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Amended 3

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Open to Public
Inspection

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)

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

A For the 2005 calendar year, or tax year beginning

, 2005, and ending

, 20

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.

C Name of organization

LITCHFIELD BEACHES ASSOCIATION

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

Room/suite

P.O. BOX 492

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

PAWLEYS ISLAND, SC 29585

D Employer identification number

23 7075071

E Telephone number

1 843 237 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) (1) (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 chooses to file a return, be
sure to file a complete return. 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 the instructions.)

1	Contributions, gifts, grants, and similar amounts received:	
a	Direct public support	
b	Indirect public support	STATUTE UNIT
c	Government contributions (grants)	RECEIVED
d	Total (add lines 1a through 1c) (cash \$ <u>26,055</u> noncash \$ <u> </u>)	1a
2	Program service revenue including government fees and contracts (from Part VII, line 93)	1b
3	Membership dues and assessments	1c 26,055
4	Interest on savings and temporary cash investments	1d 26,055
5	Dividends and interest from securities	2
6a	Gross rents	3 52,446
b	Less: rental expenses	4 3,984
c	Net rental income or (loss) (subtract line 6b from line 6a)	5
7	Other investment income (describe ►)	6a
8a	Gross amount from sales of assets other than inventory	6b
b	Less: cost or other basis and sales expenses	6c
c	Gain or (loss) (attach schedule)	7
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	INTERNAL REVENUE SERVICE
9	Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	388 REVENUE
a	Gross revenue (not including \$ <u> </u> 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)	POSTMARK RECEI
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c 10c, and 11)	11
		12 82,485
13	Program services (from line 44, column (B))	13 67,873
14	Management and general (from line 44, column (C))	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))	17 67,873
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 14,612
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 185,323
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)	21 199,935

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Form 990 (2005)

10NB

No Taxpayer

Statute Cleared
K M Gallegos
0436558083

SCANNED FEB 08 2010

Revenue

Expenses

Net Assets

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 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 \$ _____ norcash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	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	10,987	10,987	
32	Legal fees	32	10,589	10,589	
33	Supplies	33	4,195	4,195	
34	Telephone	34	440	440	
35	Postage and shipping	35	1,345	1,345	
36	Occupancy	36			
37	Equipment rental and maintenance	37	24,188	24,188	
38	Printing and publications	38	421	421	
39	Travel	39			
40	Conferences, conventions, and meetings	40	170	170	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	INSURANCE	43a	8,242	8,242	
b	UTILITIES	43b	4,993	4,993	
c	MISC ADMIN EXPENSES	43c	2,303	2,303	
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	67,873	67,873	

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 the instructions.)

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.

		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) tr. ts, but optional for others)
What is the organization's primary exempt purpose? ► BEACH MAINTENANCE		
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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		33,376
b	ADMINISTRATIVE AND INSURANCE	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		34,497
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e	Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►		67,873

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year	(B) End of year
	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		
45	Cash—non-interest-bearing	70,395	45
46	Savings and temporary cash investments	239,416	46
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 (must equal line 74). Add lines 45 through 58.	309,811	59
			338,799
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)	124,488	65
			138,864
66	Total liabilities. Add lines 60 through 65	124,488	66
			138,864
	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	185,323	72
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)	185,323	73
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	309,811	74
			338,799

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	82,485
b	Amounts included on line a but not on Part I, line 12.		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	-0-
c	Subtract line b from line a	c	82,485
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	-0-
e	Total revenue (Part I, line 12). Add lines c and d ►	e	82,485
Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
a	Total expenses and losses per audited financial statements	a	67,873
b	Amounts included on line a but not on Part I, line 17.		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	-0-
c	Subtract line b from line a	c	67,873
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	-0-
e	Total expenses (Part I, line 17). Add lines c and d ►	e	67,873

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 15

b. Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). . .

c. Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

Note. Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy?

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See 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

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.

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?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

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 exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) [81a] -0-

b Did the organization file Form 1120-POL for this year?

..... and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) . . . **81a** -0-
b Did the organization file Form 1120-POL for this year?

Form 990 (2005)

Part VI Other Information (continued)		Yes	No
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?	82a	✓
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.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a. Were substantially all dues nondeductible by members?	85a	✓
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.	85b	✓
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	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	88	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► section 4912 ► section 4955 ►	89a	
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	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d	
90a	List the states with which a copy of this return is filed ►	90a	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	
91a	The books are in care of ► EXECUTIVE TAX SERVICES Located at ► 14323 OCEAN HWY, PAWLEYS ISLAND, SC	Telephone no. ► (843) 237-1384 ZIP + 4 ► 29585	
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 ►	91b	✓
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91c	✓
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ►	92	□
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 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	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies		26,055			
94 Membership dues and assessments		52,446			
95 Interest on savings and temporary cash investments		3,984			
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))		82,485			
105 Total (add line 104, columns (B), (D), and (E))					82,485

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 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 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 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)

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.

Please Sign Here	Elizbeth T. Gardner Signature of officer ELIZBETH GARDNER, TREASURER Type or print name and title	5/4/06 Date
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Paid Preparer's Use Only	Preparer's signature John C. Sabala Firm's name (or yours if self-employed) address, and ZIP + 4	Date 5/3/06 Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. V) P00448890
	EXECUTIVE TAX SERVICES PO BOX 1769, PAWLEYS ISLAND, SC 29585	EIN 55-0839379	Phone no. ► 1 843 1237-1384