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SCANNEL AF 1 4 2010

Department of the Treasury Internal Revenue Service

Short Form 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.

OMB No. 1545-1150

2009

Open to Public Inspection

B Check If epplicables: Address change use IRS tabel or SR Men's Golf Assec, of Hiller Head 57 0641	_
Address change use use (A M) as a (A K) as a A LI'II. Had I CO A / I I	T10
print or Number and Steet (or F.O. box, it mails not delivered to street address) Hoomystite E respirate number	
Terminated See 17.0.150x 5/70	
Amended return Specific City or town, state or country, and ZIP + 4 F Group Exemption	
☐ Application pending tions. 4:// How He Ad IS/And, SC 29928 Number >	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: Cas	h Accrual
a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶	
H Check ▶ ☐ if the organizat	
I Website: ▶ required to attach Schedule	3 (Form 990,
J Tax-exempt status (check only one) — ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF).	
K Check Lift 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 \$	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Pa	irt I.)
1 Contributions, gifts, grants, and similar amounts received	
2 Program service revenue including government fees and contracts	905.00
3 Membership dues and assessments	115.00
4 Investment income	~ o —
5a Gross amount from sale of assets other than inventory 5a	
b Less: cost or other basis and sales expenses	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including freported on line 1)	
reported on line 1)	
b Less: direct expenses other than fundraising expenses 6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 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)	
8 Other revenue (describe ▶) 8	
	020.00
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 R 2 3. 2010 . Q 13	
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 2 2010 13 14 Occupancy, rent, utilities, and maintenance 15 15 Printing publications postage and shipping 15 Printing publications postage and shipping 15	
15 Printing, publications, postage, and shipping	
u 15 Printing, publications, postage, and shipping	
17 Total expenses. Add lines 10 through 16	442.28
40 5	442, 28
18 Excess or (dericit) for the year (Subtract line 17 from line 9)	
end-of-year figure reported on prior year's return)	741.38
20 Other changes in net assets or fund balances (attach explanation)	7.417
21 Net assets or fund balances at end of year. Combine lines 18 through 20	319.10
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Fo	
	End of year
	319,10
23 Land and buildings	,
24 Other assets (describe ►	
25 Total assets	
26 Total liabilities (describe ►) 26	
	719.10

Form 99	0-EZ (2009)		P	age 3
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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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.			
а	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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
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	36		X
37a	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?	37b		X
38a				X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	İ		
a	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
	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 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	40b		\boldsymbol{X}
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
8	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		Ŷ.
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of \(\int_m\), \(\begin{align*} \alpha \cdot \ \ \alpha \end{align*} \text{Telephone no.} \(\begin{align*} \begin{align*} \alpha \cdot \ \ \ \end{align*} \text{Telephone no.} \(\begin{align*} \begin{align*} \alpha \cdot \ \ \end{align*} \text{Telephone no.} \(\begin{align*} \begin{align*} \alpha \cdot \ \ \end{align*} \text{Telephone no.} \(\begin{align*} \begin{align*} \alpha \cdot \ \end{align*} \text{Telephone no.} \(\begin{align*} \begin{align*} \alpha \cdot \ \end{align*} \text{Telephone no.} \(\begin{align*} \begin{align*} \alpha \cdot \ \end{align*} \text{Telephone no.} \(\begin{align*} \begin{align*} \alpha \cdot \end{align*} \text{Telephone no.} \\ \end{align*} \text{Telephone no.} \\ \end{align*} \text{Telephone no.} \\ \end{align*} \text{Telephone no.} \\ \end{align*} \text{Telephone no.} \\ \end{align*}	3 7 99	52.	182
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)?	42b	Yes	No X
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	425		~
G	If "Yes," enter the name of the foreign country:	42c		_4_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			- □
70	and enter the amount of tax-exempt interest received or accrued during the tax year	• •		
			Yes	No
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
	Face		LE7	60000

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	s ection 4947(a)(1) non o 47(a)(1) nonexempt chai nd 51.	exempt charitab ritable trusts mus	l e trusts only. A t answer questio	II sections 46-4	n 19b
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete					s No
	· · · · · · · · · · · · · · · · · · ·	•			46	X
	Did the organization engage in lobbying activitie			· · · · ·	47	$\perp x$
48	Is the organization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes," (complete Schedule	E	48	$\perp x$
49a	Did the organization make any transfers to an ex	cempt non-charitable relate	ed organization? .		49a	X
b	If "Yes," was the related organization a section 5	527 organization?			49b	
50	· · · · · · · · · · · · · · · · · · ·					
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Ex	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		nt and
					<u></u>	
		ĺ				
			- 			
f	Total number of other employees paid over \$100	0.000 ▶				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Compe	ensation
						
d	Total number of other independent contractors of	each receiving over \$100,0	▶			
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration					
Sign Here	Would Backany	D .	1			
	Signature of officer Ach Acu Type or print name and title	UR.	· · · · · · · · · · · · · · · · · · ·	3-15-	10	
Paid	Preparer's signature	Date 3-45	Check if self- employed ▶	Preparer's identifying num	nber (See ins	tructions)
Prepare Use On	lly yours if self-employed),	00	E			
	address, and ZIP + 4			none no. >	7.4	
May th	e IRS discuss this return with the preparer show	n above? See instructions		▶ <u>}</u> <u>}</u> <u>}</u> Fo	∄ Yes	No EZ (2009)

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Senior Men's Golf Association of Hilton Head

Attachments to Form 990-EZ 2009

Tournaments Expenses

Prize certificates	28,981.00
Major Tournaments	14,177.00
Bag Attendents	3,486.00
Carts	110,224.80
Misc.	68.00

Total 156,936.80

Administration Expenses

Computer Technician	1,990.00
Officers expenses	3,957.07
Printing & Mailing	6,453.02
Hospita;ity	328.86
Annual Meeting	21,397.76
Bank Charges	10.70
Misc.	388.07

Total 34,525.48

TOTAL EXPENSES 191,462.28