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Amended

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0C47

2004

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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

, 20

A For the 2004 calendar year, or tax year beginning

, 2004, and ending

B Check if applicable:

Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

LITCHFIELD BEACHES ASSOCIATION

Number and street (or P.O. box if mail is not delivered to street address)

P. O. BOX 492

D Employer identification number

23 7075071

City or town, state or country, and ZIP + 4

PAWLEYS ISLAND, SC 29585

E Telephone number

(843) 237-9722

F Accounting method: Cash Accrual

Other (specify) ►

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ►

J Organization type (check only one) ► 501(c) () < [insert no] 4947(a)(1) or 527

K Check here ► If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization receives a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ►

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included? Yes No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ►

M Check ► if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a

b Indirect public support

1b

c Government contributions (grants)

1c

21,863

d Total (add lines 1a through 1c) (cash \$ **21,863** noncash \$)

1d

21,863

2 Program service revenue including government fees and contracts (from Part VII, line 93)

STATUTE UNIT

RECEIV

2

49,347

3 Membership dues and assessments

3

3,095

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5

6a Gross rents

6a **JAN 29 2010**

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe ►

7

INTERNAL REVENUE SERVICE

359 RECEIVED

JAN 19 2010

8a Gross amount from sales of assets other than inventory

TPK BRANCH

OPEN

b Less: cost or other basis and sales expenses

8a

c Gain or (loss) (attach schedule)

8b

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8c

9 Special events and activities (attach schedule). If any amount is from gaming, check here ►

8d

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6, 7, 8, 9, 10c, and 11) **RECEIVED**

12

74,305

13 Program services (from line 44, column (B))

13

14 Management and general (from line 44, column (B)) **JAN 14 '10**

14

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A)) **CINCINNATI**

17

54,922

18 Excess or (deficit) for the year (subtract line 17 from line 12) **SERVICE CENTER**

18

19,383

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year (combine lines 18, 19 and 20)

21

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25			
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	10,598		
32 Legal fees	32	2,781		
33 Supplies	33	2,046		
34 Telephone	34	460		
35 Postage and shipping	35	1,442		
36 Occupancy	36			
37 Equipment rental and maintenance	37	24,934		
38 Printing and publications	38	775		
39 Travel	39			
40 Conferences, conventions, and meetings	40	100		
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize): a	43a			
b INSURANCE	43b	5,796		
c UTILITIES	43c	4,535		
d MISC ADMIN EXPENSES	43d	1,455		
e	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	54,922		

Joint Costs. Check ► if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ► BEACH MAINTENANCE	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a MAINTAIN BEACH WALKWAYS, INSTALL SIGNS TO KEEP BEACH CLEAN, PURCHASE CONTAINERS AND BAGS TO KEEP BEACH CLEAN	
..... (Grants and allocations \$ _____)	31,515
b ADMINISTRATIVE AND INSURANCE	
..... (Grants and allocations \$ _____)	23,407
c	
..... (Grants and allocations \$ _____)	
d	
..... (Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
1 Total of Program Service Expenses (should equal line 44, column (B), Program services).	54,922

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing	32,651	45	70,395
46	Savings and temporary cash investments	249,106	46	239,416
47a	Accounts receivable	47a		
b	Less: allowance for doubtful accounts	47b		47c
48a	Pledges receivable	48a		
b	Less: allowance for doubtful accounts	48b		48c
49	Grants receivable			49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b		51c
52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges			53
54	Investments—securities (attach schedule) ► <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54
55a	Investments—land, buildings, and equipment: basis	55a		
b	Less: accumulated depreciation (attach schedule)	55b		55c
56	Investments—other (attach schedule)			56
57a	Land, buildings, and equipment: basis	57a		
b	Less: accumulated depreciation (attach schedule)	57b		57c
58	Other assets (describe ►)			58
59	Total assets (add lines 45 through 58) (must equal line 74)	281,757	59	309,811
60	Accounts payable and accrued expenses			60
61	Grants payable			61
62	Deferred revenue			62
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
64a	Tax-exempt bond liabilities (attach schedule)			64a
b	Mortgages and other notes payable (attach schedule)			64b
65	Other liabilities (describe ► CABLE TV PAYABLE)	115,818	65	124,488
66	Total liabilities (add lines 60 through 65)	115,818	66	124,488
Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted			67
68	Temporarily restricted			68
69	Permanently restricted			69
Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds			70
71	Paid-in or capital surplus, or land, building, and equipment fund			71
72	Retained earnings, endowment, accumulated income, or other funds	165,939	72	185,323
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	165,939	73	185,323
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	281,757	74	309,811

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

a Total revenue, gains, and other support per audited financial statements ►

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . \$ _____

(2) Donated services and use of facilities \$ _____

(3) Recoveries of prior year grants . . . \$ _____

(4) Other (specify):

----- \$ _____

Add amounts on lines (1) through (4) ►

c Line a minus line b ►

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990. . . . \$ _____

(2) Other (specify):

----- \$ _____

Add amounts on lines (1) and (2) ►

e Total revenue per line 12, Form 990 (line c plus line d). ►

74,305

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements . . . ►

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990. . . . \$ _____

(3) Losses reported on line 20, Form 990. . . . \$ _____

(4) Other (specify):
----- \$ _____

Add amounts on lines (1) through (4) ►

c Line a minus line b ►

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify):
----- \$ _____

Add amounts on lines (1) and (2) ►

e Total expenses per line 17, Form 990 line c plus line d) ►

a	54,922
b	
c	54,922
d	
e	54,922

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARTY RICHMOND	PRESIDENT - 10	-0-		
PAWLEYS ISLAND, SC 29585				
WILLIAM JOHNSON	VICE-PRESIDENT - 1	-0-		
PAWLEYS ISLAND, SC 29585				
CINDY KING	SECRETARY - 1	-0-		
PAWLEYS ISLAND, SC 29585				
PHIL GREESON	TREASURER - 2	-0-		
PAWLEYS ISLAND, SC 29585				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ► Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76	✓
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year?	78a	✓
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	78b	✓
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization ► and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	79	✓
81a Enter direct and indirect political expenditures. See line 81 instructions	81a	
b Did the organization file Form 1120-POL for this year?	81b	✓
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82a	✓
83a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a	✓
84a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	83b	✓
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	84a	✓
c Dues, assessments, and similar amounts from members.	85c	
d Section 162(e) lobbying and political expenditures.	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. b Gross receipts, included on line 12, for public use of club facilities	86a	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	86b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	87a	
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	87b	
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	88	✓
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89b	✓
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a List the states with which a copy of this return is filed ►		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	
91 The books are in care of ► EXECUTIVE TAX SERVICES Telephone no. ► (843) 237-1384 Located at ► 14323 OCEAN HWY, PAWLEYS ISLAND, SC ZIP + 4 ► 29585		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 92		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.		Unrelated business income	Excluded by section 512, 513, or 514	(E) Related or exempt function income
		(A) Business code	(B) Amount	
93	Program service revenue:			
a				
b				
c				
d				
e				
f	Medicare/Medicaid payments			21,863
g	Fees and contracts from government agencies			49,347
94	Membership dues and assessments			3,095
95	Interest on savings and temporary cash investments			
96	Dividends and interest from securities			
97	Net rental income or (loss) from real estate:			
a	debt-financed property			
b	not debt-financed property			
98	Net rental income or (loss) from personal property			
99	Other investment income			
100	Gain or (loss) from sales of assets other than inventory			
101	Net income or (loss) from special events			
102	Gross profit or (loss) from sales of inventory			
103	Other revenue: a			
b				
c				
d				
e				
104	Subtotal (add columns (B), (D), and (E))			74,305
105	Total (add line 104, columns (B), (D), and (E))			74,305

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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	Date 5-12-05
	Signature of officer	Date
	PHIL GREESON, TREASURER	
	Type or print name and title.	

Paid Preparer's Use Only	Preparer's signature	Date 5/3/05	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) P00448890
	Form's name (or yours if self-employed) address, and ZIP + 4	EXECUTIVE TAX SERVICES P.O. BOX 1769, PAWLEYS ISLAND, SC 29585	EIN 55-0839379	Phone no. 843-237-1384