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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder 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.

<b>A</b> For the 2012 calendar year, or tax year beginning , and ending		<b>C</b> Name of organization EAST COAST GOT-EM-ON CLASSIC, INC		<b>D</b> Employer identification number 56-2118754
<b>B</b> Check if applicable		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 814 CUTTER COURT		<b>E</b> Telephone number 910-297-4981
Address change		City or town state or country ZIP + 4 KURE BEACH NC 28449		<b>F</b> Group Exemption Number
Name change				
Initial return				
Terminated				
Amended return				
Application pending				
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
<b>I</b> Website: N/A				
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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. \$ 112,707

**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	500
	2	Program service revenue including government fees and contracts	2	112,187
	3	Membership dues and assessments	3	
	4	Investment income	4	20
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	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	
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
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	0	
	Other revenue (describe in Schedule O)	8		
	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	112,707	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	26,100
	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	395
	14	Occupancy, rent, utilities, and maintenance	14	100
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	69,197
		<b>Total expenses.</b> Add lines 10 through 16	17	95,792
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,915
	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	16,915

For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2012)

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**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>22</b>	16,915
<b>23</b> Land and buildings	<b>23</b>	
<b>24</b> Other assets (describe in Schedule O)	<b>24</b>	
<b>25</b> Total assets	0	<b>25</b> 16,915
<b>26</b> Total liabilities (describe in Schedule O)	<b>26</b>	
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	<b>27</b> 16,915

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

<b>28</b> HELD FISHING TOURNAMENT IN 2012 TO BENEFIT CAROLINA BEACH FIRE DEPARTMENT, KURE BEACH FIRE DEPARTMENT AND GOT-EM-ON LIVE BAIT CLUB (A NON PROFIT)		
(Grants \$ 500 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	95,792
<b>29</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses. (add lines 28a through 31a)	<b>32</b>	95,792

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(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 benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
THOMAS RUSSELL DIRECTOR	Hr/WK 4 00			
DENNIS BARBOUR DIRECTOR	Hr/WK 4 00			
WILLIAM BERNATH DIRECTOR	Hr/WK 4 00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
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	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

**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>35 a</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>35 b</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		
<b>35 c</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>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>37 b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</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>38 b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40 a</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>40b</b> , section 4955 <b>40c</b>		
<b>b</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>c</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>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b> NC		
<b>42 a</b> The organization's books are in care of <b>42a</b> THOMAS RUSSELL Telephone no <b>42b</b> 910297-4981 Located at <b>42c</b> 814 CUTTER COURT City KURE BEACH ST NC ZIP + 4 <b>42d</b> 28449		
<b>b</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>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</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 Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		X
<b>b</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 <b>44b</b>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		X
<b>d</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>44d</b>		X
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		X
<b>45 b</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) <b>45b</b>		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
<b>46</b>		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 ☐

- 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
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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"

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

(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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

**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
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

**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.

<b>Sign Here</b>	Signature of officer <i>Thomas Russell</i>	Date 4-4-13
	Type or print name and title <i>Tom Russell PRESIDENT</i>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name James Kelly CPA	Preparer's signature James Kelly CPA <i>[Signature]</i>	Date 4/4/2013	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00253741
	Firm's name <b>▶</b> James A. Kelly, CPA P.A.			Firm's EIN <b>▶</b> 83-0443455	
	Firm's address <b>▶</b> P.O. Box 3401, Wilmington, NC 28406			Phone no 910-799-3050	

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

**▶** ☐ Yes ☐ No

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

EAST COAST GOT-EM-ON CLASSIC, INC

56-2118754

Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee CAROLINA BEACH FIRE DEPT 9 S

DOW ROAD CAROLINA BEACH NC 28428, Cash Grant 8,700, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee KURE BEACH FIRE DEPT 117

SETTLERS LANE KURE BEACH NC 28449, Cash Grant 8,700, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee GOT-EM-ON LIVE BAIT CLUB PO

BOX 2006 CAROLINA BEACH NC 28428, Cash Grant 8,700, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Travel 20

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 140

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 14,638

Form 990-EZ, Part I, Line 16, Other Expenses Live entertainment 2,200

Form 990-EZ, Part I, Line 16, Other Expenses Tents 350

Form 990-EZ, Part I, Line 16, Other Expenses Bank Charges 94

Form 990-EZ, Part I, Line 16, Other Expenses Advertising and Promotion 1,615

Form 990-EZ, Part I, Line 16, Other Expenses Office expense 1,349

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 635

Form 990-EZ, Part I, Line 16, Other Expenses Postage 562

Form 990-EZ, Part I, Line 16, Other Expenses Printing 2,631

Form 990-EZ, Part I, Line 16, Other Expenses Website 410

Form 990-EZ, Part I, Line 16, Other Expenses Prize Money 44,553

Form 990-EZ Part III PRIMARY EXEMPT PURPOSE TO RAISE FUNDS FOR THE CAROLINA BEACH FIRE

DEPARTMENT, KURE BEACH FIRE DEPARTMENT, AND THE GOT-EM-ON LIVE BAIT CLUB, A NON PROFIT

ORGANIZATION

Name of the organization

Employer identification number

EAST COAST GOT-EM-ON CLASSIC, INC

56-2118754