
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
ELINOR LOFLIN BUDGET AND FINANCE	10.00	0	0	0