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Form **990-EZ**

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, 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.

OMB No 1545-1150

Open to Public Inspection

A For th	ne 2012 calend	ar year, or tax year beginning	, 2012, and ending		, 20
B Check	f applicable	C Name of organization		D Employer ic	lentification number
Addres	ss change	SENTOR MEN GOLF ASSOCIATION	of HELTON HEAD ISLAN	o 57	-064/8/8
一	change	Number and street (or PO box, if mail is not delivered to street ac		E Telephone r	number
Initial r		P. O. Box 5/90	i		
Termin	iated ded return	City or town, state or country, and ZIP + 4		F Group Exe	emption
=	ation pending	HILTON HEAD ISLAND. SC	29928	Number	· ·
	unting Method	☐ Cash ☐ Accrual Other (specify) ►		Check ▶ □	if the organization is not
	site: ▶				tach Schedule B
		eck only one) — ☐ 501(c)(3) ☐ 501(c)() ◀ (insert no)		•	0-EZ, or 990-PF)
K Check		e organization is not a section 509(a)(3) supporting organization		and its ares	s receints are normally
		0. A Form 990-EZ or Form 990 return is not required though	•		•
		ses to file a return, be sure to file a complete return			(000 ///0//00//0/// = 01 //
	-	b, to line 9 to determine gross receipts. If gross receipts are \$2	00,000 or more, or if total assets	(Part II,	
		w) are \$500,000 or more, file Form 990 instead of Form 990-E2		` .	•
Part		e, Expenses, and Changes in Net Assets or F		netruction	for Part I)
raiti		the organization used Schedule O to respond to a			
					<u>· · · · · · </u>
1		ons, gifts, grants, and similar amounts received		1	150 000
2	-	ervice revenue including government fees and contra		2	1.32,00%
3		ip dues and assessments		3	29,8/201
4				4	
, 5 a		ount from sale of assets other than inventory		,	
<i>&</i> 1		or other basis and sales expenses		<u> </u>	
		ss) from sale of assets other than inventory (Subtract	line 5b from line 5a)	<u>5</u> c	
室 6	_	d fundraising events			
		ome from gaming (attach Schedule G if greate	r than		
<u> </u>	\$15,000) .		· · _ 6a		
୍ଲିଆ ।		me from fundraising events (not including \$	of contributions	s ' "'	
Revenue 9		aising events reported on line 1) (attach Schedule (3 34. 10	
5	sum of suc	ch gross income and contributions exceeds \$15,000)	· · 6b	N = 10	
=	c Less: direc	et expenses from gaming and fundraising events .	6c	9	
" 	d Net incom	e or (loss) from gaming and fundraising events (ad-	d lines 6a and 6b and sub	tract	
ລ ລ	line 6c) .			· · 6d	
7	a Gross sale	s of inventory, less returns and allowances	7a	3*	_
		of goods sold	7b	·,	
	c Gross prof	it or (loss) from sales of inventory (Subtract line 7b from	om line 7a)	7с	
8		nue (describe in Schedule O)		8	
9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ 9	162,099.10
10		sımılar amounts paid (lıst ın Schedule O)	. RECEIVED.	. 10	14 34 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
11		aid to or for members		0 11	
		ther compensation, and employee benefits .	S. LAN S.	9 12	- -
12 13 14 15	Profession	al fees and other payments to independent contract	31 JAN 2 2 2013	90 12 13	
e 14	Occupanc	y, rent, utilities, and maintenance		06 14	
∭ 15	•	ublications, postage, and shipping	OGDENIUS	15	
16		enses (describe in Schedule O)	- OODEIN'. O.	. 16	
17	•	enses. Add lines 10 through 16		→ 10 17	15.3.11.5.64
10	Evene		· · · · · · · · · · · · · · · · · · ·	18	0 000 11
19 19 19	Net seeds	s or fund balances at beginning of year (from line 2)			0,78-3-76
SS					90 170 04
Š	-	-			du,13/104
Net Assets		nges in net assets or fund balances (explain in Sched			20 19 2 -
~ 21	Net assets	or fund balances at end of year. Combine lines 18 th		. ▶ 21	Form 990-EZ (2012)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 99	0-FZ (2012)

Page 2

Pa	art II Balance Sheets (see the ins	tructions	or Part II)				
	Check if the organization used	Schedule	O to respond to a	ny question in this	Part II		🗆
					(A) Beginning of year	Ĺ.,	(B) End of year
22	Cash, savings, and investments				20,137.04	22	29,120,50
23	Land and buildings				0-	23	<u> 0 -</u>
24 25	Other assets (describe in Schedule O	•			901774	24	-0-
26	Total liabilities (describe in Schedule				20,131,04	25 26	27,12003
27	Net assets or fund balances (line 27				20.137.04	27	29 190.5
Par	t III Statement of Program Service				Part III)		5-110000
	Check if the organization used	Schedule	O to respond to a	ny question in this	Part III 🔲	(Re	Expenses quired for section
Wha	at is the organization's primary exempt pi	urpose?				501	(c)(3) and 501(c)(4)
Desc	cribe the organization's program service	e accompli	shments for each o	f its three largest p	rogram services,		anizations and section 7(a)(1) trusts, optional
as n	measured by expenses. In a clear and	concise m	anner, describe the	e services provided	I, the number of		others)
28	sons benefited, and other relevant inform	iation for ea	ich program title.				
20							
					••••••		
	(Grants \$) If the	his amount	ıncludes foreign gra	ints, check here	• 🗖	28a	,
29							'
				••••			
	(Grants \$) If the	his amount	includes foreign gra	ants, check here .	<u> ▶ □</u>	29 a	
30							i
	(Grants \$) If th	nis amount	ıncludes foreign gra	ints check here		30a	,
31	Other program services (describe in Sci		· · · · · ·			302	<u>' </u>
	(Grants \$) If th	his amount	ıncludes foreign gra	ints, check here .	▶ □	31a	
32	Total program service expenses (add	l lines 28a t	hrough 31a)		▶	32	
Par	t IV List of Officers, Directors, Truste						·
	Check if the organization used	Schedule	O to respond to a		, ,, , , , , , , , , , , , , , , , , ,	<u>., .</u>	<u> </u>
	(a) Name and title		(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employe	ee (e)	Estimated amount of
	(4)		devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation		other compensation
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Did the organization engage in any significant activity not previously reported to the IRS7 If "Yes," provide a detailed description of each activity in Schedule 0 34 Were any significant changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (See instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? b If "Yes," to line 35a, has the organization died a Form 990-T for the year? If "No," provide an explanation in Schedule 0 Was the organization of section 501(6)(8) of 501(6)(8) organization autility of the propring, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 36 Did the organization dergo a lequidation, dissolution, text instrumention or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III. 36 Did the organization berow 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 tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 37b IX 37c IX 37d IX	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s in th	ie .	
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization has unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "Yes," ornolled schedule O (Was the organization as section \$01(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III and the year? If "Yes," complete schedule C, Part III and the year? If "Yes," complete schedule N (year) and year? If "Yes," complete schedule C, Part III and year? If "Yes," complete schedule C, Part III and year? If "Yes," complete schedule C, Part III and year? If "Yes," complete schedule C, Part III and year? If "Yes," complete schedule C, Part III and year? If "Yes," complete schedule C, Part III and year? If Yes," complete schedule C, Part III and year? If Yes," complete schedule C, Part III and year? If Yes," complete schedule C, Part III and year? If Yes, "complete Schedule C, Part III and year? If Yes," complete Schedule C, Part III and year? If Yes, "complete Schedule C, Part III and year and still outstanding at the end of the tax year overed by this return? If Yes, "complete Schedule C, Part III and another the total amount involved III year year. If Yes, I year III year year. If Yes, I year III year year year. If Yes, I year year, I year		, see a see) an	_	No.
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b II "Yes," to line 35a, has the organization is ascend 501(c(4), 501(c(8)), 501(c(8)) organization to section 6033(e) notice reporting, and proxy tax requirements during the year? II "Yes," complete Schedule C, Part III. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? II "Yes," complete applicable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization beform 1120-PCL for this year? 37b Did the organization beform 1120-PCL for this year? 37b Did the organization beform 1120-PCL for this year? 37c Did the organization beform of the termination of the tax year covered by this return? 37c Did the organization before the part II and enter the total amount involved 38d Section 501(c(7) organizations. 38d Section 501(c(7) organizations. 38d Section 501(c(8) and 501(c(4) organizations. 38d Section	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			X
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule In the instructions ▶ 37a 37b		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		_	X v
Dot the organization file Form 1120-PDL for this year? 38a Dot the organization between the foreign to provide the second service of the organization between the second services and second services are serviced by 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 tax year covered by this return? 38b Dot 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 tax year covered by this return? 38c If Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 38c Initiation fees and capital contributions included on line 9 38d Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. 38c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction or properties on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 38c 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. 38c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization 48c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization. 48c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c rembursed by the organization. 48c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c rembursed by the organization of the 40c line 40c	36				- Д- У
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The organization's books are in care of ▶	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	<u>**</u>		Y
b At any time during the calendar year, did the organization maintain an office outside the U.S.? 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. C At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 page 1.5 and	41				-/-
b At any time during the calendar year, did the organization maintain an office outside the U.S.? 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. C At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 page 1.5 and	42a	The organization's books are in care of ► TOHN S. LESTO Telephone no. ► 84	3-8	15-	5410
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.?	b	Located at ► SO NEWBERRY COURT BLUFFTON, SC ZIP + 4 ► 2 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	9.91	0	No X
and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? lf "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 and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have 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			<. \\	-,	-
the any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Lace X We Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Lace X We Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Lace X Yes No Yes No Yes No We Section 990 must be completed instead of Form 990-EZ Lace X Yes No					
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No	C	If "Yes," enter the name of the foreign country: ▶			X
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43			. •	· 🗆
completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 5b 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	4.4	Del die automorphism and de la company de la		Yes	No
completed instead of Form 990-EZ	_	completed instead of Form 990-EZ			X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	completed instead of Form 990-EZ		,	X
explanation in Schedule O					X
45b 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	d	explanation in Schedule O		,,	<u>X</u>
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					X
Form 990-EZ (see instructions)	45b	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)) w'	

Form 99	0-EZ (2	012)						F	Page 4
46	Did ti	ne organization engage, directly or in	ndirectly, in political c	ampaign activities o	on behalf of	or in opposit	tion 😥	Yes	No
5		ndidates for public office? If "Yes," of		, Part 1	· · · ·	· · · ·	. 46		LX_
Part \		Section 501(c)(3) organizations All section 501(c)(3) organization		stions 47, 40h an	d EO and a	omploto th	a tablaa f		
		50 and 51	s must answer que	Suons 47–490 and	u 52, and t	ompiete in	e lables i	Or IIII	es
					Aleta Daw V				
		Check if the organization used Sch	neaule O to respond	to any question in	this Part v	<u> </u>	<u></u>	1.4	;
								Yes	No
47		he organization engage in lobbying				t auring the		İ	٠,
	•	If "Yes," complete Schedule C, Par					· 47	<u> </u>	$oxed{oxed} oxed{oxed}$
48		organization a school as described in					. 48		LX.
49a		ne organization make any transfers to	-		nization? .		. 49a	<u> </u>	LX.
b		es," was the related organization a se					. 49b		$\perp \chi$
50		plete this table for the organization's							
	empl	oyees) who each received more than	1 \$100,000 of comper	nsation from the org	anization. If	there is non	e, enter "N	lone '	,
	(0)	Name and title of each employee	(b) Average	(c) Reportable		th benefits,	(e) Estimate		
	(a)	paid more than \$100,000	hours per week	compensation (Forms W-2/1099-MIS0	honofit olan	ns to employee s, and deferred	other con		
			devoted to position	(Forms VV-2/1099-W150	comp	ensation		•	
								-	
	-								
f	Total	number of other employees paid over	er \$100 000		<u>.</u>				
51		olete this table for the organization			nt contracto	re who each	received	more	than
J 1		,000 of compensation from the orga			it contracto	is who each	received	more	, ulaii
	-			I					
(a) l	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of se	ervice	(c)	Compensati	on	
									
						1			
						 			
	_					 			
					<u> </u>	 			
						1			
	Total	number of other independent contra	otoro opob ropolisiaa	Over \$100 000		1			
		number of other independent contra	J	•		(-)(4)			
52		ne organization complete Schedule A			ns and 4947		► □ v		N1
		xempt charitable trusts must attach			<u> </u>		► ∐ Yes		No
		of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than					nowledge and	belief,	ıt ıs
true, cor	rect, an	d complete Declaration of preparer wifer than	,						
0:-		John So Jesto	TREASURE	<u>}</u>					
Sign		Ignature of officer	, TREASUREI r TREASUREI	_	D	ate		1 ^	
Here		WOHN SOLFSKO	TREASURE	?		JANU	ARY L	t, ä	010
		Type or print name and title						<u> </u>	
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	If PTIN		
Prepa	arer					self-emplo	yed		
Use (Firm's name ▶			F	rm's ElN ▶			
		Firm's address ▶			Р	hone no	 _		
May th	ie IRS	discuss this return with the preparer	r shown above? See	instructions .	<u></u> .	<u> </u>	Yes X		No_

SENIOR MEN'S GOLF ASSOCIATION FINANCIAL STATEMENT 2012

Beginning Cash	At Start of Year Enter amount > Current Checking Account Balance >	20,137 04 20,137 04 20,137 04 20,137 04 19,978 44 Jan-12	0,137 04 9,978 44 Jan-12	20,137 04 19,343.95 Feb-12	20,137 04 20,097 95 Mar-12	20,137 04 17,348.95 Apr-12	20,137 04 17,763 95 May-12	20,137 04 18,318.95 Jun-12	20,137 04 18,385.53 Jul-12	20,137 04 18,445.99 Aug-12	20,137 04 18,280 95 Sep-12	20,137 04 16,870 75 Oct-12	20,137 04 31,442.34 Nov-12	20,137 04 29,120.50 Dec-12	137 04 120.50 29,120.50 Dec-12 Year to Date
					Ac	Administration									
Income															
	Dues		000	540 00	900 009	300 00	720 00	540 00	120 00	000	000	000	24,960 00	1,500 00	29,280.00
	Bank		000	000	000	000	000	000	2 00	33 60	111 20	8 8	000		181 20
	Miscellaneous		100 90	000	000	92 00	000	000	158 00	000	0 0	000	000		350.90
Total Income	94		100 90	540 00	00 009	392.00	720.00	540 00	280 00	33.60	111.20	34.40	24,960 00	1,500 00	29,812 10
Expense															
•	Computer Technical Support		310 00	260 00	180 00	280 00	160 00	240 00	280 00	250 00	180 00	210 00	200 00		2,850 00
	Officer's & Board Expenses		000	000	000	000	000	000	000	000	000	000	00 0		00 0
	Tournament Subsidy		000	000	000	000	000	000	00 0	000	000	000	000		00 0
_	Printing & Mailing & Postage		000	8 55	000	000	000	000	000	000	000	1,254 60	280 00	3,099 86	4,643 01
	Hospitality		000	000	000	000	000	000	000	000	000	000	000		00 0
	Annual Meeting		000	1,000 00	000	000	000	000	000	000	000	000	9,608 41	618 00	11,226.41
	Bank Charges		000	000	000	000	000	2 00	33 60	111 20	34 40	000	000		181 20
	Miscellaneous		90 00	29 94	000	2,911 00	000	000	120 00	29 94	318 04	000	000	103 98	3,562 90
Total Expense	136		360.00	1,298 49	180.00	3,191.00	160 00	242 00	433.60	391.14	532 44	1,464.60	10,388.41	3,821 84	22,463.52
Administration Net			.259 10	-758 49	420 00	-2,799 00	960 00	298 00	-153 60	-367.64	-421.24	-1,430.20	14,571.59	-2,321.84	7,348.58

			ř	Tournaments									
Income													
Entry Fees	3,860 00		3,680 00	2,000 00	3,505 00	3,800 00	3,290 00	3,000 00	2,000 00	620 00	000		28,105 00
Away Tournament	00 0		000	00 0	000	000	000	000	000	00 0	000		0.00
Carts	15,614 00	7,046 00	20,155 00	6,518 00	11,308 00	15,323 00	9,323 00	11,650 00	7,245 00	000	000		104,182 00
Total Income	19,474.00	9,396 00	23,835 00	8,518.00	14,813.00	19,123 00	12,613 00	14,650 00	9,245 00	620 00	00 0	000	132,287 00
Expense													
Pnze Certificates	3,382 50		3,155 00	1,754 00	2,970 00	3,234 00	2,816 00	2,572 00	1,775 80	540 00	00 0		24,233.30
Range Balls	00 0		000	000	000	000	000	000	000	000	000		000
Bag-Drop Attendants	377 00		386 00	196 00	430 00	359 00	324 00	288 00	68 00	90 00	000		2,714 00
Closest-To-The-Pin	000		000	000	000	000	000	000	000	000	000		0.00
Golf Carts	15,614 00	7,012 00	19,945 00	6,518 00	11,558 00	15,273 00	9,252 82	11,372 00	7,145 00	000	000		103,689 82
St Simons Island Package	000		000	00 0	000	000	000	000	000	00 0	000		000
Aiken Package	000		000	000	000	000	000	000	000	000	000		00 0
Miscellaneous	000		15 00	000	000	000	000	000	000	000	000		15 00
Total Expense	19,373.60		23,501 00	8,468 00	14,958 00	18,866 00	12,392.82	14,232 00	8,988 80	600.00	00 0	0.00	130,652 12
Tournaments Net	100 50	124.00	334.00	20 00	.145 00	257 00	220 18	418 00	256.20	20 00	0.00	0.00	1,634 88
Net Ending Cash	-158 60		754 00	-2,749 00	415 00	555 00	86 58	60 46	-165 04	-1,410 20	14,571 59	-2,321 84	8,983 46
Checks "Outstanding" or "Deposits" Enter amount >	0 00 -5,517 50	-8 55	-3 510 55	-608 00	00 06-	4,400 00	-3,055 00	000	000	000	-357 90	903 00	
Bank Statement Balance Enter amount >	0.00 25,495.94		23,608 50	17,956 95	17,853 95	22,718 95	21,440 53	18,445 99	18,280 95	16,870 75	31,800 24	29,723 50	
Bank Statement Adjusted Balance	0 00 19,978 44		20,097 95	17,348 95	17,763.95	18,318 95	18,385 53	18,445 99	18,280 95	16,870 75	31,442 34	29,120 50	

2012 Board of Governors Senior Men's Golf Association of Hilton Head Island

President Mr. Dennis J. Brennan

Callawassie Plantation 6 Sugar Mill Drive Okatie, SC 29909

1st Vice President Mr. Don Mikkelson

Moss Creek Plantation 12 Fairlawn Court

Hilton Head Island, SC 29926

2nd Vice President Mr. Ernie Haninn

Rose Hill Plantation 52 Pipers Pond Road Bluffton, SC 29910

<u>Treasurer</u> Mr. John S. Lesko

Belfair Plantation 58 Newberry Court Bluffton, SC 29910

Secretary Mr. Ronald J. Orlosky

Sea Pines Plantation
1 Marshview Drive

Hilton Head Island, SC 29928

Technology Mr. Francis H. Zeleznik

Eagle's Pointe Plantation

9 Hallbrook Place Bluffton, SC 29910