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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

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 organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 09-01, 2010, and ending 08-31, 2011

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: SAND BEACH ASSOCIATION INC. D Employer identification number: 34-6563641. E Telephone number: (419) 787-1167. F Group Exemption Number.

G Accounting Method: X 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:

J Tax-exempt status (check only one): 501(c)(3), X 501(c)(4), 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 33,365

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes a 'RECEIVED' stamp from 'JAN 17 2012' and 'OGDEN, UT'. Total revenue is 33,365 and total expenses is 53,165, resulting in a deficit of 19,800.

SCANNED JAN 25 2012

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44 regarding organizational activities, financials, and tax reporting. Includes a table with Yes/No columns for each question.

| | | | | |
|-----------|--|------------|--------------------------|-------------------------------------|
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

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

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"

| (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 |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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 *Chris Allman* Date: 1/12/2012
 Type or print name and title: CHRIS ALLMAN, PRESIDENT

Paid Preparer Use Only

| | | | | |
|---------------------------------|----------------------|------------|--------------------------|------|
| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
| Shayn Stewart | Shayn Stewart | 01-11-2012 | <input type="checkbox"/> | |
| Firm's name | Firm's EIN | | | |
| Firm's address | Phone no | | | |
| Advanced Accounting Tax And Fin | 734-856-5698 | | | |
| 8336 Monroe Road Ste 101 | | | | |
| Lambertville MI 48144 | | | | |

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ

Name of the organization

SAND BEACH ASSOCIATION INC

Employer identification number

34-6563641

01. Description of other revenue (Part I, line 8)

| Description | Amount |
|-------------------------|--------|
| RENTAL OF SHELTER HOUSE | 350 |
| MISC | 549 |

02. Other changes in net assets or fund balances (Part I, line 20)

| Description | Amount |
|-------------------------------|--------|
| CAPITAL IMPROVEMENTS TO ROADS | 19,800 |

03. Description of other assets (Part II, line 24)

| Category | Beginning | |
|---------------------------|-----------|-------------|
| | of Year | End of Year |
| CAPITAL ROAD IMPROVEMENTS | 24,262 | 44,062 |