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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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning****, 2009, 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
Instruc-
tions**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****E Telephone number****843-237-9722****F Group Exemption**

Number . . . ►

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

H 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ►\$ **113022**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	55875
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	42046
	4	Investment income	4	8976
	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	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 ► SEE ATTACHED)	8	6125	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	113022	
Expenses	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	13923
	14	Occupancy, rent, utilities, and maintenance	14	45096
	15	Printing, publications, postage, and shipping	15	2719
	16	Other expenses (describe ► SEE ATTACHED)	16	9222
17	Total expenses. Add lines 10 through 16	17	70960	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42062
	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	266734
	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	308796

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	434734	22 464352
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	434734	25 464352
26 Total liabilities (describe ► SEE ATTACHED)	168000	26 155556
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	266734	27 308796

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

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Form 990-EZ (2009)

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p17

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

Expenses

What is the organization's primary exempt purpose? BEACH MAINTENANCE

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	MAINTAIN BEACH AND WALKWAYS, INSTALL SIGNS PURCHASE CONTAINERS (Grants \$ 55875) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	49089
29	ADMINISTRATIVE AND INSURANCE (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	21871
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) <input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	70960

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated (See the instructions for Part IV)

[illegible]

Form 990-EZ (2009)

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

		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? 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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo 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 ▶ 37a		
b	Did the organization file Form 1120-POL 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 38b		
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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations 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 organization's books are in care of ▶ EXECUTIVE TAX SERVICES Telephone no ▶ (843) 237-1384 Located at ▶ 10880 OCEAN HWY 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)?	42b	X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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 of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

Page **4****Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

- 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 **46** ☐ Yes ☒ No
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☒ No
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ No
- 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."

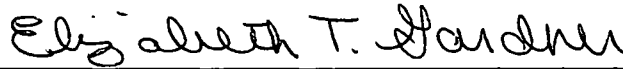
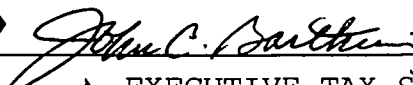
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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 ▶

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		2/12/10 Date	
ELIZABETH T GARDNER - TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4 EXECUTIVE TAX SERVICES 10880 OCEAN HWY 26A PAWLEYS ISLAND, SC 29585	02/11/10		P00448890 EIN ▶ 55-0839379 Phone no ▶ (843) 237-1384

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

SUPPORTING STATEMENTS FOR ORGANIZATION
LITCHFIELD BEACHES ASSOCIATION
23-7075071
P O BOX 492
PAWLEYS ISLAND, SC 29585-0492

**** SCHEDULE of Part I - Other Expenses

<u>Description</u>	<u>Amount</u>
INSURANCE	1,766
INTERNET EXPENSE	936
LEGAL	750
MEETING EXPENSE	175
MISCELLANEOUS EXPENSE	141
SPECIAL PROJECT	5,000
TELEPHONE	454
<u>Total Part I - Other Expenses:</u>	<u>9,222</u>

**** SCHEDULE of Part I - Other Revenue

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS INCOME	6,125
<u>Total Part I - Other Revenue:</u>	<u>6,125</u>

**** SCHEDULE of Part II - Other Liabilities

<u>Description</u>	<u>Beginning</u>	<u>Ending</u>
CABLE TV PAYABLE	168,000	155,556
<u>Total Part I - Other Liabilities:</u>	<u>168,000</u>	<u>155,556</u>