

Form **990-EZ**

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

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

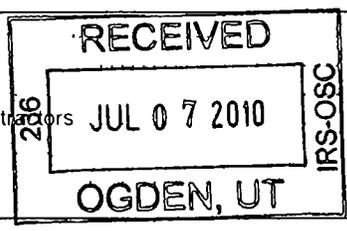
Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **2007**, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BEAVER LAKE CLUB Number and street (or P.O. box, if mail is not delivered to street address) Room/suite C/O TREASURER PO BOX 253 City or town, state or country, and ZIP + 4 WARE MA 01082	D Employer identification number 22-2536033
		E Telephone number (413) 967-3969
		F Group Exemption Number
		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____
<p>I Website: N/A</p> <p>J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (7) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>K Check <input type="checkbox"/> 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.</p> <p>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 \$ 25,992.</p>		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
1	Contributions, gifts, grants, and similar amounts received	1	1,937.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	21,780.
4	Investment income	4	1,334.
5a	Gross amount from sale of assets other than inventory	5a	941.
b	Less cost or other basis and sales expenses	5b	848.
5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach sched)	5c	93.
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	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	
b	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	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	25,144.
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	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe See Other Expenses Statement)	16	21,642.
17	Total expenses (add lines 10 through 16)	17	21,642.
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	3,502.
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	38,035.
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	41,537.



Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ		(See Instructions)	
		(A) Beginning of year	(B) End of year
Cash, savings, and investments		38,035.	41,537.
Land and buildings		0.	0.
Other assets (describe _____)		0.	0.
Total assets		38,035.	41,537.
Total liabilities (describe _____)		0.	0.
Net assets or fund balances (line 27 of column (B) must agree with line 21)		38,035.	41,537.

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? PRIVATE CLUB		(Required for 501(c)(3) and (4) organizations and 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, or other relevant information for each program title			
28	COMMUNITY DONATIONS, SCHOLARSHIP FUND		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	20,201.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses Add lines 28a through 31a	32	20,201.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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 and deferred compensation	(E) Expense account and other allowances
See List of Officers, Etc. Statement				

Part V Other Information (Note the statement requirement in the instructions.)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	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			
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		0.
37b	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		
38b	b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39a	501(c)(7) organizations Enter initiation fees and capital contributions included on line 9	39a		0.
39b	Gross receipts, included on line 9, for public use of club facilities	39b		0.

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A

b 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,' attach an explanation

	Yes	No
40b	N/A	
40c		
40d		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A

d Enter amount of tax on line 40c reimbursed by the organization ▶ N/A

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed ▶ Massachusetts

42 a The books are in care of ▶ MARIE B. RAY Telephone no ▶ (413) 967-3969
 Located at ▶ 27 BEACH ROAD WARE MA ZIP + 4 ▶ 01082

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 ▶ _____

	Yes	No
42b		X
42c		

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 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
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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.
 ▶ X Marie B. Ray Signature of officer Date X 7-1-2010
 ▶ MARIE B. RAY, TREASURER Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶ [Signature] Date 07/01/10 Check if self employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PIONEER FINANCIAL, INC.
493 NEWTON STREET EIN ▶ _____
SOUTH HADLEY MA 01075 Phone no ▶ (413) 532-8392

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

OFFICE SUPPLIES AND EXPENSES	3,970.
CONSERVATION	1,761.
PUBLIC RELATIONS	936.
SOCIAL EVENTS	992.
BEACH IMPROVEMENT PROGRAM	2,800.
HANDI HOUSE RENTAL	973.
WEED TREATMENT PROGRAM	9,710.
SCHOLARSHIP	500.
Total	<u>21,642.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LAWRENCE DONN 54 SHORELINE DRIVE WARE MA 01082	PRESIDENT 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ERNEST GODREAU 211 MONSON TURNPIKE ROAD WARE MA 01082	VICE PRES. 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MARIE B. RAY 27 BEACH ROAD WARE MA 01082	TREASURER/CLERK 1.00	0.	0.	0.