

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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)

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

Open to Public Inspection

B Check'd applicable Complete	Α	Fo	orghe 2009 calendar year, or tax year beginning	, 2009, and er	nding		1			
Website: F WWW. AMERICANSANDASSOCIATION INC Specific price Specific	В	_ Ch		<u> </u>		Employer I	dentification number			
Name change		Add	dress change use IRS AMERICAN SAND ASSOCIATION INC		95-4808493					
RANCHO CUCAMONGA, CA 91739-2030 Google Group Exemption Forcup		Na	Internal of Industry 1300 / JURDAN CI	te change label or 13667 TODDAN CT						
Paper Pape		9	tial return type. RANCHO CUCAMONGA, CA 91739-203	0		(909)	(909) 463-1883			
* Section StIC(X2) organizations and 4947(X17) nonexempt charitable brusts Website:	-	7	rmination Specific		F					
**Section 501(c/x3) organizations and 4957(x)(1) nonexempt tehnitable trusts Website:	-	9	tions.		ļ F		emption			
Website: - WWW. AMERICANSANDASSCIATION. ORG H. Check - XI if the organization is not required brillion of the comment of t	┸	Ap		 	C Assertation		Cook D. Accept			
Website:			 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charita must attach a completed Schedule A (Form 990 or 990-EZ) 	ble trusts	Other (specif	y) ►				
K Check	ı	W		ttach Sched	janization is not Iule B (Form 990,					
\$25,000. AForm 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b. 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 A 70, 639. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	<u>J</u>	Ta		7-77-7	! 					
mistead of Form 990-EZ. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 470, 396. Program service revenue including government fees and contracts 3 4 243. Membership dues and assessments. 3 4 243. Membership dues and assessments. 4 243. Total revenue And International See Expenses 5b 5b 5c Color (flosi) from sale of assets other than inventory (Subtract line 5) 5c 5c 5c Form of Contributions 5c 5c 5c 5c 5c Form of Contributions 5c 5c 5c 5c 5c 5c Form of Contributions 5c 5c 5c 5c 5c 5c 5c 5	≅ĸ		neck if the organization is not a section 509(a)(3) supporting orga 25,000. A Form 990-EZ or Form 990 return is not required, but if the orga	nization and its gi inization chooses	ross receipts are r to file a return, b	normally no e sure to fil	t more than e a complete return.			
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory. 5 Less: cost or other basis and sales expenses 5 Cost or other basis and sales expenses 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is fromgaming, check here a Gross revenue (not including \$	7[Ac	d lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 stead of Form 990-EZ.	or more, file For	m 990	► \$	470,639.			
2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 4 Investment income 5 a Gross amount from sale of assets other than inventory. 5 b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5 from in 5a) b Less: direct expenses other than fundraising expenses c Sepoil events and activities (complete applicable parts of Schedule (5). If any amount is fromgaming, check here a Gross revenue (not including \$ of contributions reported on line !) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe * 9 7 Total revenue (describe * 9) 10 Grants and similar amounts paid (altach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Cocupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe * SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Total expenses. Add lines 10 through 16 19 Total assets or fund balances at ed of year. Combine lines 18 through 20. 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Cash, savings, and investments (See the instructions for Part II.) (See the instructions for Part II.) (A) Beginning of year (B) End of ye		art	Revenue, Expenses, and Changes in Net Assets	or Fund Balan	ces (See the	ınstructı	ons for Part I.)			
3 Membership dues and assessments. 3 4 243.	- `	Т								
4 Investment income 5a Gross amount from sale of assets other than inventory	5		2 Program service revenue including government fees and contracts			. 2				
5 a Gross amount from sale of assets other than inventory. b Less: cost or other basis and sales expenses c Sain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) c Special events and activities (complete applicable parts of Schedule 6). If any amount is fromgaming, check here a Gross revenue (not including \$\frac{5}{2}\$ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from spale events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe > 9 Total revenue Add lines 1, 2, 3, 4, 5c. 6c, 7c, and 8 10 Grains and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Company, and investments 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 25 Total assets. 26 Total liabilities (describe > SEE STATEMENT 2 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328, 825, 27 319, 362.)	1	3 Membership dues and assessments			. 3				
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtact In 55 from In Sa) c Gain or (loss) from sale of assets other than inventory (Subtact In 55 from In Sa) a Gross revenue (not including \$ a Gross revenue (not including \$ c Not income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue (describe > 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 25 Total assets. 26 Total labilities (describe > SEE STATEMENT 2 27 Net assets or fund balances(line 27 of column (B) must agree with line 21) 28 Net assets or fund balances(line 27 of column (B) must agree with line 21) 29 Net assets or fund balances(line 27 of column (B) must agree with line 21) 328, 825. 27 319, 362.	Ì		4 Investment income	•		4	243.			
c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is fromgaming, check here a cross revenue (not including \$ c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► 9 Total revenue (describe ► 13 Professional fees and other payments to independent contractors) 14 Occupancy, rent, utilities, and maintenance 15 Startes, other compensation, and employee benefits 16 Other expenses (describe ► SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Cother changes in net assets or fund balances (altach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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 of year (B)			5a Gross amount from sale of assets other than inventory	5a						
a Gross revenue (not including \$	5		b Less: cost or other basis and sales expenses	5b						
a Gross revenue (not including \$, A	!	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)			5c				
reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 470, 639. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at end of year. Combine lines 18 through 20. 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.) 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20. 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 III.) 21 Age grow and provestments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 25 Total assets. 328, 825. 25 319, 362. 328, 825. 25 319, 362. 329, 900. 22 274, 748. 329, 900. 22 274, 748. 328, 825. 27 319, 362.	Ì	!	6 Special events and activities (complete applicable parts of Schedule G). If any amount	is fromgaming, chec	k here . 🕨					
b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe > 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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). 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 Salaries, for fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 25 Total assets. 26 Total labilities (describe > SEE STATEMENT 2 30 (A) Beginning of year (B) End	Ņ	•	a Gross revenue (not including \$ of contribut	ons	_					
c Net income or (loss) from special events and activities (Subtract line 6b) 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Coccupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year. Combine lines 18 through 20. 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 of year 291, 900. 22 274, 748. 291, 900. 22 291, 900. 22 291, 900. 22	Ē	!	reported on line 1)	6a						
7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe ► 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 P Total son time a mounts paid (attach schedule) P Total seving and investments P Trinting, publications, postage, and shipping Total expenses (describe ► SEE STATEMENT 1 Total expenses (describe ► SEE STATEMENT 1 Total expenses, Add lines 10 through 16 P Net assets or (und balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) P Net assets or fund balances at end of year. Combine lines 18 through 20 P Net assets or fund balances at end of year. Combine lines 18 through 20 P Net assets or fund balances at end of year. Combine lines 18 through 20 P Total labilities (describe ► SEE STATEMENT 2 D SEE			b Less: direct expenses other than fundraising expenses .							
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe > 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Total expenses, remains and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 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.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 25 Total liabilities (describe > SEE STATEMENT 2 3 139,362. 26 Total liabilities (describe > SEE STATEMENT 2 3 28,825. 25 319,362. 27 Net assets or fund balances(line 27 of column (B) must agree with line 21) 328,825. 27 319,362.		1	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6с				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7a Gross sales of inventory, less returns and allowances	. 7a	· · · · · · · · · · · · · · · · · · ·	-				
8 Other revenue (describe > 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		}								
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 19 Net assets or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year. Combine lines 18 through 20. 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.) (See the instructions for Part III.) 20 Other assets or SEE STATEMENT 2 21 319,362. 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (Sescribe > SEE STATEMENT 2 25 Total assets. 26 Total liabilities (describe > SEE STATEMENT 2 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 470,639. 10 MAY 1 3 2010 11			c Gross profit or (loss) from sales of inventory (Subtract line 7b from I	ıne 7a)		7c				
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses, Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 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 of year 291, 900. 22 274,748. 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2) 25 Total assets. (B) End of year (B)			8 Other revenue (describe >	<u></u>	······································) 8				
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 17 480, 102. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -9, 463. 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 Net assets or fund balances at end of year. Combine lines 18 through 20. 19 328, 825. 21 319, 362. 21 319, 362. 21 319, 362. 22 274, 748. 23 291, 900. 22 274, 748. 23 291, 900. 22 274, 748. 23 23 24 44, 614. 25 Total assets or fund balances SEE STATEMENT 2 328, 825. 25 319, 362. 26 0. 26 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328, 825. 27 319, 362. 27 319, 362. 28 328, 825. 27 319, 362. 28 328, 825. 27 319, 362. 28 328, 825. 27 319, 362. 28 328, 825. 27 319, 362. 28 328, 825. 27 319, 362. 28 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 3	_	\perp	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	PERF	7	. ▶ 9	470,639.			
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 17 480, 102. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -9, 463. 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). 20 Other changes in net assets or fund balances (attach explanation) 20 21 319, 362. 21 319, 362. 21 319, 362. 22 274, 748. 23 291, 900. 22 274, 748. 23 291, 900. 22 274, 748. 291, 900. 22 274, 748. 291, 900. 22 274, 748. 291, 900. 25 319, 362. 27 319, 362. 27 319, 362. 27 319, 362. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 27 319, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 328, 825. 329, 362. 329, 362.		1	O Grants and similar amounts paid (attach schedule)	REVE	VEL .	. 10				
12 3,640 13 1750 14 15 14 15 1750 16 1750		, 1	1 Benefits paid to or for members		NO NO	11				
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 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 of year 291, 900. 22 274,748. 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2) 36,925. 24 44,614. 25 Total assets Total liabilities (describe ► SEE STATEMENT 2) 328,825. 25 319,362. Potential in the interval of the payments agree with line 21) 328,825. 27 319,362.	Ž	1	2 Salaries, other compensation, and employee benefits .	MAY 1 2		12				
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe SEE STATEMENT 1 16 471,001 17 Total expenses. Add lines 10 through 16 17 480,102 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -9,463 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) 19 328,825 19 328,825 20 Other changes in net assets or fund balances (attach explanation) 20 21 319,362 21 319,362 21 319,362 21 319,362 21 319,362 21 319,362 21 319,362 21 319,362 21 319,362 21 319,362 22 274,748 23 24 24 614 25 Total assets (describe SEE STATEMENT 2 328,825 25 319,362 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328,825 27 319,362 319,362 328,825 27 319,362 328,825 328,82	Ē	1	3 Professional fees and other payments to independent contractors 🕏	ri WAI - V	2010	13	1,750.			
16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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). 20 Other changes in net assets or fund balances (attach explanation). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 319, 362. 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 of year 27,4748. 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 25 Total assets. 26 Total liabilities (describe > SEE STATEMENT 2 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328,825. 328,825. 329,925. 319,362.	9	1	•			14				
16 Other expenses (describe SEE STATEMENT 1 17 18 17 18 18 19 18 19 18 19 18 19 18 19 18 19 18 19 19	S	1		OGDEN	I UT					
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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). 20 Under changes in net assets or fund balances (attach explanation). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 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 of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe SEE STATEMENT 2) 36,925. 24 44,614. 25 Total assets. 328,825. 25 319,362. 26 Total liabilities (describe) Net assets or fund balances (line 27 of column (B) must agree with line 21) 328,825. 27 319,362.		1	6 Other expenses (describe ► SEE STATEMENT 1)	16				
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		1	7 Total expenses. Add lines 10 through 16	<u> </u>	·	▶ 17	480,102.			
19 328,825. 328,825. 328,825. 328,825. 328,825. 319,362. 328,825. 328,		۸			,	-	-9,463.			
The state of the s	Ñ	5 1	Net assets or fund balances at beginning of year (from line 2/, colur figure reported on prior year's return)	nn (A)) (must agi	ree with end-of-ye	ar 19	328 825			
Part Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Cash, savings, and investments Cash, savings, and investments Cash, savings Cash, savi	Ť	Ħ,		•	•		320,023.			
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 of year 22 Cash, savings, and investments 291,900. 22 274,748. 23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 2) 36,925. 24 44,614. 25 Total assets 328,825. 25 319,362. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328,825. 27 319,362.		SI .		h 20			319 362			
(See the instructions for Part II.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2) 25 Total assets 26 Total liabilities (describe ►) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (A) Beginning of year 291, 900. 22 274,748. 23 36,925. 24 44,614. 24 44,614. 25 Total liabilities (describe ►) 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 End of year 291, 900. 22 274,748. 291, 900. 22 3 319,362.	6				ro filo Form 990					
22 Cash, savings, and investments 291, 900. 22 274, 748. 23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 2) 36, 925. 24 44, 614. 25 Total assets 328, 825. 25 319, 362. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328, 825. 27 319, 362.	Ŀ	111 L		91,230,000 OF 1110						
23 23 24 Other assets (describe ► SEE STATEMENT 2) 36,925. 24 44,614. 25 Total assets . 328,825. 25 319,362. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328,825. 27 319,362.	•	2	•							
24 Other assets (describe ► SEE STATEMENT 2) 36,925. 24 44,614. 25 Total assets . 328,825. 25 319,362. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328,825. 27 319,362.				•	2,1,		4/4,/40.			
25 Total assets 328,825. 25 319,362. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328,825. 27 319,362.				•	36		44 614			
26 Total liabilities (describe >) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328, 825. 27 319, 362.			Total accets	•						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 328,825.27 319,362.					320,					
				21)	328					
DAM FOI FIVACY ACT AND PADELWORK REQUESION ACTIVACE. See SEDATATE INSTRUCTIONS. Form 490LF7 (2009)	_	_	For Privacy Act and Paperwork Reduction Act Notice, see separate ins		520,		Form 990-EZ (2009)			

TEEA0803L 01/30/10



Par	IIII Statement of Program Se	rvice Accomplishment	s (See the instruct	ions.)	_	Expenses				
	the organization's primary exempt purpose? SE				(Reg 501 (uired for section 2)(3) and (4) 2)(3) and section 3)(1) trusts; optional 2)(1) trusts; optional				
Desci	tibe what was achieved in carrying out the ibe the services provided, the number of	ise manner,	orgai	nizations and section						
progr	am title.	for o	(a)(1) trusts; optional							
	FUNDING, CLEAN-UP AND CO									
	(Grants \$) If th	are amount includes foreign gra	ants, check here.		28 a					
29	PROMOTION OF SAND DUNE S	WEETI WHO WAKENES	<u>.</u>							
	(Grants \$) If the	nis amount includes foreign gra	ants, check here	· •	29 a					
30										
		nis amount includes foreign gra	ants, check here	<u> </u>	30 a					
31	Other program services (attach schedule				1					
	(Grants \$) if the	nis amount includes foreign gra	ants, check here		31 a					
	Total program service expenses (add lin				32					
Par	IV List of Officers, Directors					sated. (See the instrs.)				
	(a) Nome and address.	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account				
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensat	s and	and other allowances				
ROB	ERT W. MASON	PRESIDENT	0.	40.0	0.	0.				
	3 N. 52ND STREET	0	· ·		٠.	•				
	ENIX, AZ 85018-6601	1			1					
	L JONES	CHAIRMAN	0		0.	0.				
	92 SWASSEA LANE	CHAINMAN	0.		υ.	0.				
		1				•				
	TINGTON BEACH, CA 92646									
	HARD L. HOLLIDAY		0.	0.						
	67 JORDAN CT.	0			1					
	CHO CUCAMONGA, CA 91739-20									
	ERT_GAGLIANO	SECRETARY	0.		0.	0.				
	2 W AVENUE L11] 0		u.						
	CASTER, CA 93536-3774									
	OLE NICHOLAS GILLES	EXECUTIVE DIREC	3,640.		0.	0.				
102	9 CALLE DEL CIELO] 0								
BRA	WLEY, CA 92227									
	· · · · · · · · · · · · · · · · · · ·									
				l						
										
		1								
										
RΔΔ		TEEA0812L C	11/20/10			Form 990-F7 (2009)				

95-4808493 Page **2**

Form 990-EZ(2009) AMERICAN SAND ASSOCIATION INC

			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 34		X
	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	25-	l	v
h	reporting, and proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		X
		33.0		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions O. Did the expension file Form 1130 POL for this year?	37 b		X
	Did the organization file Form 1120-POL for this year?	3/0		$\vdash $
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeor were any such loans made in a prior year and still outstanding at the end of the period covered by this return?.	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			- 2
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	, ,		
40 a	Section 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			
	Section 4911 N/A, Section 4912 N/A; Section 4933 N/A			
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		İ	İ
	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	40 ь		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.			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
_	by the organization O.			
е	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	40 e	-	X
	List the states with which a copy of this return is filed NONE			
40 -	The control of the co			
42 a	The organization's books are in care of ► DICK HOLLIDAY Telephone no. ► 909-4	63-1	883	
	Located at ► 13667 JORDAN CT. RANCHO CUCAMONGA CA ZIP + 4 ► 91739			
		ſ	Voc	No
ь	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	163	X
	If 'Yes,' enter the name of the foreign country.	-		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	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.		- [N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year . 43			N/A
			Yes	No
_			162	140
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		<u>x</u>
BAA	TEEA0812L 01/30/10 Fo	rm 99)-EZ	(2009)

Form 990.FZ (200)	a) AMERICAN	SAND	ASSOCIATION	TNC
UIIII 330-EZ (200	N THIRTOUR	שותכ	UDDOCTUTION	THO

Part VI

BAA

95-4808493

Page 4

Form 990-EZ (2009)

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. Yes No 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 J 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a **b** If 'Yes,' was the related organization a section 527 organization? 49b 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.' (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account and (a) Name and address of each employee paid more than \$100,000 other allowances f Total number of other employees paid over \$100,000. 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 d Total number of other independent contractors each receiving over \$100,000 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 Signature of officer Date Here CHARS Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Preparer's Paid self-employed signature GARY P. GLUD 5/06/10 P00043935 Pre-HUTCHINSON AND BLOODGOOD LLP-EC Firm's name (or yours if self-employed), parer's Use employed), address, and 7IP + 4 3205 SOUTH DOGWOOD AVENUE 95-0858589 EIN Only EL CENTRO, CA 92243 (760)352-1021 Phone no May the IRS discuss this return with the preparer shown above? See instructions ►|X| Yes

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

20	n	Q
Ľ۷	u	-

FEDERAL STATEMENTS

PAGE 1

AMERICAN SAND ASSOCIATION INC

95-4808493

STATEMENT 1	
FORM 990-EZ, PART I, LINE 1	6
OTHER EXPENSES	

ARDS			•						•	•		•	1,80
NK CHARGES ECKERED FLAG P		· · ·		•								•	42
ECKERED FLAG P	ROGRAN	1 .		•	•	• •	•	•		•		• •	27
MMUNICATION .	•		•	•		• •			•	•			3,25
NSULTANTS	•			•	•	•	• •			•			14,70
MMUNICATION SULTANTS PRECIATION S AND SUBSCRI SURANCE PERNET SERVICE	DTTONG	;	,		•	•	•		• •		• •	•	1,58 15
SIIDYNCE 30 WWD ONDOCKT	PITONS	• .					•	•	•	•		•	1,20
DUNANCE PEDNET CEDUTCE								• • • •	•••	•	•	• • •	55
GAL EXPENSE .	•	•		•	•		• •	• • •					44,9
CENSES AND PER	мттс		•		•		•	• • •	•				44, 3
													78
TING EXPENSE	•	•	• • •			•	•	•			•	•	3,9
TING EXPENSE BERSHIP EXPEN	SES	•			•	•		•			••	•	4,78
VSLETTERS			•	•		•							64,0
FICE EXPENSE													9,60
VSLETTERS FICE EXPENSE FICE EXPENSES		,											2,26
IER EXPENSES -	FUND	RAIS	ING										10
RMITS													253,40
TTY CASH.													
OMOTIONS													63
OMOTIONS FFLE & EVENTS.													21,7
NT						•							3,60
ETY OTHER .													1,03
PPLIES.				•			•	•	•			•	36
KES .			•	•									2.0
LEPHONE .	CE												3,82
ADE SHOW EXPEN	DĽ.										•		8,45 3,57

STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BEGINNING ENDING
FURNITURE AND FIXTURES INVENTORIES	\$ 2,842. \$ 1,253. 34,083. 43,361. TOTAL \$ 36,925. \$ 44,614.

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE OFFICIAL MISSION STATEMENT OF THE ORGANIZATION IS TO "UNITE, INFORM AND MOBILIZE". THE PRACTICAL MISSION IS TO PROMOTE THE USE OF PUBLIC LANDS FOR OFF ROAD VEHICLE RECREATION WHILE EDUCATING MEMBERS ON FRIENDLY USE OF THESE AREAS AND WORKING WITH GOVERNMENTAL AGENCIES ON RELATED ISSUES.