

"Public Inspection" Short Form

OMB No. 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2004

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization WHITTIER MARINA CONDOMINIUM ASSOCIATION, INC. D Employer identification number 56-2487799 E Telephone number 907-346-4123 F Group Exemption Number

G Accounting method: X Cash Other (specify) H Check X if the organization is not required to attach Schedule B

I Web site: N/A J Organization type (check only one) X 501(c) (7) (insert no.) 4947(a)(1) or 527

K Check 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 received a Form 990 Package in the mail, it should file a return without financial data.

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 \$ 56,290.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 56,290. Expenses total: 225. Net Assets total: 56,065.

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.

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 56,065. Total liabilities: 0. Net assets: 56,065.

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

What is the organization's primary exempt purpose? **SEE STATEMENT 1**

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.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	OPERATE AND MAINTAIN MARINA CONDOMINIUM UNITS AND COMMON AREAS FOR MEMBERS' USE IN THE PURSUIT OF RECREATION AND OCEAN BOATING (Grants \$)	225.
29	(Grants \$)	
30	(Grants \$)	
31	Other program services (attach schedule) (Grants \$)	
32	Total program service expenses (add lines 28a through 31a)	225.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the 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 & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 2				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	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		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.		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 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A		
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a 0.		
b Gross receipts, included on line 9, for public use of club facilities 39b 0.		
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		N/A
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		N/A
d Enter: Amount of tax on line 40c, above, reimbursed by the organization		N/A
41 List the states with which a copy of this return is filed. ALASKA		
42 The books are in care of LISA WOOLARD Telephone no. 907-272-1571		
Located at 13130 SUES WAY, ANCHORAGE, AK ZIP + 4 99516		
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.

Signature of officer: _____ Date: _____

Type or print name and title: _____

COPY

Paid Preparer's Use Only

Preparer's signature: *Clayton L. Hulgust, CPA* Date: 11/4/05

Check if self-employed:

Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed): THOMAS, HEAD & GREISEN, APC

address, and ZIP + 4: 1400 WEST BENSON BLVD., 400 ANCHORAGE, AK 99503-3683

EIN: _____

Phone no.: (907) 272-1571

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO