SCANNED APR 1 2 2021

(Rev. January 2020)

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. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inte	mai Revenu	ie Service	► Go to www.irs.gov/Form990 for instructions and the latest in	formation.		Inspection		
Ā	For the 2	2019 calend	dar year, or tax year beginning , 2019, and ending	, 20				
В	Check if a	pplicable	C Name of organization Senior Mens Golf Association of Hilton Head		D Empl	oyer identification number		
	Address c	hange	Doing business as		•	57-0641818		
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address) Roo	m/surte	E Telephone number			
	Initial retu	m	P.O. Box 5190		518-458-9460			
$\overline{\Box}$	Final return	v/terminated	City or town, state or province, country, and ZIP or foreign postal code	1				
$\bar{\Box}$	Amended	return	Hilton Head Island, SC 29938		G Gross	receipts \$ 232,180		
	Applicatio	n pending	F Name and address of principal officer: Bret Jacobowitz	H(a) Is this a gro	up return fo			
			22 Cherry Hill Ln, Hilton Head Island 29926	H(b) Are all su	bordinat	es included? Yes No		
ī	Tax-exem		501(c)(3)	If "No," a	ttach a le	st. (see instructions)		
<u></u>	Website:	► www.sm	ngahhi.com \	H(c) Group ex	emption	number ►		
ĸ	Form of on	ganization:	Corporation ☐ Trust Association ☐ Other ► L Year of formatio			of legal domicile SC		
Р	art I	Summai						
	1 E		cribe the organization's mission or most significant activities: The SMGA	A provides ao	lf even	ts for the members who		
9	1	oin the ass		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Activities & Governance	1 .		3					
<u> </u>	2 0	Check this	box ▶ ☐ if the organization discontinued its operations of disposed	more than 2	5% of	its net assets		
Š			voting members of the governing body (Part VI, line 14)	(c)	3	17		
æ	1		independent voting members of the governing body (Pairt VI, line) to	1	4	0		
89	5 1	fotal numb	per of individuals employed in calendar year 2019 (Part V, line 24)	/ · > ·	5			
Σįξ	6 7	fotal numb	per of volunteers (estimate if necessary)	^ /- ·	6	0		
ğ	7a T	otal unrela	ated business revenue from Part VIII. column (CV line 17)	·/· · ·	7a	17		
•	b	Jet unrelat	per of volunteers (estimate if necessary) ated business revenue from Part VIII, column (C) line 127 ed business taxable income from Form 990-T, line 39		7b	0		
_	-	tot amerat	ed business taxable income from 1 orn 350-1, title 35	Prior Year	1 /0	Current Year		
Revenue	8 0	Contributio	ns and grants (Part VIII, line 1h)		20.000			
			ervice revenue (Part VIII, line 2g)		30,000	24,700		
Ver	1			2	02,744	207,035		
æ	1		Income (Part VIII, column (A), lines 3, 4, and 7d)		0	0		
			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		465	445		
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	33,209	232,180		
			similar amounts paid (Part IX, column (A), lines 1–3)		0	0		
			id to or for members (Part IX, column (A), line 4)	2	11,802	208,992		
Expenses			ner compensation, employee benefits (Part IX, column (A), lines 5–10)		1,060 2,0			
ë			al fundraising fees (Part IX, column (A), line 11e)					
X			aising expenses (Part IX, column (D), line 25)			<u> </u>		
_			nses (Part IX, column (A), lines 11a–11d, 11f–24e)		15,110	20,706		
	1	-	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2:	27,972	232,298		
. 60	19 F	evenue le	ss expenses. Subtract line 18 from line 12		5,237	(118)		
13 or 11 Ce8				ginning of Curre	nt Year	End of Year		
Net Assets Fund Balanc	20 T		s (Part X, line 16)		29,006	28,888		
a a	21 T		ies (Part X, line 26)		0	0		
2 C	22 N		or fund balances. Subtract line 21 from line 20		29,006	28,888		
	art II	Signatur	· · · · · · · · · · · · · · · · · · ·			···		
Und	der penaltie e correct a	≈s of perjury, and complete	I declare that I have examined this return, including accompanying schedules and stateme . Declaration of prepare (other than officer) is based on all information of which preparer his	ents, and to the l	pest of m	ny knowledge and belief, it is		
	1		Para la management de l	as any knowledg	/ 			
ei.			CHA DOGL	<u> </u>	$\mu\mu$	2020		
Sign Here		Signatu	OBERT DOERR, TREASURER	Date				
пе	re							
		· · · · · · · · · · · · · · · · · · ·	print name and title					
Pai	id	Print/Type	preparer's signature Date		Check [
	parer				self-emp	loyed		
	e Only	Firm's nam	e >	Firm's I	EIN ▶			
		Firm's addr		Phone	no.			
May	the IRS	discuss tl	his return with the preparer shown above? (see instructions)			. Yes No		
For	Paperwo	rk Reduction	on Act Notice, see the separate instructions. Cat. No.	11282Y		Form 990 (2019)		



UIIII Ja	10 KZ 0 I	13)	r age as
Part	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Brio	efly describe the organization's mission:	· · <u>L</u>
•		SMGA provides golfing events at golf clubs for our members who join the association.	
	-1112		
		· · · · · · · · · · · · · · · · · · ·	
2		the organization undertake any significant program services during the year which were not listed on the	
			. ☑ No
		res," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program	[7] N -
			i
		es," describe these changes on Schedule O.	
4	Des	scribe the organization's program service accomplishments for each of its three largest program services, as me	asured by
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to otners,
	the	total expenses, and revenue, if any, for each program service reported.	
4a	(Cor	de: 713910) (Expenses \$ 208,992 including grants of \$) (Revenue \$ 231,7	35 \
40	Usa		
	used		
4b	(Cor	de: 561000) (Expenses \$ 2,600 including grants of \$) (Revenue \$)
•••	lice	d for the setup of golf events and payment of administrative expenses.	/
	036		
•			
			*
4c	(Cod	de: 541549) (Expenses \$ 19,500 including grants of \$) (Revenue \$)
	Use	d for running the computer software to setup the golf events.	
		1	

4d		er program services (Describe on Schedule O.)	
		penses \$ including grants of \$) (Revenue \$)	
4e	Tota	al program service expenses > 231,092	



Part IV	Checklist	of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		Ť
_	candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		\
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
đ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		√
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		- -

Part	Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	240		
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
G	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		-
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization 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	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			•
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		 -
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		7
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Ĭ.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M	30		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4	-		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	· √	

Fart	Statements Regarding Other INS Filings and Tax Compliance (continued)			
	·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		—	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	20		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		- - -
b		JD		
4a	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)?	4a		1
ь	If "Yes," enter the name of the foreign country ▶	74		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	:		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١,
	required to file Form 8282?	7c_		-
d				1
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7 6 7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
•	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		7
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			į
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	194		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	j		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		√
	If "Yes," complete Form 4720, Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11 12	<u>'</u>		1
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . [1b]	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		7
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		7
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•	
а	The organization's CEO, Executive Director, or top management official	15a		7
b	Other officers or key employees of the organization	15b		7
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.02		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		\downarrow
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a wrtten policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			_]
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	「(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Robert Doerr 284 Bamberg Dr. Bluffton, SC 29910 518-458-9460	cords	>	

D	

	•			
Part VII	Compensation of Officers, Direct	ors, Trustees, Ke	y Employees, Highest	Compensated Employees, an
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	a org	anız	atic	пс	ompe	ensa	ited any current (onicer, director,	or trustee.
				((C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours					or/trus		compensation	compensation	of other
	per week	9 5			,	_	<u> </u>	from the organization	from related organizations	compensation from the
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	蒙물	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ecto dua	₹	٦	를	st c	۳,		`	related organizations
	organizations below	Ť	ai		oy e	1 3			ĺ	
	dotted line)	stee	T St		•	ĕ				
		"	8		1	Highest compensated employee				
(1) Bret Jacobowitz	2	<u> </u>	!	_	┢	<u>├</u>	 			
President	1		i	1						
(2) Thomas Cantwell	4									
1st Vice-President Tournaments				✓				1,200		
(3) Rich Robertson	2									
Vice-President Membership				✓		<u> </u>	L	200		
(4) Robert Doerr	2]			İ		İ			
Treasurer			L.	✓	<u> </u>		L	1,200		
(5) Thomas Barreca	11					1			•	
Secretary			L	✓						
(6) Alan Prenoveau	11		1							
Vice-President Technology	<u> </u>		_	✓		<u> </u>	<u> </u>			
(7) Robert Bosselman	11			l						
Vice-President Hospitality		L .	L.	✓		ļ				
(8) George Jones III	2			l	ĺ					
Vice-President Golf Handicaps				✓	L					<u>-</u>
(9) Warren Zeger	ļ	1		ŀ				:		
		1	<u> </u>	<u> </u>	$ldsymbol{le}}}}}}$		╙			
(10) Richard Hartnedy		l					ł			
		✓	L.	<u> </u>	L_		<u> </u>			
(11) Jack Hunter										
		<u> </u>	_	<u> </u>	_	ļ	_			
(12) Paul Lambdin	1			١.			l			
Vice-President Technology		✓		✓.	<u> </u>		_			
(13) Charlie Michael					1					
	ļ	/	Ш	<u> </u>	₩	<u> </u>	<u> </u>	 		<u> </u>
(14) Jerry Lindquist		١.			1					

Par	VII Section A. Officers, Directors, 7	Trustees,	Key i	Emj	plo	yee	s, an	ıd F	lighest Compe	nsated I	Emplo	yees (contir	nued
					(6	C)								
	(A)	(B)		Position					(D)	(E)	(E) (F.			
	Name and title	Average	(do not check more than of box, unless person is both						Reportable	Reportable		Estima	ted am	ount
		hours					or/trus		compensation	compensation			fother	
		per week (list any	우콩	ins	皇	8	a E	õ	from the organization	from rel organiza		ſ	pensati om the	on
		hours for	륳鬛	랿	Officer	ğ	P es	Former	(W-2/1099-MISC)	(W-2/1099		organ	zation	
		related organizations	Individual to or director	iona	'	Key employee	8 8	-				related (organiz	ations
		below	Individual trustee or director	בל בר		yee	를		İ					
		dotted line)	8	Institutional trustee			Highest compensated employee		ŀ					
				Ľ		L.	8							
(15)	Joe Macchia							-						
			✓	<u> </u>	L									
(16)	Gerry Beauclair	 	l		l		ł							
			✓			_		╙						
(17)	Norm Conley				Ī									
4			✓	Щ	L.			ļ				<u>.</u>		
(18)						l	l			1		/		
(40)				Щ	_	ļ	ļ	-						
(19)														
(20)						├		⊢						
(20)														
(21)							-	\vdash						
15:11								١.						
(22)				\vdash			 -							
}/														
(23)														
(24)														
											-			
(25)														
							<u> </u>		,					
1b	Subtotal							•	0					
C	Total from continuation sheets to Part			-				•	2,600					
<u>d</u>	Total (add lines 1b and 1c)								2,600					
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received more	than \$10	000,000	of		
	reportable compensation from the organic	zation >											1	
_	Did the constant to the	· ·											Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							mple	oyee, or highes	t compe	nsated	3		 !
4	•									· · ·		13		<u>√</u>
•	For any individual listed on line 1a, is the organization and related organizations													
	individual	9.02.0				,			complete other		Sucri	4		<u> </u>
5	Did any person listed on line 1a receive o	r accrue co	mper	eati	ion	fror	n anv	ומנו	related organizat	ion or ind	ividual			
-	for services rendered to the organization?											5		$\overline{}$
Secti	on B. Independent Contractors	·	•					_						
1	Complete this table for your five high	est compe	nsate	ed i	nde	per	ndent	ÇO	ntractors that re	eceived r	nore t	han \$1	00.00	00 of
	compensation from the organization. Repo													
	(A)								(B)			(C)		
	Name and business addr	ess							Description of serv	ices	C	ompens	ation	
														
	Talal											,		
2	Total number of independent contractor							the	ose listed above	e) who				ì
	received more than \$100,000 of compensa	uon πom t	ne orq	jani	zati	บท	<u> </u>							

Form 9	990 (201	9)								Page \$
Par	t VIII	Statement of Re	vent	ie						
		Check if Schedule	O co	ontains a re	espor	nse or note to ar	ny line in this Pa	rt VIII		🗆
		-	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaig	ıns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues			1b	24,700				•
ع ۾	С	Fundraising events			1c					
Ţ	d	Related organizatio	ns .		1d		1			
ত ≅	e	Government grants	(con	tributions)	1e		1	1		
Sign	f	All other contribution	ns, gi	ifts, grants,			1	1		
벌		and similar amounts n	ot incl	uded above	1f	0				
들	g	Noncash contribution	ons ir	ncluded in]			ł
Cont and (lines 1a-1f			1g	\$0				
<u></u> 5	h	Total. Add lines 1a-	–1f .	<u> </u>		🕨	24,700			
_						Business Code				
Program Service Revenue	2a	charges for cart fees	and	prize fund		713910	207,035			
<u> </u>	b	***************************************								
gram Ser Revenue	С					L				
ev ev	d	************								
B _E	е									
مّ	f	All other program se								
	g	Total. Add lines 2a-					207,035		'	
	3	Investment income								
	١.	other similar amour								
	4	Income from investr	ment	of tax-exen	npt bo	ond proceeds ►				
	5	Royalties		· · · ·						<u> </u>
	٠ 👡	0		(i) Rea	1	(ii) Personal			•	
ĺ	6a	Gross rents	6a							
	b	Less: rental expenses		· · ·						
	C	Rental income or (loss)		<u></u>		L				
	d	Net rental income o	r (IOS	, ' 		1	<u> </u>			
	7a	Gross amount from		(i) Securi	ues	(ii) Other				
		sales of assets other than inventory	7a	i						
_	_	Less: cost or other basis	1a							
enne	D	and sales expenses .	7b							
Š	С	Gain or (loss)								
č	ď	Net gain or (loss)				▶				
Other R	8a	Gross income from			<u> </u>	i				
8	OG.	events (not including		lituraising						
	'	of contributions rej		d on line			:			
		1c). See Part IV, line			8a					
	ь	Less: direct expens	es .		8b					
ı	С	Net income or (loss)			g eve	nts ▶				
	9a	Gross income f								
1		activities. See Part I			9a					
	b	Less: direct expens			9b					
l		Net income or (loss)			ctivitie	es >				-
	10a	Gross sales of in	nvent	ory, less						
		returns and allowan			10a					
ļ	b	Less: cost of goods	sold		10b					
	C	Net income or (loss)	from	sales of in	vento	ory ▶				
ള						Business Code				
scellaneous Revenue	11a	credit card rebates				522210	445			
ᇣᆲ	b			,			•			
ē ē	С			**********						
ர் ட ்	d	All other revenue				1				

445

232,180

Total. Add lines 11a-11d

Total revenue. See instructions

12

Part IX	Statement	of I	Functional	Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	208,992	208,992		
5	Compensation of current officers, directors, trustees, and key employees	2,600			<u>'</u>
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				,
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management		i		
b	Legal				
С	Accounting				
đ	Lobbying		·····		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	40.500	40.500		,, <u></u>
15	Royalties	19,500	19,500		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	126		126	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,080		1,080	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
ē	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	232,298	231,092	1,206	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	201,230	201,002		
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)			-	

Part Y Ralance Shee

F	arı X	Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	29,006	1	28,888
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	, 0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,	•		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
	1	controlled entity or family member of any of these persons		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0	6	- 0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
ğ	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	O
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11 [0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	. 0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	29,006	16	28,888
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0		0
	19	Deferred revenue	0	$\overline{}$. 0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
ies	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0	-	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		05	
	26	Total liabilities. Add lines 17 through 25	0		0
			0	20	0
Cei		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.		i	
lan	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions	_	28	.
9	20			20	·
ᆵ		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
)ts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	· · · · · · · · · · · · · · · · · · ·
386	31	Retained earnings, endowment, accumulated income, or other funds	29,006		28,888
ţ	32	Total net assets or fund balances	29,006		28,888
Se	33	Total liabilities and net assets/fund balances	29,006		28,888
			29,006	<u> </u>	20,000

	•			
orm 99	(2019)		Pa	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		23	2,180
2	Total expenses (must equal Part IX, column (A), line 25)		23	2,298
3	Revenue less expenses. Subtract line 2 from line 1	· · · · · · · · · · · · · · · · · · ·		(118)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		2	9,006
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Pnor penod adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		2	8,888
Part	Financial Statements and Reporting			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		7
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		,
D	Were the organization's financial statements audited by an independent accountant?	2D	_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	- 1		- 1
	Separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			- 1
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
C	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			· -

Form **990** (2019)

SCHEDULE O (Form,990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Senior Mens Golf Association of Hilton Head

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection **Employer identification number**

57-0641818

The membership elect the officer/members of the board each year during our annual meeting.
Minutes of all governing board member meetings are documented and available to all of the members.
Before the 990 is filed the preparing officer e-mails to all governing members the 990 tax return before it is mailed to the IRS.
This association holds an annual meeting to disclose the financial situation of the organization.
This organization has a public website (www.smgahhi.com) that discloses it's governing policy and responsibilities to the membership.
This organization does not have a conflict of interest policy at this time.
The public is welcome upon request to see the governing policy, financial statements and 990 tax return filed with the IRS.
This association welcomes the public to join our association if they are willing to pay the annual membership dues and they have a verified
USGA GHIN handicap.