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**Short Form
Return of Organization Exempt From Income Tax**

2008

**Open to Public
Inspection**

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 \$1,000,000 and total assets less than \$2,500,000 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.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 9/1/2008, and ending 8/31/2009							
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">C Name of organization Sand Beach Association Inc</td> <td style="width:15%;">D Employer identification number 34-6563641</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite 6330 N 5th St</td> <td>E Telephone number (734) 847-4374</td> </tr> <tr> <td>City, town, or country State ZIP + 4 Oak Harbor OH 43449</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization Sand Beach Association Inc	D Employer identification number 34-6563641	Number and street (or P O box, if mail is not delivered to street address) Room/suite 6330 N 5th St	E Telephone number (734) 847-4374	City, town, or country State ZIP + 4 Oak Harbor OH 43449	F Group Exemption Number ▶
C Name of organization Sand Beach Association Inc	D Employer identification number 34-6563641						
Number and street (or P O box, if mail is not delivered to street address) Room/suite 6330 N 5th St	E Telephone number (734) 847-4374						
City, town, or country State ZIP + 4 Oak Harbor OH 43449	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) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Organization type (check only one)— 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 32,562

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	0	
	2 Program service revenue including government fees and contracts	2	0	
	3 Membership dues and assessments	3	32,562	
	4 Investment income	4	0	
	5a Gross amount from sale of assets other than inventory	5a	0	
	b Less cost or other basis and sales expenses	5b	0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0	
b Less direct expenses other than fundraising expenses	6b	0		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0		
7a Gross sales of inventory, less returns and allowances	7a			
b Less: cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8 Other revenue (describe ▶)	8	0		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	32,562		
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0	
	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	17,191	
	15 Printing, publications, postage, and shipping	15	598	
	16 Other expenses (describe ▶ See attached statement)	16	9,276	
	17 Total expenses. Add lines 10 through 16	17	27,065	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,497	
	Net Assets	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	102,110
		20 Other changes in net assets or fund balances (attach explanation)	20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	107,607	

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 of year
22 Cash, savings, and investments		65,583	22 align="right">71,532
23 Land and buildings		36,527	23 align="right">36,527
24 Other assets (describe ▶ Capital Road Improvements)		0	24 align="right">2,944
25 Total assets		102,110	25 align="right">111,003
26 Total liabilities (describe ▶)		0	26 align="right">0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		102,110	27 align="right">111,003

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)			Expenses	
What is the organization's primary exempt purpose? <u>maintain common areas in the development</u>			(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	Cut grass, plow snow, maintain and improve roads and shelterhouse for the use of 140 property owners and their families	(Grants \$ 0) If this amount includes foreign grants, check here . <input type="checkbox"/>	28a	0
29		(Grants \$ 0) If this amount includes foreign grants, check here . <input type="checkbox"/>	29a	0
30		(Grants \$ 0) If this amount includes foreign grants, check here . <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)	(Grants \$ 0) If this amount includes foreign grants, check here . <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)		32	0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV.)					
(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
Name	Chris Allman	Str 6330 N 5th St	Title President		
City	Oak Harbor	ST OH ZIP 43449	Hr/WK 3 00	0	0
Name	Holly Clapp	Str 6330 N 5th St	Title Secretary/ Treas.		
City	Oak Harbor	ST OH ZIP 43449	Hr/WK 5 00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK 00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK 00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK 00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK 00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK 00	0	0
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Name		Str	Title		
City		ST ZIP	Hr/WK 00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK 00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK 00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK 00	0	0

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		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, 6a, and 7a (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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	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?		X
38 a	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," complete Schedule L, Part II and enter the total amount involved	38b	0
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	
40 a	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 ▶		
42 a	The books are in care of ▶ Name Holly Clapp Telephone no ▶ (734) 847-4374 Located at ▶ 6330 N 5th Street City Oak Harbor ST OH ZIP + 4 ▶ 43449		
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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 ▶	42c	X
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 N/A		
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

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

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization(s) a section 527 organization?
- 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"

	Yes	No
46		
47		
48		
49a		X
49b		

(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
Name None City Str ZIP	Title Hr/WK	.00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

- 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
Name None City Str ZIP		0
Name City Str ZIP		0
Name City Str ZIP		0
Name City Str ZIP		0
Name City Str ZIP		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

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.

Sign Here
 Signature of officer: *Chris Allman* Date: *01/12/2010*
 Type or print name and title: *CHRIS ALLMAN - PRESIDENT*

Paid Preparer's Use Only
 Preparer's signature: *Shawn Stewart* Date: *12/21/2009* Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP +4: *Advanced Accounting, LLC, 6595 Secor Rd, Ste C, Lambertville, MI 48144* Preparer's Identifying Number (See instructions):
 EIN: *35-2176596* Phone no: *734-856-5698*

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

Form 990-EZ (2008)

Part I, Line 16 (990-EZ) - Other Expenses

9,276

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	Taxes and insurance	11	1,843
12	Misc	12	50
13	Gratuities	13	1,200
14	Mosquito Spraying	14	2,080
15	Road Improvement	15	2,944
16	Legal Fees	16	1,159
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

0 2,944

	Description	Beginning	End
1	Capital Road Improvements	0	2,944
2			
3			
4			
5			
6			
7			
8			
9			
10			