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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)

OMB No 1545-1150

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ 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)

P O BOX 492

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

PAWLEYS ISLAND, SC 29585-0492

D Employer identification number

23-7075071

Telephone number

843-237-9722

F Group Exemption

Number . . ▶

COPY

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach  
a completed Schedule A (Form 990 or 990-EZ).G Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶

I Website: ▶

J Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not  
required to attach Schedule B (Form 990,  
990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A  
return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶\$ 98733

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	41263
2	Program service revenue including government fees and contracts . . . . .	2	
3	Membership dues and assessments . . . . .	3	44070
4	Investment income . . . . .	4	11170
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) (attach schedule) . . . . .	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	6a	
6b	Less: direct expenses other than fundraising expenses . . . . .	6b	
6c	Net income or (loss) from special events and activities. (Subtract line 6b from line 6a) . . . . .	6c	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
7b	Less: cost of goods sold . . . . .	7b	
7c	Gross profit or (loss) from sales of inventory. (Subtract line 7b from line 7a) . . . . .	7c	
8	Other revenue (describe ▶ )	8	2230
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	98733
10	Grants and similar amounts paid (attach schedule) . . . . .	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	12733
14	Occupancy, rent, utilities, and maintenance . . . . .	14	43992
15	Printing, publications, postage, and shipping . . . . .	15	1979
16	Other expenses (describe ▶ )	16	13927
17	Total expenses. Add lines 10 through 16 . . . . .	17	72631
18	Excess or (deficit) for the year. (Subtract line 17 from line 9) . . . . .	18	26102
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	240632
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 through 20 . . . . .	21	266734

## Part II Balance Sheets - If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End year
22 Cash, savings, and investments . . . . .	411953	22 434734
23 Land and buildings . . . . .		23
24 Other assets (describe ▶ )		24
25 Total assets . . . . .	411953	25 434734
26 Total liabilities (describe ▶ )	171321	26 168000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	240632	27 266734

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2008)

Form 990-EZ (2008)

Page **3****Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> 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 unpaid at the start of the period covered by this return? . . . . .	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I . . . . .	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
e	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. ▶ SC		
42a	The books are in care of ▶ <b>EXECUTIVE TAX SERVICES</b> Telephone no. ▶ (843) 237-1384 Located at ▶ <b>10880 OCEAN HWY PAWLEYS ISL SC</b> ZIP + 4 ▶ <b>29585</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)? . . . . .	42b	X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	42c	X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	X
45	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	X

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**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

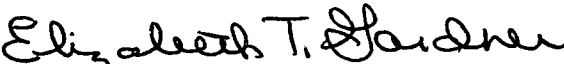
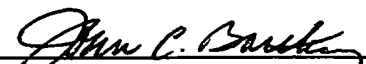
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the 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		
Total number of other independent contractors each receiving over \$100,000 . . . . . ▶		

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			
	 Signature of officer		6-12-09 Date	
Paid Preparer's Use Only	ELIZABETH T GARDNER TREASURER Type or print name and title.			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 EXECUTIVE TAX SERVICES 10880 OCEAN HWY 26A PAWLEYS ISLAND, SC 29585	Date 06/02/09	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) P00448890
			EIN ▶ 55-0839379 Phone no. ▶ (843) 237-1384	

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