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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)

- ▶ 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.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning <u>9/1/2009</u> , and ending <u>8/31/2010</u>													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width:15%; vertical-align: top;">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization <u>Sand Beach Association Inc</u></td> <td>D Employer identification number <u>34-6563641</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number <u>(734) 847-4374</u></td> </tr> <tr> <td colspan="2"><u>6330 N 5th St</u></td> <td rowspan="2">F Group Exemption Number <input type="checkbox"/></td> </tr> <tr> <td>City, town, or country</td> <td>State ZIP + 4 <u>Oak Harbor OH 43449</u></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Sand Beach Association Inc</u>		D Employer identification number <u>34-6563641</u>	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number <u>(734) 847-4374</u>	<u>6330 N 5th St</u>		F Group Exemption Number <input type="checkbox"/>	City, town, or country	State ZIP + 4 <u>Oak Harbor OH 43449</u>
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	City, town, or country	State ZIP + 4 <u>Oak Harbor OH 43449</u>											

• **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 Tax-exempt status (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 Form 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 33,195

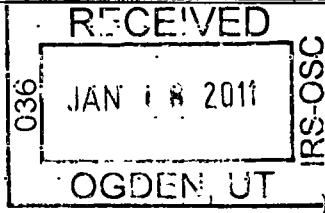
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

	Description	Amount	Line
Revenue	1 Contributions, gifts, grants, and similar amounts received	0	1
	2 Program service revenue including government fees and contracts		2
	3 Membership dues and assessments	31,855	3
	4 Investment income	1,340	4
	5a Gross amount from sale of assets other than inventory	0	5a
	b Less cost or other basis and sales expenses	0	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0	5c
	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 \$ <u>0</u> of contributions reported on line 1)	0	6a
	b Less direct expenses other than fundraising expenses	0	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	0	6c	
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)	0	7c	
8 Other revenue (describe ▶ _____)		0	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		33,195	9
Expenses	10 Grants and similar amounts paid (attach schedule)	0	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	12,868	14
	15 Printing, publications, postage, and shipping	504	15
	16 Other expenses (describe ▶ <u>See Attached Statement</u>)	28,156	16
	17 Total expenses. Add lines 10 through 16	41,528	17
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-8,333	18
	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)	111,003	19
	20 Other changes in net assets or fund balances (attach explanation)	0	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	102,670	21

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	71,532	63,199
23	Land and buildings	36,527	36,527
24	Other assets (describe ▶ <u>Capital Road Improvements</u>)	2,944	24,262
25	Total assets	111,003	123,988
26	Total liabilities (describe ▶ _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21).	111,003	123,988

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Part V Other Information (Note the statement requirements in the instructions for Part V)

		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? 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 why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	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 outstanding at the end of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		0
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	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 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		X
40c	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		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of <u>Holly Clapp</u> Telephone no <u>(734) 847-4374</u> Located at <u>6330 N 5th Street</u> City <u>Oak Harbor</u> ST <u>OH</u> ZIP + 4 <u>43449</u>		
42b	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		X
42c	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		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 <u>43</u> N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

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

- 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 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 a section 527 organization?
- 50 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"

	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 <u>None</u> Str _____ City ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0

f Total number of other employees paid over \$100,000 ▶ _____

- 51 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
Name <u>None</u> Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

Chris L Allman Signature of officer 1/10/2011 Date

CHRIS L ALLMAN - VICE PRESIDENT Type or print name and title

Paid Preparer's Use Only

Preparer's signature: **Shayn Stewart** Date: **12/15/2010** Check if self-employed: Preparer's identifying number (See instructions): **P00899527**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Advanced Accounting Tax and Financial Svc, LLC** EIN: **27-1427665**

8336 Monroe Road, Suite 101, Lambertville, MI 48144 Phone no: **(734) 856-5698**

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

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

28,156

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Taxes and insurance	13	1,469
14	Misc	14	14
15	Gratuities	15	1,200
16		16	
17	Capital Improvement	17	24,262
18	Legal Fees	18	1,211
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

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

2,944

24,262

		Beginning	End
1	Capital Road Improvements	2,944	24,262
2			
3			
4			
5			
6			
7			
8			
9			
10			