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## Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20							
В	Check if ap	oplicable	C Name of organization	<b>Employer</b>	dentification number		
	Address c	hange	SENIOR MENS GOLF ASSOCIATION OF HILTON HEAD	57-6	7-0641818		
	Name cha	inge	Number and street (or P.O.' box, if mail is not delivered to street address) Room/suite	Telephone			
Ц	initial retu		P.O. Box 5190	843) 7	57-8487		
H		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Ex	<del></del>		
=	Amended Application	retum n pending	HICTON HEAD ISLAND, SC 29938	Number	•		
=		ting Method:			<del> </del>		
	Nebsite	•			if the organization is not		
-			<u> </u>	•	ttach Schedule B 90-EZ, or 990-PF).		
_				OIIII 990, 9	90-EZ, OF 990-PF).		
		organization:			_ <del></del>		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets			
<u> </u>			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. •	\$		
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in	struction	s for Part I)		
_					<u> </u>		
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1			
	2	Program se	ervice revenue including government fees and contracts	. 2	136,644		
	3	Membersh	ip dues and assessments	. 3	18.640		
	4	Investment	income	. 4			
	5a	Gross amo	unt from sale of assets other than inventory   5a				
	Ь	Less: cost	or other basis and sales expenses				
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c			
	6	-	d fundraising events		·		
	a	_	ome from gaming (attach Schedule G if greater than	}			
9	~	\$15,000) .					
Revenue	ь		me from fundraising events (not including \$ of contributions				
Š	"		aising events reported on line 1) (attach Schedule G if the				
Œ	1		h gross income and contributions exceeds \$15,000)   6b				
	C		t expenses from gaming and fundraising events 6c		ļ.		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	ract	1		
	"	line 6c) .	e of floss) from garing and fundialising events fadd liftes ba and ob and subtr				
_	70	•	o of inventory loop returns and allowanees	<u>6d</u>			
<u>N</u>	7a		s of inventory, less returns and allowances				
Ď	b		of goods sold	<del> </del>			
Z	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. <u>7c</u>			
Z	8		nue (describe in Schedule O)	. 8	165 157		
ANNED	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	155,284		
	10		I similar amounts paid (list in Schedule O)	. 10	<del> </del>		
	11	•	ther compensation, and employee benefits	. 11			
Ø.	}	-		. 12			
Ĕ,	13		al fees and other payments to independent contractors	-   13	<u> </u>		
Expense	14		, rent, utilities, and maintenance	. 14			
Œ,	<b>₿15</b>		ublications, postage, and shipping	15	<u></u>		
7	ភា6		nses (describe in Schedule O)	. 16			
	17	Total expe	nses. Add lines 10 through 16	<b>17</b>	158456		
	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)	. 18	-3172		
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w	vith			
		end-of-yea	r figure reported on prior year's return)	19	14919		
	20	Other chan	iges in net assets or fund balances (explain in Schedule O)	. 20			
	21		or fund balances at end of year. Combine lines 18 through 20	▶ 21	11747		
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2015)		

3

Pa		ee the instructions f			<del> </del>		
	Check if the organize	ation used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
					(A) Beginning of year	L.,	(B) End of year
22	Cash, savings, and investm				22452	22	11747
23	Land and buildings					23	
24 25	Other assets (describe in S <b>Total assets</b>	•		• • • • •	40.416.0	24	110117
26	Total liabilities (describe in				22452	25 26	11947
27	Net assets or fund balance	•		n line 21)	22452	27	11747
_		am Service Accom				[2,]	11/4/
		ation used Schedule			•		Expenses
Wha	t is the organization's primary				<del></del>		puired for section (c)(3) and 501(c)(4)
as n	cribe the organization's progr neasured by expenses. In a	clear and concise m	anner, describe the	f its three largest pe services provided	orogram services, d, the number of		inizations; optional for
	ons benefited, and other relev	ant information for ea	ich program title.			ļ	Т
28							1
							1
	(Grants \$	\ If this amount	includes foreign gra	ints, check here	▶ □	28a	,{
29							
		y					
	(Grants \$	) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	29a	
30	***************************************						1
						ļ	
	(Grants \$	\ If this amount	includes foreign gra	inte chack here	<b>N</b>	30a	.}
31	<del></del>					308	<del>'</del>
•	(Grants \$		includes foreign gra			31a	.[
32	Total program service expe	enses (add lines 28a t	hrough 31a)		>	32	
Par		ors, Trustees, and Key				nstru	ctions for Part IV)
	Check if the organize	ation used Schedule	O to respond to a	ny question in this	Part IV	<del></del>	<u> </u>
	(a) Name and titl	<b>3</b>	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and	1 6	Estimated amount of other compensation
			\				
	$\sqrt{2}$	7101000		<del></del>	<del> </del>		<del></del>
	1566 411	ACHIEN	V 1		ĺ		
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					<del> </del>	4-	
				]	}		

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			$\Box$
	inductions for that ty officers in the organization used schedule of to respond to any question in this	rari		U No
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	33		×
34	Were any significant changes made to the organizing 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)	34		X
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)?	35a		X
c b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(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	35b 35c		× ×
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 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<u>×</u> ×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	304		<u> </u>
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	>	<
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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	40e		×
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ► ROBERT J. BOSSELMAN Telephone no. ► 8K- Located at ► 66 POINT WOST DRIVE BLUEFTON SC ZIP+4 ► 25			46
b	Located at ► <u>G6 POINT West DRIVE, 73 LUFF TON SC</u> ZIP + 4 ► <u>25</u> At any time during the calendar year, did the organization have an interest in or a signature or other authority over	910	Yes N	40
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<del>~</del>
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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:	42c	>	<u>≺</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. <b>-</b>	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes N	<u></u>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u></u>
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	44b		<u>~</u>
	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	ق.	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		$\times$
b	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)	45b		×

							296		
46	Did the organization engage, directly or to candidates for public office? If "Yes,"	indirectly, in political o	ampaign activities on	behalf of or in oppos	ition 46	Yes			
art		s only		<del></del>		ior lin	<u>.</u>		
	50 and 51. Check if the organization used So				ic labics i	Or III	62		
	Official title organization used St	chedule O to respond	to any question in ti	is Fart VI	· · · · · · · · · · · · · · · · · · ·	Yes	Ī		
7	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio		tax 47		;		
3	Is the organization a school as described				. 48		1		
∂a	Did the organization make any transfers			ration?	. 49a				
p	If "Yes," was the related organization as				. 49b		Ĺ,		
)	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and keemployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."								
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		e) Estimated amount other compensation			
		-					_		
		-				_			
		-			<u> </u>				
					ļ <u> </u>				
—									
	Total number of other employees paid or	vor \$100,000			<u> </u>	·			
'	Complete this table for the organization \$100,000 of compensation from the org	s's five highest compe	ensated independent	contractors who eac	h received	more	; tł		
	(a) Name and business address of each independent contractor		(b) Type of serv	ice (d	(c) Compensation				
				·					
						········			
	***************************************								
d	Total number of other independent contr	ractors each receiving	over \$100,000						
2	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nizations must attac	ha .▶∏ Yes		No		

Under penalties true, correct, an	of perjury, I declare that I have examined this red d complete. Declaration of preparer other than	eturn, including accompanying schedules and state officer) is based on all information of which preparations of which preparations are supported in the control of the cont	tements, and t arer has any kn	to the best of my knowledge and beli nowledge.	ief, it ı:	
Sign Here	Signature of officer  ROBERT J. BOSSELMAN, TREASURER  Type or print name and title  Date 5 - 13 -					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed		
Use Only	Firm's name ▶		Firm's EİN ▶			
	Firm's address ▶		Phone no.			
May the IRS	discuss this return with the preparer	shown above? See instructions		▶ 🖼 Yes 🗆	∃ No	