



**Part II** Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

728951/12-14-07

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	4,614.00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets	6	00
	7	Other income SEE STATEMENT 1	7	305,097.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	309,711.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid SEE STATEMENT 2	9	1,750.00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	0.00
	12	Other salaries and wages	12	00
	13	Interest	13	00
	14	Taxes	14	00
	15	Rents	15	00
	16	Depreciation and depletion	16	00
	17	Other SEE STATEMENT 4	17	362,563.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	364,313.00

**Schedule L Balance Sheets**

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		280,999.		363,402.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets				
b Less accumulated depreciation	( )		( )	
11 Land				
12 Other assets				
13 Total assets		280,999.		363,402.
<b>Liabilities and net worth</b>				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		280,999.		363,402.
22 Total liabilities and net worth		280,999.		363,402.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	82,403.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	82,403.
6 Total.			
Add line 1 through line 5	82,403.		

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
ADVERTISING		9,093.	
ROYALTIES		25.	
SALES-BACK ISSUES OF MAGAZINE		320.	
SALES-DVD'S & FOREIGN LIBRARIES		4,400.	
SALES-PDF & OTHER		197.	
CONFERENCE INCOME		231,387.	
SUMMIT INCOME		59,675.	
TOTAL TO FORM 199, PART II, LINE 7		305,097.	

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
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## ACTIVITY CLASSIFICATION: CASH SCHOLARSHIP

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AMY WILLIAMS	3535 PLAINSMAN LANE APT D56, BRYAN TX 77802	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ROBERT WEBSTER	5115 AVE S 1/2, GALVESTON TX 77551	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SWATI YANAMADALA	1556 VIA LEON, PALOS VERDES ESTATES CA 90274-1948	NONE	375.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JOHNNY MANZO	3877 CENTER AVENUE, SANTA BARBARA CA 93110-1251	NONE	375.



MAIL TO:  
 Registry of Charitable Trusts  
 P. O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <u>CT 67012</u>  <b>AMERICAN SHORE AND BEACH          PRESERVATION ASSOCIATION</b> <small>Name of Organization</small>  <u>5460 BEAUJOLAISE LANE</u> <small>Address (Number and Street)</small>  <u>FORT MYERS, FL 33919</u> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>1645031</u>  Federal Employer I.D. No. <u>53-0218954</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2007 ending 12/31/2007) list:  
 Gross annual revenue \$ 446,716. Total assets \$ 363,402.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 239-489-2616

Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

Signature of authorized officer _____	Printed Name _____	Title _____	Date _____
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