2023

Accommodations Tax Funds Request Application

Organization Name: Hilton Head Island Bridge Association

Project/Event Name: Marketing competitive Bridge to Tourists

Executive Summary

An ATAX Effectiveness Measurement form has been attached to this application.

EXECUTIVE SUMMARY

We used our initial grant of \$20,000 (and more) on substantial print and marketing strategies, utilizing the advice a marketing consultant. Improvements include:

*Continuation of our print marketing in various newspapers, calendars, magazines, rack cards and flyers...\$11,000 –

* An expanded Social/Digital Media with consulting help promoting bridge on the Island "Play Bridge a

the Beach" throughout the eastern portion of North America....\$8,000

*Offer a marketing hotline to form playing partnerships for tourists and guarantee results...\$2000

*Utilize email blasts to previous bridge playing visitors/tourists....\$1500

*established a logo for our marketing ... \$1,000

2023

Accommodations Tax Funds Request Application

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Applications will not be accepted if submitted after 4 pm on September 2, 2022

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Hilton Head Island Bridge Association					
Project/Event Name: Marketin	Project/Event Name: Marketing competitive Bridge to Tourists				
Contact Name: Robert Olson	Contact Name: Robert Olson Title: Grant applier				
Address: 7 Market Place Dr, Hilto	Address: 7 Market Place Dr, Hilton Head Island, SC 29928				
Email Address: olsonrh@umkc.e	du Contact Phone: 913-710-1623				
Event Date: 2023 Event Location: 95 Matthews Drive Store A8, HHI, 29928					
Total Budget: \$155,000.00 Grant Requested: \$15,000.00					

Provide a brief summary on the intended use of the grant and how the money would be used. *(100 words or less)*

"THE HH REGIONAL IS MY FAVORITE TOURNAMENT …." A quote from THE BRIDGE BULLETIN, *the* monthly international publication distributed worldwide May, 2022 (p.20). Our annual Regional Bridge tournament draws players from all over the country as well as some international competitors. We want to capitalize on this incredible review by promoting our tournament nationwide on a level we never have been able to. Money will be used to buy advertising in the BRIDGE BULLETIN and other publications read by the bridge community and to purchase "e-blasts" to the entire worldwide bridge community through the parent organization, the ACBL.

How does the organization/event either drive tourism to Hilton Head Island or enhance the visitor experience on Hilton Head Island? How is this impact being measured? (100 words or less)

Duplicate Bridge enjoys a following world-wide. Our club (HHIBC) was one of the most successful clubs in the country during Covid, evidenced by the # of tables/games played. Our major draw from outside the island is our annual Regional Tournament, held at the Marriott Convention Center. Players typically stay 4-7 days. We conduct 2 smaller

tournaments each year that attract over 100 tourists (30% of attendees) for 2-3 playing days. The magazine review/article described our beautiful island and the great tournament we present, so we need to capitalize on this by letting the country know there is nothing better than "beach and bridge" on our island. Results can be measured by comparing attendance to previous year's tournament

- A. Total Number of Physical Tourists Served: 1906 A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.
- B. Total Number of Physical Visitors Served: 604 A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.
- C. Total Number of Physical Residents Served: 739 A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.
- D. Total Number of Physical Patrons Served (A+B+C=D): 3249

How was the Number of Visitors/Tourists Documented? (250 words or less)

We measure people by individual count and have access to detailed individual zip code data for each player accumulated by our sponsoring organization, the ACBL, as well as every player and their domicile for our daily games. Our Regional and Sectional tournaments reach the greatest number of visitors; our classes were attended by 311 people for an average of 4 sessions; 30% were visitors or tourists.

B. DESCRIPTION OF OPERATIONS:

1. For state reporting purposes, give a brief description of the organization. (250 words or less)

The Hilton Head Bridge Association, a non-profit, is member owned and operated. We have no employees, but contract with a few members who manage our facility, games and classes.. Of the over 2600 Bridge clubs in the US only a very few normally offer more than 2-3 games per week. The HH Island Club has games 5-6 days a week. Our recent success can be measured by the fact the ACBL now allows us to offer the 7-day Regional tournament every year versus every-other year in 2019. Our club is one of the most prestigious and well-regarded clubs in the country. And, as a popular club, situated in a desirable location, we host many out-of-the-area players who value playing bridge in an inviting club atmosphere. We also sponsor three out-of-the-club on-Island tournaments each year, the largest of which extends over a full week and attracts players from all over the world. This tournament is typically amongst the 5 most attended in the US each year.

2. Describe in detail how the requested grant funding would be used? (250 words or less)

Generally, our efforts will be focused on informing potential visitors of the substantial bridge opportunities available on HH in both club games and tournaments. The ATAX grants of 2019 and 2020 helped HHIBA begin to establish a terrific momentum as we built the awareness and membership of both the club and the tournaments. We will double the amount of print advertising in the ACBL magazine, local and nearby papers, as well as send out area-sensitive "e-blasts" on a regular basis through the ACBL. We will continue to expand our digital presence we began in 2019. We expect that effective digital and print advertising will attract at least 8-10% more tourists and visitors to the Island and to our Club and tournaments, especially after the BRIDGE BULLETIN article stated **"The Hilton Head Regional is my favorite Regional (tournament)....". Details:**

Tournament/Regional Ads in ACBL magazine: 4 ads x \$2,250 \$9,000

Tournament ads: \$1,800	Island Packet	\$1600	Blufton Sun
e-Blasts to specific zip	\$1,700		
Low Country Connection	\$500		
Facebook	\$400		

3. What impact would partial funding have on the activities, if full funding were not received? What would the organization change to account for partial funding? (100 words or less)

The club has been incapable of funding marketing efforts for our games in the past without the assistance of ATAX and will be unable to do so without continued help. The club's primary revenue source is fees raised from members and visitors for games and classes; both of which were substantially increased in recent years. While we have been profitable, we are challenged by ever increasing rent in the limited opportunities we have to locate our club. In the absence of funding, we would forgo any of the proposed marketing opportunities to maintain a solid financial position while absorbing rent increases and capital improvements. In the instance of partial funding we would select the most impactful activities and implement as

warranted by the funding level.

4. What is expected economic impact and benefit to the Island's tourism? (100 words or less)

Successful marketing efforts focused on tourists would increase awareness and appreciation for our services, thereby increasing accommodation and restaurant usage on the island. We have limited data on which to project economic benefits, however, those attracted to bridge on the island would likely stay for at least a week based on input from current tourists. Our target will be an 8-10% increase in tourists playing in our regular games, attending classes, or playing in our tournaments. We have data supporting the exact number of tables played throughout the year (4 players per table) as well as ACBL data documenting all tournaments.

5. In order to comply with the State's Tourism Expenditure Reveiw Committee annual reporting requirements, **please classify your current grant request into the following authorized categories:**

1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	100	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	0	%
3 - Tourism-Related Facilities Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	0	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%
Total:	100	%

6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. (250 words or less)

Our collaborative partners include:

- Chamber of Commerce/VCB
- American Contract Bridge League (ACBL)
- Arts and Cultural Council HH Island (ACCHI)
- Hilton Head Airport Welcoming Experience
- Bridge Clubs in out-of-town markets
- Culture HHI
- 7. Additional comments. (250 words or less)

C. FUNDING:

1. Please describe how the organization is currently funded. (100 words or less)

Game fees (charged to every player): 81% Workshop fees: 12% Membership dues: 6% Other: 1%

2. Please also estimate, as a percentage, the source of the organization's total annual funding.

Covernment Sources		Private Contributions, Donations
Government Sources		and Grants
Corporate Support, Sponsors	6	Membership, Dues, Subscriptions

Ticket Sales, or Sales

93 and Services

1 Other

3. Has the organization requested other ATAX or any other funding from other public sources or organizations?

Yes ____ No _X_

If so, please list top 3 sources and amounts.

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: <u>April</u> End Month: <u>March</u>

Financial Statement Requirements:

1. The upcoming year's **operating budget** for the organization.

Budget Years Provided:

2022-23

2. The previous two years and current year **profit and loss reports** for the organization.

Profit and Loss Years Provided:

2022

3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

2020-2022

4. The previous two years and current year IRS Form 990 or 990T.

IRS Form 990 or 990T Years Provided:

2018202120202019

E. FINANCIAL GUARANTEES AND PROCEDURES:

1. Provide a copy of the **official minutes** wherein the organization approves the submission of this application.

An official set of minutes have been attached to this application.

- 2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditue of ATAX grant funds.
 - Follow Town procurement guidelines
 - Utilize and follow organization's own procurement guidelines
 - Our organization does not have or follow procurement guidelines

F. MEASURING EFFECTIVENESS:

If you received 2021 or 2022 HHI ATAX funds

- 1. List any ATAX award amounts received in 2021 and/or 2022.
 - 2019 \$20,000.00 Marketing Competitive Bridge to Tourists
- 2. How were the ATAX fundsused? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. (200 words or less)

None received.

3. What impact did this have on the success of the organization/event and how did it benefit the community? *(200 words or less)*

4. How does the organization measure the effectiveness of both the overall activity and of individual programs? (200 words or less)

None received.

Signature: Robert Olson

Title/Position: Grant applier

Mailing Address: 7 Market Place Dr, Hilton Head Island, sc 29928

Email Address: olsonrh@umkc.edu

Office Phone Number:

Home Phone Number: 913-710-1623

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HILTON HEAD BRIDGE CLUB BOARD MEETING MINUTES

August 17, 2022

In attendance: Dave McClintock, Alan Ardell, Ted David, Ezz Khalifa, Virginia Rotella, Marcia Cornell, Sandy Ritchey and Bob Olson

Absent: Pat Burke, Doug Luba and Dian Urbano

The meeting of the Board was called to order by President Dave McClintock at 4:30.

The July 27 Board Minutes were approved.

ATAX

Bob Olson presented the 2023 ATAX grant application to the Board, and it was unanimously approved. Bob will submit it to the Town of Hilton Head at a Council meeting; Board members are encouraged to attend that meeting. Discussion ensued regarding placing ads in the ACBL Bulletin

Treasurer's Report

Ted's monthly financial report was approved. Ted announced that the club had a small loss of \$1,800 in July, as there were fewer tables than in June due to people being on vacation.

Camellia Tournament

Virginia reported that Marie Killoran is available to direct the Camellia; Virginia is looking into hotel rates for Marie's stay. Dave announced that he will also be available if Marie needs any assistance. Virginia said she is meeting with Beach & Tennis on Friday to finalize the menu. Co-chair Lynne Hoos has the flyers ready, and Kerry Flom has agreed to take them to the Atlanta Regional on August 30. Kristi Menees will bring flyers to the Charlotte Regional.

If COVID is still an issue, masks will be required, as will proof of vaccine. Ezz volunteered to be the tournament's Safety Chair. Attendees will wear paper wristbands showing they've been vaccinated. A list of vaccinated attendees may be on a website from prior tournaments – we can check with the ACBL. A couple of volunteers will be enlisted to assist Ezz. Also, two volunteers will be needed to caddy at Sunday's Swiss game. We will pay them and give them lunch.

Virginia reviewed the budget with the Board, and the first draft of the budget was approved. She will verify with the ACBL that the current convention cards can be used to save money on supplies.

Annual Meeting

The meeting has been set for Saturday, January 21, 2023, at Hilton Head Beach & Tennis. Dian and Ezz are in charge of the tournament – Dian is waiting to hear how much deposit needs to be paid. After the game there will be a snack.

Invitational Guest Night

Ezz, Ted, Alan and Sandy had met to discuss the details of a Guest Night. They developed a flyer which the Board fine-tuned. The event will be held on Saturday, November 12, from 12:30 to 3:00 and will include refreshments and a presentation. All Club members will be encouraged to invite their friends, and the event will be advertised on social media. Marcia will ask Hilton Head Monthly to put a notice in their calendar. This event is designed to entice new members to play at the Club. It would be worthwhile to conduct a survey of previous members to find out why they stopped playing at the club.

Classes

The Fall teaching schedule is on the Club website.

Club Manager

Sandy announced that the Stakeholders' Game will be on Saturday, October 1. She also said that current table counts are double than what they were last year.

She also suggested the annual dues of the Club be increased from \$20 to \$25, and the Board agreed. Dian is in charge of membership, so this needed to be addressed before annual renewals are sent out.

President

Dave addressed the Board of Directors' Terms of Office. Because of past turnover, the terms have become skewed. With nine board members, three need to rotate off in 2023, three in 2024 and three in 2025. He created a chart that corrects the issue.

Future Board meetings are scheduled: Thursday, October 6 Wednesday, November 16 Thursday, December 1 The meeting was adjourned at 6:00.

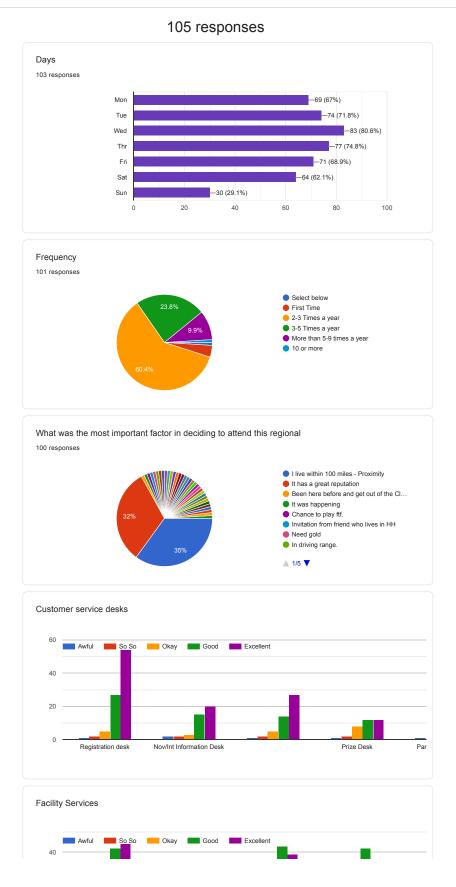
Respectfully submitted,

Marcia H. Cornell Secretary From: Jay Whipple III jay3@bridgefinesse.com

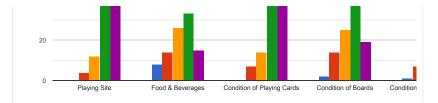
Subject: D7 - 2202102 Hilton Head '22 Regional Survey Results

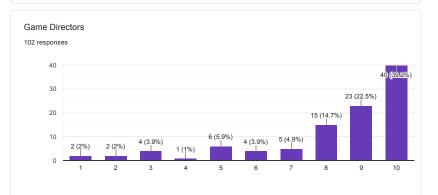
Date: February 16, 2022 at 4:30 AM

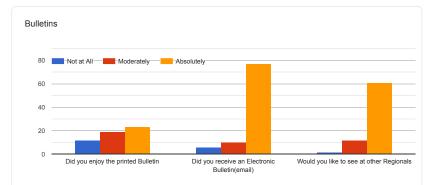
To: D7 - 2202102 Hilton Head '22 Regional Attenddees D7 - 2202102 Hilton Head '22 Regional Attenddees

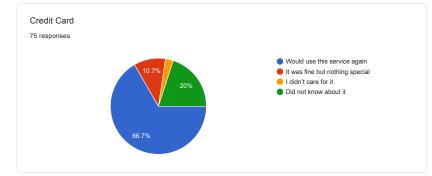


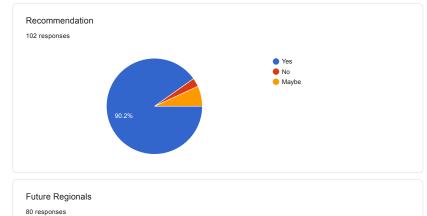
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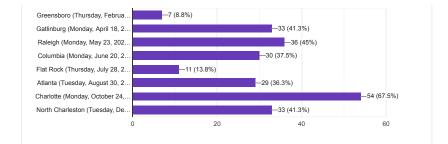


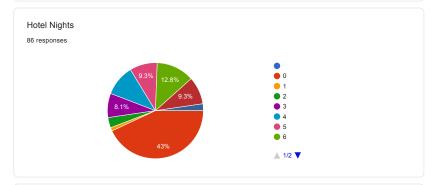


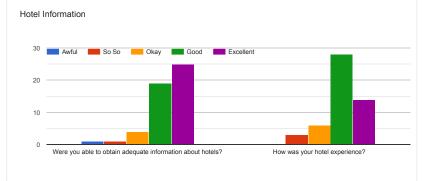




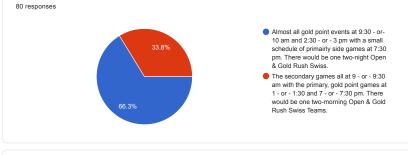


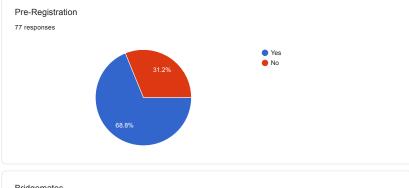




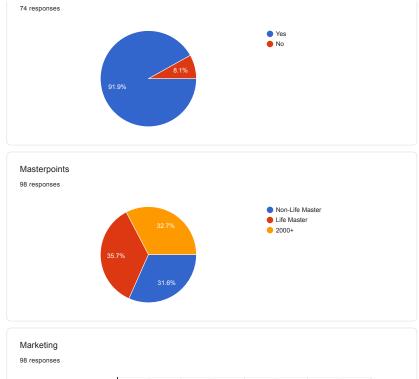


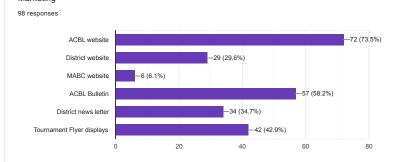
Preferred Times? (the opening day would have 1:30 and 7:30 starts, so the question is about Tuesday through Saturday)





Bridgemates





	А	В	С	D	
1	Hilton Head Isla	and Bridge As	sociatio	on	
2	Operating Budget				
3	April 1, 2022 to	March 31, 20)23		
4					
5					
6					
7					
8					
		Budget FY 2022-23			
		(Apr 1, 2022 to Mar			
9		31, 2023)			
10	Revenue				
11					
12	Game Fees	\$126,000			
13	Workshop Fees	\$18,000			
14	Membership dues	\$9,000			
15	Other income	\$2,000			
16	Total Income	\$155,000			
17					
18	Cost of providing services	5			
19					
20	Directors Fees	\$33,000			
21	Bridge Fees	\$6,500			
22	Teacher fees and costs	\$11,000			
23	Bridge food/dring and sup				
24					
25	Gross Profit	\$103,000			
26					
27	Operating expenses				
28					
29	Manager fees	\$3,600			
30	Rent	\$58,000			
31	Insurance	\$9,000			
32	Utilities andtelephone	\$5,000			
33	Other administrative cost	\$11,000			
34	Depreciation	\$6,500			
35	Total operating expenses	\$93,100			
36					
37	Net income	\$9,900			

	А	В	С	D
1	Hilton Head Island Bridge	Associat	tion	
2	Balance Sheets			
3	Prior 2 Fiscal Years and C	urrent Ye	ar-to-Da	ite
4				
5				
6				
7				
8		Fiscal 2022 - 2023	Fiscal 2021 - 2022	Fiscal 2020 - 2021
9		As of	As of	As of
10		June 30, 2022	March 31, 2022	March 31, 2021
11				
12	ASSETS			
13				
14	Current Assets			
15				
16	Cash and Equivalents	\$80,249	\$84,882	\$92,488
17	Prepaid Expenses and prepays used	\$1,391	\$1,082	\$3,600
	ATAX receivable			\$934
	Total Current Assets	\$81,640	\$85,964	\$97,022
20				
21	Fixed Assets (net)	\$12,639	\$11,885	\$18,470
22 23	Total Assets	\$94,279	\$97,850	\$115,492
24				
25				
26	LIABILITIES and EQUITY			
27				
28	Current Liabilities			
29				4
	Prepays Sold/used			\$694
31	Total Current Liabilities			\$694
32	Facility			
33 34	Equity			
35	Retained Earnings	\$96,914	\$114,660	\$128,637
36	Net Income	(\$2,635)	(\$16,810)	(\$13,840)
37	Total Equity	\$94,279	\$97,850	\$114,798
38				
39	Total Liabilities and Equity	\$94,279	\$97,850	\$115,492

	А	В	С	D		
1	Hilton Head	sland Brid	ge Associat	tion		
2	Income Statements					
3	Prior 2 Fiscal Years and Current Year to Date					
4						
5						
6						
7						
8						
9		FY 2022-23 YTD (Apr 1, 2022 - June 30, 2022)	FY 2021-22 (Apr 1, 2021 - Mar 31, 2022)	FY 2020-21 (Apr 1, 2020 - Mar 31, 2021)		
10	Revenue					
11						
12	Game Fees	\$27,788	\$96,873	\$43,650		
13	Workshop Fees	\$3,960	\$19,143	\$5,795		
14	Membership dues	\$340	\$7,670	\$9,757		
15	Other income	\$1,082	\$2,227	\$5,520		
16	Total Income	\$33,170	\$125,913	\$64,721		
17						
18	Cost of providing serv	/ices				
19						
20	Directors Fees	\$7,920	\$26,157	\$7,800		
21	Bridge Fees	\$1,565	\$6,730	\$380		
22	Teacher fees and cost	\$2,676	\$13,536	\$3,369		
23	Bridge food/dring and		\$2,809	\$1,793		
24	Total cost of providin	\$12,526	\$49,232	\$13,341		
25	Gross Profit	\$20,644	\$76,681	\$51,380		
26						
27	Operating expenses					
28		4000	4	10.000		
29	Manager fees	\$900	\$4,750	\$8,400		
30	Rent	\$14,513	\$57,597	\$37,923		
31	Insurance	\$2,334	\$2,224	\$539		
32	Utilities andtelephone	\$1,215	\$4,927	\$3,347		
33 34	Other administrative	\$2,671	\$17,408 \$6,584	\$8,426 \$6,584		
34 35	Depreciation Total operating expe	\$1,646 \$23,279	\$6,584 \$93,491	\$6,584 \$65,220		
35 36	i otal operating expe	323,279	ş55,491	303,220		
37	Net income	(\$2,635)	(\$16,810)	(\$13,840)		

Federal Electronic Filing Instructions

Tax Year 2021

You are responsible for confirming the status of your electronically filed return.

You can confirm the status of your return by going to <u>https://www.taxact.com/ef/efile-center</u>. You will need to enter the entity's EIN, ZIP code and company name.

You do not need to mail any paper signature forms to the IRS. Retain the signed copy of Form 8453-TE along with a copy of your return. The return has been successfully filed once an acceptance from the IRS is received.

Form	99(Return of Organization Exempt I				OMB No. 1545-0047
i onn		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			undations)	2021
	ment of the	Treasury				Open to Public
	Revenue S		$\frac{1}{103/31/2}$			Inspection
	Check if ap	D Employer ide	entification number			
	Address ch	57-08206				
	lame char	Number and start (an D.O. have it multiplies not delivered to start address)	Room/suite		E Telephone nu	
	nitial retur				(843)342	
	inal return/te				(015)512	,,,,,,
	mended r				G Gross receipts	s\$ 125,984.
H۶	pplication pe			H(a) Is	this a group return for su	
		PO Box 21476 Hilton Head Island, S	SC 2992	5 Н(b) А	re all subordinates i	ncluded? Yes No
Та	x-exempt				"No," attach a list. S	See instructions
JW	ebsite: 🕨	https://www.bridgewebs.com/hiltonhead	island/	H(c) G	roup exemption nun	nber 🕨
	rm of orga		Year of formation	on: 1998	M State o	f legal domicile: SC
Ра	rtl S	Summary				
		fly describe the organization's mission or most significant activities:				
8 8	Pr	omote the learning and play of contract	ct bridg	ge in (the Hilt	on Head
Activities & Governance	an	d surrounding area				
veri	2 Che	eck this box \blacktriangleright if the organization discontinued its operations or disposed of	more than 25%	6 of its net as	sets.	
ĝ	3 Nur	nber of voting members of the governing body (Part VI, line 1a) \ldots \ldots \ldots			. 3	8
<u>م</u>		nber of independent voting members of the governing body (Part VI, line 1b) . $\ .$				8
itie		al number of individuals employed in calendar year 2021 (Part V, line 2a)				0
ļ		al number of volunteers (estimate if necessary)			. 6	30
¥		al unrelated business revenue from Part VIII, column (C), line 12				0.
\rightarrow	b Net	unrelated business taxable income from Form 990-T, Part I, line 11.			. 7b	0.
				Prior Year	-	Current Year
		tributions and grants (Part VIII, line 1h)		<u> </u>		8,920.
Revenue		gram service revenue (Part VIII, line 2g)		49,		116,017.
eve		estment income (Part VIII, column (A), lines 3, 4, and 7d)			15.	1,047.
~ ∣		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65.0		125 004
\rightarrow		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		65,0		125,984.
		nts and similar amounts paid (Part IX, column (A), lines 1-3)	-			
		efits paid to or for members (Part IX, column (A), line 4)				
ses		fessional fundraising fees (Part IX, column (A), line 11e)	-			
Expenses		al fundraising expenses (Part IX, column (D), line 25) ►				
Щ.		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	83,	077	142,932.
-		al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).		83,0		142,932.
		renue less expenses. Subtract line 18 from line 12		-17,9		-16,948.
- 8				ng of Currei		End of Year
Net Assets or Fund Balances	20 Tota	al assets (Part X, line 16)		115,4		97,850.
Ass d Ba		al liabilities (Part X, line 26)			594.	
Fun		assets or fund balances. Subtract line 21 from line 20		114,		97,850.
Pa	rt II S	ignature Block				
Und	er penaltie	s of perjury, I declare that I have examined this return, including accompanying schedule	s and statemen	ts, and to the b	pest of my knowle	edge and belief, it is
true,	correct, a	nd complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer ha	as any knowled	lge.	
Sign		Signature of officer		Date		
He	re 🕨	Irwin David, Treasurer				
		Type or print name and title				
Pa	id	Print/Type preparer's name Preparer's signature	Date)	Check if	PTIN
Pre	eparer				self-employed	
Us	e Only	Firm's name		Firm	's EIN 🕨	
	-	Firm's address 🕨		Phor	ne no.	
		scuss this return with the preparer shown above? See instructions				

Form	990 (2021) Hilton Head Island Br	idge Associ	ation		57-0820683 Page 2
	III Statement of Program Service Acc	omplishments			
	Check if Schedule O contains a response or note	e to any line in this Part	III		[
1	Briefly describe the organization's mission:				
	Promote the learning and p	lay of cont	ract bridge	in the Hi	lton Head
	and surrounding area				
2	Did the organization undertake any significant program	services during the year	ar which were not listed	on the	
	prior Form 990 or 990-EZ?.				Yes 🗶 No
	If "Yes," describe these new services on Schedule O.				
3	Did the organization cease conducting, or make signific	ant changes in how it o	conducts, any program		
	services?	- 			🗌 Yes X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomplis	hments for each of its t	hree largest program se	ervices. as measured	bv
	expenses. Section 501(c)(3) and 501(c)(4) organization				-
	the total expenses, and revenue, if any, for each progra				,
	the total expenses, and revenue, if any, for each progra				
42	(Code:) (Expenses \$ 142,723. ir	ocluding grants of \$)	(Revenue \$	125,913.)
π α	Teaching and playing contr)		
	reactifing and praying contr	act bridge			
					_
4b	(Code:) (Expenses \$ ir	cluding grants of \$)	(Revenue \$)
40	(Codo:) (Evpopooo [©] ir	oluding grants of ¢)	(Revenue \$)
4C	(Code:) (Expenses \$ ir	cluding grants of \$)	(Revenue 5)
4d	Other program services (Describe on Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses				142,723.
UYA					Form 990 (2021

Form 990 (2021) Hilton Head Island Bridge Association Part IV Checklist of Required Schedules

	Checklist of Required Conculies			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	110
	complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
-	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		<u> </u>
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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,	10		
••	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	х	
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		х
С	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		X
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	х	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		x
12a				37
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	406		v
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
-	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		х
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		х
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		X
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		x
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		x
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		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b 21	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		x

Т

			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		х
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		X
24 a	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	0.4-		v
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		Х
b c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
U	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
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		Х
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		х
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	07		v
28	(including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		х
20	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?			х
-	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		х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
	If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		X
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? <i>If "Yes," complete Schedule R, Part I.</i>	22		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Х
54	or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
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? If "Yes,", complete Schedule R, Part V, line 2.	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	v	
Pa	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
га	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling) winnings to prize winners?	1c		

Form 990 (2021) Hilton Head Island Bridge Association 57-082						
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes			
2 a	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					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b				
4 a	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		Х		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>				
6 a	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?	<u>6a</u>		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
_	gifts were not tax deductible?	6b				
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				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.				
d	required to file Form 8282?	7c				
d		7e				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
0	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	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.)					
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
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	_				
C	Enter the amount of reserves on hand					
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
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		X		
4.5	If "Yes," see the instructions and file Form 4720, Schedule N.			77		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
4-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

Form 990 (2021) Hilton Head Island Bridge Association Part VI Governance, Management, and Disclosure. For each "Ves" resor

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rt VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

Sect	on A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7 a	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	Х	
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		x
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		_X_
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written 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			
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-T (section 501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.	• • •		
20	State the name, address, and telephone number of the person who possesses the organization's books and records (843)			
	Hilton Head Bridge Association 95 Mathews Drive Ste. Store A8	<u>Hil</u>	ton	He

Form 990 (2021) Hilton Head Island Bridge Association

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

	l Í		<u> </u>	(0		I			,	
(A)	(B)			• Posi				(D)	(E)	(F)
Name and title	Average	(do n				than o	ne	Reportable	Reportable	Estimated amount
	hours	box, ι	unles	s pe	rson	is both	an	compensation	compensation	of other
	per week	office	er and			or/truste		from the	from related	compensation
	(list any hours for	우고	-					organization (W-2/ 1099-MISC/	organization (W-2/ 1099-MISC/	from the organization and
	related	divic	stitu	Officer	Key employee	ghe nplo	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	ctor	tion		nplo	st co yee	Ÿ	,	,	Ū
	below	trus	altr		byee	pmp				
	dotted line)	Individual trustee or director	Institutional trustee			Highest compensated employee				
						ated				
(1) Kathy Buford	05.00									
President		X		Х						
(2) Irwin T David	05.00									
Treasurer		X		Х						
(3) Marcia Cornell	02.00									
Secretary		X		Х						
(4) Alan Ardell	01.00									
Member		X								
(5) Pat Burke	01.00									
Member		X								
(6) H. Ezzat Khahfa	01.00									
Member		X								
(7) Doug Luba	01.00									
Member		X								
(8) Dian Urbano										
Member		X								
(9) Dave McClintock	01.00									
Ombudsman				Х						
<u>(10)</u>										
(11)										
(12)										
<u>\'-</u> /										
(13)										
(14)										

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Form 990 (2021) Hilton Head Island Bridge Association 57-082068 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

5	7.	-0	82	06	583	Page	8
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Part VII Dection A. Onicers, Directors, Inc		,	נסוק	(C	-		9			,00, 00,	ninucu)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations	Position (do not check more than box, unless person is bot officer and a director/trus				is both or/truste	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organization (W-2/ 1099-MISC/ 1099-NEC)		Estimate of c compe from organiza	F) d amount other nsation n the ation and ganizations
	below dotted line)	al trustee or	nal trustee		oloyee	Highest compensated employee						
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal c Total from continuation sheets to Pa d Total (add lines 1b and 1c)				 	 	 						
dTotal (add lines 1b and 1c)2Total number of individuals (including b	out not limit					d abo	ve)	who received m	ore than \$1	00,000) of	
reportable compensation from the orga	nization 🕨											
3 Did the organization list any former offic	er, director	, trus	tee,	key	/ em	ploye	e, o	or highest compe	ensated			Yes No
employee on line 1a? If "Yes," complete4 For any individual listed on line 1a, is the										 the	3	X
4 For any individual listed on line 1a, is the organization and related organizations gi	-				-					uie		
<i>individual</i> 5 Did any person listed on line 1a receive of				 tion	 fro						4	X
5 Did any person listed on line 1a receive of for services rendered to the organization?		•				-		•			5	x
Section B. Independent Contractors		l !		l					man and the area of	100.0	00 - f	
 Complete this table for your five highest compensation from the organization. Rep tax year. 	compensation compe	ed ind nsatio	depe on fo	end or th	ent ne c	contra alend	acto ar y	rear ending with	or within the	e orgai	00 of nizatior	ı's
(A) Name and business address								(B) Description of se	ervices	C	(C) ompensa	ation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2021) Hilton Head Island Bridge Association

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business	Revenue excluded from tax under
						revenue	sections 512-514
ts, s	1a	Federated campaigns 1a					
un	b	Membership dues	7,770.				
Contributions, Gifts, Grants, and Other Similar Amounts	c	Fundraising events					
ifts ur A	b l	Related organizations					
D is		Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
utio her	'	and similar amounts not included above 1f	1,150.				
<u>đ</u>		Noncash contributions included in lines 1a-1f					
u pu	g b		•	8 9 2 0			
		Total. Add lines 1a–1f	Business Code	8,920.			
nue		Game and teaching food	Busiliess Code	116 017	116 017		
eve		Game and teaching fees		II0,0I/.	116,017.		
ы К	b						
ivio	C .						
ů Ľ	d						
grar	e						
Program Service Revenue	f	All other program service revenue		116 018			
	g	Total. Add lines 2a-2f		116,017.			
	3	Investment income (including dividends, interest,					
		and other similar amounts)		1,047.	1,047.		
	4	Income from investment of tax-exempt bond proc					
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	🕨				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
	c	Gain or (loss) 7c					
	d	Net gain or (loss)	🕨				
a)							
enue	8a	Gross income from fundraising					
eve		events (not including \$					
R		of contributions reported on line 1c).					
Other Rev		See Part IV, line 18					
0	b	Less: direct expenses					
		Net income or (loss) from fundraising events	•				
		Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses 9b					
			•				
		Gross sales of inventory, less					
		returns and allowances					
	Ь	Less: cost of goods sold					
		Net income or (loss) from sales of inventory	•				
			Business Code				
ŝnc	11a						
nue	b						
Miscellaneous Revenue	c						
isc Re		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		125,984	117,064.		
	14			,_0			1

Form 990 (2021)	Hilton	Head	Island	Bridge	Association					
Part IX Statement of Functional Expenses										
Section $501(c)(3)$) and 501(c)(4)	organizati	ons must comp	lete all column	s. All other organizations must co	mplete column (A).				

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0000	Check if Schedule O contains a response or note to any				
Don	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C)	(D)
	10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22.				
3	E E E E E E E E E E E E E E E E E E E				
Ŭ	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.				
5	Compensation of current officers, directors, trustees,				
-	and key employees				
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		50,401.	50,401.		
b	Management				
С	Accounting				
d	Lobbying				
е	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	1,072.	1,072.		
13	Office expenses	4,437.	4,437.		
14	Information technology				
15	Royalties				
16	Occupancy	72,333.	72,333.		
17	Travel				
18	Payments of travel or entertainment expenses for any				
40	federal, state, or local public officials	2 2 2 0	2 2 2 0		
19 20	Conferences, conventions, and meetings	3,338.	3,338.		
20 21					
22	Payments to affiliates	6,584.	6 584		
23	Depreciation, depletion, and amortization	2,224.	6,584. 2,224.		
24	Other expenses. Itemize expenses not covered above.	2,221.	4,221.		
-7	(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	Bridge food and drink	878.	878.		
	Hot line	84.	84.		
	Dues and subscriptions	1,439.	1,439.		
	Bank charges	3.	3.		
	All other expenses	139.	139.		
25	Total functional expenses. Add lines 1 through 24e	142,932.	142,932.		
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check				
	here ▶ if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) Hilton Head Island Bridge Association

	X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			Γ
		(A)	· · ·	(B)
		Beginning of year		End of year
1	Cash — non-interest-bearing.	18,415.	1	19,765
2	Savings and temporary cash investments	74,073.		65,118
3	Pledges and grants receivable, net	•	3	
4	Accounts receivable, net		4	
5	Loans and other receivables from 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		5	
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)		6	
7	Notes and loans receivable, net.		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges.	4,534.	9	465
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	18,470.	10c	11,885
11	Investments — publicly traded securities	-	11	-
12	Investments — other securities. See Part IV, line 11		12	
13	Investments — program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	617
16	Total assets. Add lines 1 through 15 (must equal line 33).	115,492.	16	97,850
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other 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		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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	694.	25	
26	Total liabilities. Add lines 17 through 25	694.	26	
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions.			
	_		28	
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	114,798.		97,850
32	Total net assets or fund balances.	114,798.		97,850
33	Total liabilities and net assets/fund balances.	115,492.	33	97,850

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part XII, column (A), line 12) 1 125,984. 2 Total expenses (must equal Part XII, column (A), line 25) 2 1422,932. 3 -16,948. 4 1114,798. 5 0 1142,793. 6 0 1142,793. 7 4 1114,798. 8 0 114,798. 9 Net unrealized gains (losses) on investments. 5 6 0 0 4 1 19 97,850. 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X). 10 97,850. Part XII Financial Statements and Reporting 1 97,850. 7 1 1 97,850. 2a X 1 Accounting method use to prepare the Form 990. Cash Accrual Other 1 1	Form 9	^{90 (2021)} Hilton Head Island Bridge Association	57	-08206	83 F	Page 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 125,984. 2 Total expenses (must equal Part X, column (A), line 25) 2 142,932. 3 Revenue less expenses. Subtract line 2 from line 1 3 -16,9948. 4 114,798. 3 -16,9948. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 114,798. 6 Donated services and use of facilities. 5 5 7 8 Prior period adjustments. 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 9 9 10 Prior sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 97,850. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 11 Accounting method used to prepare the Form 990: S Cash	Par					
2 Total expenses (must equal Part IX, column (A), line 25) 2 142, 932. 3 -166, 948. 4 114, 798. 5 0 6 114, 798. 6 0 7 0 7 0 7 0 8 0 9 0 10 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 114, 798. 6 0 7 0 7 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0 9 0 10 Net assets or fund balances to explain on Schedule O. 9 0 11 Accounting method used to prepare the Form 990: 12 Cash 14 Accounting method used to prepare the Form 990: 15 Cash 16 0 17 1 18 Yes, 'check a box below to indicate whether the financial statements complain the year vere compiled or reviewed by an independent accountant? 11 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis		Check if Schedule O contains a response or note to any line in this Part XI				
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4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 114,798. 5 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 7 8 9 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 97, 850. Part XII Financial Statements and Reporting 10 97, 850. 97, 850. 2a X Yes No 1 Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 7 2a X 1 the organization's financial statements compiled or reviewed by an independent accountant? 2a X X 1 Were the organization's financial statements audited by an independent accountant? 2b X 1 T'Yes,'' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities. 6 7 Investment expenses 7 8 Prior period adjustments. 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32 32. oolumn (B)) 10 97,850. Prior period adjustments Interstead of the organization star response or note to any line in this Part XII. Veck 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 daccural daccurating from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 1 Yes, 'hock a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," the 2a or 2b, does the organization have a committee that assumes responsibil	3	Revenue less expenses. Subtract line 2 from line 1	3	-	16,	948.
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 9 32. column (B)) 10 97,850. Part XII Financial Statements and Reporting 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: X Cash Accrual Other Yes No 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled on separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: <	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	14,	798.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 1 Accounting method used to prepare the Form 990: X 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements and idependent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis c 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: Separate basis Consolidated basis b Both consolidated basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited and separate basis c </td <td>5</td> <td>Net unrealized gains (losses) on investments</td> <td>5</td> <td></td> <td></td> <td></td>	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 97,850. Part XII Financial Statements and Reporting 10 97,850. Check if Schedule O contains a response or note to any line in this Part XII. 1 1 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 0 2b X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a se	6	Donated services and use of facilities	6			
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10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 97,850. Part XII Financial Statements and Reporting 10 97,850. Check if Schedule O contains a response or note to any line in this Part XII. 1 1 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 16 "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: 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 16 "Yes," check a box below to indicate whether the financial statemen	8	Prior period adjustments	8			
32, column (B)) 97,850. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited basis Both consolidated and separate basis b Consolidated basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organi	9	Other changes in net assets or fund balances (explain on Schedule O)	9			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.		32, column (B))	10		97,	850.
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1 Accounting method used to prepare the Form 990: X Cash Accrual Other Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII.				· 🗍
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2c 2c Separate basis Consolidated basis Both consolidated and separate basis 2c 2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c 2c	1	Accounting method used to prepare the Form 990: 🕱 Cash 🛛 Accrual 🗌 Other				
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 Were the organization's financial statements audited by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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. Sa As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If the organizati		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule ().			
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Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2c 2c Separate basis Consolidated basis Both consolidated and separate basis 2c 2c c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a X		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	n a separate	;		
b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 1 1 c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a X		basis, consolidated basis, or both:				
b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 1 1 c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a X		Separate basis Consolidated basis Both consolidated and separate basis				
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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	k			2ł	,	x
basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				lidated		
 Separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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. 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the Image: Common set of the organization and the organization did not undergo the common set of the organization did not undergo the common set of the organization undergo the required audit or audits? If the organization did not undergo the common set of the organization undergo the common set of the organization did not undergo the common set of the organization undergo the common set of the organization did not undergo the common set of the organization undergo the common set of the organization did not undergo the common set of the organization did not undergo the common set of the organization did not undergo the common set of the organization set		Separate basis Consolidated basis Both consolidated and separate basis				
of 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 Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the If we are sufficient to undergo the required audit or audits? If the organization did not undergo the	c					
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 Single Audit Act and OMB Circular A-133?				20	;	
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 Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the Image: Content of the organization of the organization did not undergo the						
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the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the a	3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						x
	k				-	
	-			3t	,	

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Form 990 (2021)

SCHEDULE	D
(Form 990)	

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

OMB No. 1545-0047

Name o	f the organization		Employer id	entification number
Hil	ton Head Island Bridge Associ	ation		20683
Par		vised Funds or Other Similar Fu	nds or Ac	counts.
	Complete if the organization answered "			
		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year).			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		1 (a second standards
5	Did the organization inform all donors and donor advisors in			
	property, subject to the organization's exclusive legal control			
6	Did the organization inform all grantees, donors, and donor		-	charitable
	purposes and not for the benefit of the donor or donor advis			
	private benefit?			Yes 🔝 No
Part				
	Complete if the organization answered "			
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	ation or education)	storically imp	oortant land area
	Protection of natural habitat	Preservation of a	certified hist	pric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	a conservati	on easement on the last day
	of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2 a	1
b	Total acreage restricted by conservation easements		2 1:	•
С	Number of conservation easements on a certified historic s			:
d	Number of conservation easements included in (c) acquire	d after 7/25/06, and not on a historic structure	e 🗌	
	listed in the National Register.		20	
3	Number of conservation easements modified, transferred,			
•	organization during the tax year ►			
4	Number of states where property subject to conservation e	asement is located		
5	Does the organization have a written policy regarding the p		lations	
5	and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting			
0			valion easen	lents during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, ha	naling of violations, and enforcing conservation	on easements	s during the year
	►\$			
8	Does each conservation easement reported on line 2(d) ab			
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva-			
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	organization	's accounting for
	conservation easements.		<u></u>	
Part			Other Si	milar Assets.
	Complete if the organization answered "			
1a	If the organization elected, as permitted under FASB ASC			
	of art, historical treasures, or other similar assets held for p	public exhibition, education, or research in fur	therance of p	ublic
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC	958, to report in its revenue statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthe	erance of pub	lic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►\$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical th			the following amounts
	required to be reported under FASB ASC 958 relating to th			ŭ
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	
For Pa	Assets included in Form 990, Part X	90. Cat. No. 52283D	· · · · · · · · · · · · · · · · · · ·	Schedule D (Form 990) 2021
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Schedu	ile D (Form 990) 2021 Hilton Head	Island B	ridge	Asso	<u>ciatio</u>	n		820683	Page 2
Part	III Organizations Maintaining Co	lections of A	Art, His	torical T	reasures	, or Ot	her Similar A	ssets (cor	ntinued)
3	Using the organization's acquisition, accession, a (check all that apply):	and other records	s, check a	ny of the fol	llowing that m	nake sign	ificant use of its co	llection items	
а	Public exhibition		d	Loan o	or exchange p	orogram			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collect	ions and explain	how they	further the	organization's	s exempt	purpose in Part XI	I.	
5	During the year, did the organization solicit or rec rather than to be maintained as part of the organi								∏ No
Part	IV Escrow and Custodial Arrange		1:		•••••		••••		
r art	Complete if the organization ans 990, Part X, line 21.		on Forr	n 990, P	art IV, line	9, or r	reported an am	ount on F	orm
1a	Is the organization an agent, trustee, custodian o	r other intermedi:	ary for cor	tributions c	or other asset	s not inc	luded		
ia	on Form 990, Part X?		-						
b	If "Yes," explain the arrangement in Part XIII and								
D.		complete the foll	owing tab	ic.			Amo	unt	
•	Beginning balance.					10			
C									
d	Additions during the year.								
e	Distributions during the year								
f									
2a	Did the organization include an amount on Form								
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the ex	planation	has been p	rovided on Pa	art XIII			
Part						40			
	Complete if the organization ans		1					_	
	· · · · · · · · · · · · · · · · · · ·) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three years bac	k (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current y	ear end balance	line 1a a	column (a))	held as:				
-	Board designated or quasi-endowment ►								
b	Permanent endowment %	/0							
	Term endowment %								
С		and 100%							
20	The percentages on lines 2a, 2b, and 2c should e		tion that a	ra hald and	administered	for the			
3a	Are there endowment funds not in the possession	n of the organizat	tion that a	re nela ana	administered	for the			
	organization by:								es No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the org		vment fun	ds.					
Par			-	- 000 P	aut IV / 15 a a	44 - 0	Са с Балия 000		- 10
	Complete if the organization ans								
	Description of property	(a) Cost or othe (investme		r í	r other basis ther)	. ,	Accumulated epreciation	(d) Book va	alue
1a	Land								
b	Buildings								
с	Leasehold improvements			9	3,111.		81,226.	11	,885.
d									
е	Other								
	Add lines 1a through 1e. (Column (d) must equal l		(, column	(B), line 10	c.)			11	,885.
UYA		-						edule D (Form	

Schedule D (Form 990) 2021	Hilton	Head	Island	Bridge	Associa	tion	57-	-0820683	Page 3
Part VII	Investment	s — Other	Securit	ies.						
	Complete if	the organiz	ation an	swered "Ye	s" on Form	990, Part IV	line 11b.	See Form 99	0. Part X. lin	e 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments — Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Amounts of prepaid entry fees	617.
(2)	
<u>(3)</u>	
(4)	
(5)	
<u>(6)</u>	
(7)	
<u>(8)</u>	
<u>(9)</u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	617.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	art X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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Schedu	ule D (Form 990) 2021 Hilton Head Island Bridge Association	!	57-0	0820683	Page 4
Part		enue per F	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1	[3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	-	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		
Part			r Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_		_	
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
Part	XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2021	Hilton	Head	Island	Bridge	Association
Part XIII Supplemen	ntal Informa	ation (co	ontinued)		

EFILE COPY

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	^{on} 2021
Department of the Treas Internal Revenue Service		Open to Public Inspection
Name of the organization	n	Employer identification number
Hilton Head	Island Bridge Association	57-0820683
	EFILE CO	PY

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
Hilton Head Island Bridge Association Part VI Line 6	57-0820683
1 class of members	
Part VI Line 7a	
All members vote on the Board of Directors Part VI Line 11b	
Reviewed by each member of the Board of Directors	
Part VI Line 19	
Financial statements are posted monthly in Clubhouse.	

	aa	0-EZ	Short Form Return of Organization Exempt From Incon	νο Τον	OMB No. 1545-0047
Form	33		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	2020	
		open to Public			
			Do not enter social security numbers on this form, as it may be made pull	Inspection	
		the Treasury ue Service	Go to www.irs.gov/Form990EZ for instructions and the latest information	tion.	inspection
AF	or the	2020 calenda	r year, or tax year beginning $04/01/2020$, and ending $03/2000$	/31/202	1
BC	heck if a	pplicable:	C Name of organization		identification number
	ddress	change	Hilton Head Island Bridge Association	-	20683
	lame cha	-	Number and street (or P.O. box if mail is not delivered to street address)	E Telephon	
\square	nitial retu		PO Box 21476		342-7529
\square		Irn/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group E Number	
\square	mended		Wilton Wood Taland GG 20025	Number	
		ing Method:	Hilton Head Island, SC 29925 X Cash Accrual Other (specify) ► H		if the organization is not
		•	s://www.bridgewebs.com/hiltonheadisland/		ttach Schedule B
		mpt status (ch		•	990-EZ, or 990-PF).
		organization:	Corporation Trust X Association Other	(, ,
		0	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets	
(Part	t II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	🕨	\$ 65,090.
Pa	rt I	Revenue	, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	ctions for Pa	art I)
		Check if th	e organization used Schedule O to respond to any question in this Part I		
	1		, gifts, grants, and similar amounts received		
	2	•	<i>i</i> ce revenue including government fees and contracts		
	3		dues and assessments		
	4	Investment in		4	15.
	5 a		at from sale of assets other than inventory 5a other basis and sales expenses 5b		
	b C		other basis and sales expenses	50	
	6		fundraising events:		,
	-	-	e from gaming (attach Schedule G if greater than		
en	-		6a		
Revenue	b	Gross incom	e from fundraising events (not including \$ of contributions	;	
Re		from fundrais	ing events reported on line 1) (attach Schedule G if the		
		sum of such	gross income and contributions exceeds \$15,000)		
	С	Less: direct e	expenses from gaming and fundraising events		
	d		r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
				60	1
	-		of inventory, less returns and allowances		
	b		goods sold		
	с 8	•	e (describe in Schedule O).		
	9		Je. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. .		
	10		imilar amounts paid (list in Schedule O).		
	11		to or for members		
s	12	Salaries, othe	er compensation, and employee benefits	12	2
Expenses	13	Professional	fees and other payments to independent contractors	13	20,661.
ă	14		rent, utilities, and maintenance		-
	15		ications, postage, and shipping.		-
	16		ses (describe in Schedule O)		
	17		ses. Add lines 10 through 16.		
ets	18 10		eficit) for the year (subtract line 17 from line 9)	18	<u> </u>
Net Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with gure reported on prior year's return).	19	129,168.
let /	20		es in net assets or fund balances (explain in Schedule O).		
Z	20 21	-	fund balances at end of year. Combine lines 18 through 20		
For F			Act Notice, see the separate instructions.	1	Form 990-EZ (2020)

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Z (2020)

Form	990-EZ (2020) Hilton Head Island Br		ation	57-	082	20683	Page 2
Pa	rt II Balance Sheets (see the instructions f	,					
	Check if the organization used Schedu	le O to respond to	any question in the	nis Part II			🗌
				(A) Beginning of year		(B) End of y	ear
22	Cash, savings, and investments			104,077.	22	92,	488.
23	Land and buildings.		[25,054.	23	18,	470.
24	Other assets (describe in Schedule O)			979.	24	4,	581.
25	Total assets		[130,110.	25	115,	
26	Total liabilities (describe in Schedule O).			942.			750.
27	Net assets or fund balances (line 27 of column (B) mu	ust agree with line 21)	[129,168.		114,	789.
Pa	rt III Statement of Program Service Accor						
	Check if the organization used Schedu					Expenses	5
What	t is the organization's primary exempt purpose? teachi				· ·	equired for se	
	cribe the organization's program service accomplisi					(c)(3) and 50 anizations; or	
	neasured by expenses. In a clear and concise man				- U	ers.)	
	ons benefited, and other relevant information for ea						
28	Teaching and playing duplica	· •					
20	reaching and praying dupites	ice bridge					
					<u> </u>	1 1 2	0.01
~~	(Grants \$) If this amount inc	cludes foreign grants, ch		· · · · · · · • P	28 a	ι <u>1</u> 3,	881.
29							
	(Grants \$) If this amount inc	cludes foreign grants, ch	neck here		29 a	1	
30							
	(Grants \$) If this amount inc	cludes foreign grants, ch	neck here		30a	۱ <u> </u>	
31	Other program services (describe in Schedule O)						
		cludes foreign grants, ch			31a	_	
	Total program service expenses (add lines 28a through	n 31a)			32	13,	881.
Pa	rt IV List of Officers, Directors, Trustees, and						
	Check if the organization used Schedu	le O to respond to	any question in the	<u>nis Part IV</u>			🗌
		(b) Average	(c) Reportable compensation	(d) Health benefits,			
	(a) Name and title	hours per week	(Forms W-2/1099-MISC)	contributions to employe benefit plans, and		Estimated a other comper	
		devoted to position	(if not paid, enter -0-)	deferred compensatio	n	suioi sempei	
Bet	th Dresher						
Pre	esident	05.00	5,646.				
Ma	ry Hill						
Tre	easurer	05.00					
Rid	chard Murray						
	nbership Chair						
	len Pawlowski						
	ucation chair		5,029.				
	ray Stehly						
	rketing Chair						
	ndy Ritchey						
_	ub Manager	20.00	14,726.				
	t Smith	20.00					
	oudsman	-					
	Judsman				-		
		4					
					+		
		-					
					+		
		4					
					+		
		4					
					\perp		
		4					

Form 99	00-EZ (2020) Hilton Head Island Bridge Association 57-082	068	3 P	age 3
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	V		
			Yes	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		x
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			<u> </u>
JJ a		250		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X X
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	35b		
С	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	35c	Х	
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did 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?	38a		x
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a		-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
L	section 4911 ▶; section 4912 ▶; section 4955 ▶;			
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		x
С	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			
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.	40e		X
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of Hilton Head Bridge Association Telephone no. (843))34	2-7	529
	Located at > 95 Mathews Drive Ste. Store A8 Hilton Head Island, SC ZIP+4 > 2992	8		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		x
	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).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
v	If "Yes," enter the name of the foreign country		L	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.			
73	and enter the amount of tax-exempt interest received or accrued during the tax year			
44-			Yes	No
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		X
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		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
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		

Form 990)-EZ (2	^{D20)} Hilton Head Islan	d Bridge A	ssociation		57-0	082068	3 P	age 4
								Yes	No
		e organization engage, directly or indirectly	1 1 0		••		40		v
Part V		didates for public office? If "Yes," complete Section 501(c)(3) Organization				· · · · · · · · · · ·	46		X
Tartv		All section 501(c)(3) organizations r		tions 47-49b and 52	and com	plete the tables fo	or lines		
		50 and 51.							
		Check if the organization used Sche	edule O to respond	d to any question in th	nis Part V	1			
								Yes	No
		e organization engage in lobbying activities		()	0				
	•	If "Yes," complete Schedule C, Part II.							
		organization a school as described in section		•					
		e organization make any transfers to an ex	•	0					<u> </u>
		b," was the related organization a section 5 lete this table for the organization's five hig	0						
		yees) who each received more than \$100,0	•				ý		
	<u>empie</u>					I)Health benefits,			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	la a la a C	ibutions to employee	(e) Estimate		
			devoted to position	(Forms W-2/1099-MI	SC)	it plans, and deferred compensation	other com	pensat	ion
			-						
51	Comp	number of other employees paid over \$100, lete this table for the organization's five hig 000 of compensation from the organization	hest compensated in	dependent contractors w	no each reo	ceived more than			
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(c)	Compensatio	'n	
لہ	Tetel	where of other index and a transformer	oob rooci in a state	00.000					
		number of other independent contractors e	0		▶ <u>0</u>				
		e organization complete Schedule A? No eted Schedule A.	•				► Yes	N X	No
		of perjury, I declare that I have examined this r							-
true, corr	ect, and	d complete. Declaration of preparer (other than	officer) is based on all	information of which prepar	er has any l	knowledge.			
•									
Sign		Signature of officer				Date			
Here		Mary Hill, Treasur	er						
		Print/Type preparer's name	Preparer's signature	9	Date		;f PTIN		
Paid				-		Check self-employ			
Prepa		Firm's name ►	1		1	Firm's EIN ►			
Use O	niy	Firm's address ►				Phone no.			
May the	IRS di	scuss this return with the preparer shown	above? See instruction	ons			Yes		No

Schedule B (Form 990, 990-EZ,
or 990-PF)
Department of the Treasury

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Hilton Head Island Bridge Association	
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Employer identification number 57-0820683

Organization	type	(check one):	
• · g		(00).	

Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

□ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3} % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. UYA

Name of organization

Page **2**

Employer identification number
57-0820683

Hilton Head Island Bridge Association

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	·9- •
Name of organization	Employer identification number
Hilton Head Island Bridge Association	57-0820683

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

		loo of t are if it additional opa	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org				Employer identification number
Hilton Part III	Head Island Bridge As Exclusively religious, charitable, e		anizations des	57-0820683
	(10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if add	the year from any one ions completing Part III, he year. (Enter this infor	enter the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
F		(e) Transfe	r of gift	
	Transferee's name, address	, and ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of	faift	(d) Description of how gift is held
Part I	(*) ·			(.)
-		(a) Transfe	r of gift	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
-	Transferee's name, address	, and ZIP + 4	Relatio	nship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
			r of gift	
	Transferee's name, address	(e) Transfe , and ZIP + 4	-	nship of transferor to transferee
		-		

SCHEDULE C Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4)	(5), or (6) organizations:	Complete Part III.

Name	e of organization	Employer identification number	
<u>Hi</u>	Lton Head Island Bridge Association	57-0820683	
Pa	rt I-A Complete if the organization is exempt under section 501(c) or is a s	section 527 organization.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See in definition of "political campaign activities")	structions for	
2	Political campaign activity expenditures (See instructions)	🕨 \$	0.
3	Volunteer hours for political campaign activities (See instructions).		0
Pa	rt I-B Complete if the organization is exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization under section 4955	🕨 💲	0.
2	Enter the amount of any excise tax incurred by organization managers under section 4955	🕨 💲	0.
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes	No
4a	Was a correction made?	🔲 Yes	No
b	If "Yes," describe in Part IV.		
Pa	rt I-C Complete if the organization is exempt under section 501(c), except	section 501(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	🕨 💲	0.
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exemp	t	
	function activities	🕨 💲	0.
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	· · · · > \$	0.
4	Did the filing organization file Form 1120-POL for this year?	Yes	No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organization		ade
	payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter	er the amount of political contributions	\$

received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



		ad Island Bridge Association		20683 Page 2
Par	t II-A Complete if the organization	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).			
A	Check 🕨 🔲 if the filing organization belongs to a	n affiliated group (and list in Part IV each affiliated group m	ember's name, address	, EIN, expenses,
	and share of excess lobbying expen	ditures).		
BC	Check 🕨 🔲 if the filing organization checked box	A and "limited control" provisions apply.		
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public of	pinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legisla	tive body (direct lobbying).		
C	Total lobbying expenditures (add lines 1a and 1b)		
Ċ	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1c	and 1d)		
f	Lobbying nontaxable amount. Enter the amount f	rom the following table in both columns.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line	ə 1f)		
h	Subtract line 1g from line 1a. If zero or less, ente	r -0		
i	Subtract line 1f from line 1c. If zero or less, enter	· -0		
j	If there is an amount other than zero on either lin	e 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	
2a Lobbying nontaxable amount						
 b Lobbying ceiling amount (150% of line 2a, column (e)) 						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 Hilton Head Island Bridge Association 57-0820683 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

En e e e la la contra de la con		(a	a)	(b)		
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5),	or sec	tion		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or sec	tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Ol answered "Yes."	R (b)	Part I	II-A,∣	line 3	8, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses		•			
-	for which the section 527(f) tax was paid).					
а	Current year.		2a			
b			26			

b	Carryover from last year	2b	
с	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the		
	organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (See instructions).	5	
Dart	N Supplemental Information		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (For	m 990 or 990-EZ) 2020	Hilton	Head	Island	Bridge	Association
Part IV	Supplemental	Informatio	n (contil	nued)		

SCHEDULE	D
(Form 990)	

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2 **Open to Public** Inspection

Name o	the organization		Employ	er identification number
Hilt	on Head Island Bridge Associ	lation	57-	0820683
Part	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fu		
	Complete if the organization answered "			
	' ¥ ¥	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year).			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors i		d funds a	re the organization's
-	property, subject to the organization's exclusive legal control			
6	Did the organization inform all grantees, donors, and donor			
	purposes and not for the benefit of the donor or donor advi			
	private benefit?			
Part				
	Complete if the organization answered	'Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organiz			
-	Preservation of land for public use (for example, recrea		istorically	important land area
	Protection of natural habitat			historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form o	a conse	rvation easement on the last day
	of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic s			2c
d	Number of conservation easements included in (c) acquire			
	listed in the National Register.			2d
3	Number of conservation easements modified, transferred,			
-	organization during the tax year	· · · · · · · · · · · · · · · · · · ·		
4	Number of states where property subject to conservation e	asement is located		
5	Does the organization have a written policy regarding the p		plations,	
	and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	rvation ea	asements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservati	on easem	nents during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(n)(4)(B)(i))
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva-	ation easements in its revenue and expense	statemen	t and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes th	e organiza	ation's accounting for
	conservation easements.			
Part	II Organizations Maintaining Collection	is of Art, Historical Treasures, o	r Othe	r Similar Assets.
	Complete if the organization answered	'Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC	958, not to report in its revenue statement an	nd balanc	e sheet works
	of art, historical treasures, or other similar assets held for p	public exhibition, education, or research in fu	rtherance	of public
	service, provide in Part XIII the text of the footnote to its fin	ancial statements that describes these items		
b	If the organization elected, as permitted under FASB ASC	958, to report in its revenue statement and b	alance sh	neet works of
	art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in furth	erance of	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical t	reasures, or other similar assets for financial	gain, pro	vide the following amounts
	required to be reported under FASB ASC 958 relating to the	nese items:		
а	Revenue included on Form 990, Part VIII, line 1			▶\$
b	Assets included in Form 990, Part X			▶\$

	ule D (Form 990) 2020 Hilton Head								0683	Page 2
Part	Organizations Maintaining Co	ollections of A	rt, Hist	torical T	reasures	, or Ot	her Similar A	Asset	s (con	tinued)
3	Using the organization's acquisition, accession, (check all that apply):	and other records,	check an	y of the fol	lowing that m	nake sign	ificant use of its c	ollecti	on items	
а	Public exhibition		d	Loan c	or exchange p	orogram				
b	Scholarly research		е	Other						
C	Preservation for future generations									
4	Provide a description of the organization's collec	tions and explain h	ow they f	urther the c	organization's	s exempt	purpose in Part X	(111.		
5	During the year, did the organization solicit or re- rather than to be maintained as part of the organ									No
Part					• • • • • • • •		· · · · · · · · · · ·	· · _		
	Complete if the organization and 990, Part X, line 21.	swered "Yes" c	on Form	n 990, Pa	art IV, line	9, or r	eported an ar	noun	t on Fo	orm
1a	Is the organization an agent, trustee, custodian of							-	_	
	on Form 990, Part X?							· · [Yes	No No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follo	wing table	e:						
								nount		
C	Beginning balance.									
d	Additions during the year.									
e	Distributions during the year									
f	Ending balance								_	
2a	Did the organization include an amount on Form									
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the expl	lanation h	las been pr	rovided on Pa	art XIII.				
Part					ant IV / Line	10				
	Complete if the organization and									
		(a) Current year	(b) Pr	ior year	(c) Two yea	Irs back	(d) Three years ba	ack (e	e) Four ye	ars back
1a	Beginning of year balance									
b										
C	Net investment earnings, gains, and									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current		line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment									
C	Term endowment ►%									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possession	on of the organization	on that ar	e held and	administered	I for the				
	organization by:							-	Ye	es No
	(i) Unrelated organizations							- F	3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required	d on Sche	edule R?				· · [3b	
4	Describe in Part XIII the intended uses of the org		nent fund	ls.						
Par	VI Land, Buildings, and Equipme		_	.			. –	_		
	Complete if the organization and									
	Description of property	(a) Cost or other (investmer		. ,	other basis her)	. ,	Accumulated epreciation	(d) Book va	lue
1a	Land									
b	Buildings									
С	Leasehold improvements	. 93,	112.				74,642.		18,	,470.
d	Equipment									
e	Other									
	Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X,	column (B), line 100	c.)					,470.
UYA							Sc	hedule	D (Form	990) 2020

Schedule D	(Form 990) 2020 Hilton Head Island Bridge	Association	n 57-08206	83 Page 3
Part VII	Investments — Other Securities.			
	Complete if the organization answered "Yes" on Form			·
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financia	l derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
i ait viii	Complete if the organization answered "Yes" on Form	n 990. Part IV. line	11c. See Form 990. Part X	(. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				(line 45
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line		
(4)	(a) Description		(b) Boo	ok value
<u>(1)</u>				
<u>(2)</u>				
<u>(3)</u>				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form	n 990, Part IV, line	11e or 11f. See Form 990,	Part X,
	line 25.			
1.	(a) Description of liability		(b) Bo	ok value
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)		_	
· · · ·	run (b) must equal Form 990, Part X, col. (b) line 25.)			
	I LIDCEDAID (AX DOSITIODS IN PAIT XIII, DIOVIDE THE TEXT OF THE FOOTBOTE TO TH	he organization's tinancia	I STALEMENTS THAT PROPERTY THE	

Sched	ule D (Form 990) 2020 Hilton Head Island Bridge Assoc	ziation	57-0820683	Page 4
Part				
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements.		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d.		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Part	XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2020	Hilton	Head	Island	Bridge	Association
Part XIII Supplemen	tal Informa	ation (co	ontinued)		

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.

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



Department of the Treasury Internal Revenue Service

Name of the organization

Hilton Head Island Bridge Association

Employer identification number 57-0820683

Schedule	O (Forn	n 990 or	990-EZ)	2020
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Page **2**

Name of the organization	Employer identification number
Hilton Head Island Bridge Association	57-0820683
Part I Line 16	
Other office expenses \$5059.00	
Part I Line 16	
Royalties \$225.00	
Part I Line 16	
Depreciation, depletion, and amortization \$6584.00	
Part I Line 16	
Insurance \$671.00	
Part I Line 16	
Directors and teachers \$11661.00	
Part II Line 24	
Prepaid expenses and deferred charges. Beginning:\$979.0	0 Ending: \$4581.00
Part II Line 26	
Accounts payable and accrued expenses. Beginning:\$942.0	0 Ending: \$750.00

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	Addr	ess ch	ange	Doi	ng busi	ness as																-08					
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	18	Tota	al expens	ises. Ad									2,6				2	208									
	19	Rev	enue les	e less expenses. Subtract line 18 from line 12														•	-90	<u>2.</u>							
Net Assets or Fund Balances																		nning							of Ye		
sets	20		al assets																120	6,0)63	3.		1	.30		
at As	21	Tota	al liabilitie	ies (Pa	rt X, lin	e 26) .																				94	
			assets o			es. Su	ubtract	line 21	fron	n line 2	20								12	6,0)63	3.		1	.29	,16	8.
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For Paperwork Reduction Act Notice, see the separate instructions.
UYA

May the IRS discuss this return with the preparer shown above? (see instructions).

No

Yes

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Form	990 (2019) Hilton Head Island Bridge Association	57-0820683 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III.	
1	Briefly describe the organization's mission:	
	Promote the learning and play of contract bridge in	n the Hilton Head
	and surrounding area	
2	Did the organization undertake any significant program services during the year which were not listed on the	e
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
-	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	s as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	
	the total expenses, and revenue, if any, for each program service reported.	
42	a (Code:) (Expenses \$ 208,717. including grants of \$) (Reve	enue \$)
4 α	Payments to independent contractors for game and te	· /
	rayments to independent contractors for game and te	eaching services
4b	o (Code:) (Expenses \$ including grants of \$) (Rever	enue \$)
4-		· · · · · •
4C	: (Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses	208,717.
UYA		Form 990 (2019)

Form 990 (2019) Hilton Head Island Bridge Association Part IV Checklist of Required Schedules

I UI				
			Yes	No
4	In the experimentian dependence in electric $E(1/2)(2)$ or $10.17(2)(4)$ (other then a private foundation)2. If "Vec."		165	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
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		x
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		x
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		x
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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		X
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		x
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	Х	
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		X
С	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		X X
d	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		x
12a	5	10-		
Ь	Schedule D, Parts XI and XII.	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	106		v
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
5	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		x
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		x
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		x
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		x
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		x
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		x

Form 990 (2019) Hilton Head Island Bridge Association Part IV Checklist of Required Schedules (continued)

Т

Т

			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		Х
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		X
24 a	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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5 -		37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? <i>If "Yes," complete Schedule L. Part I.</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		~
20	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		x
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		x
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?			х
	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		Х
с	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
25 -	or IV, and Part V, line 1	34		X X
35 а ь	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	330		
50	related organization? If "Yes,", complete Schedule R, Part V, line 2.	36		x
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		x
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	х	
Pa	rt 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	<u></u> .	<u> </u>	
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	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 reporatble gaming (gambling) winnings to prize winners?	1c	Х	1

	(2019) Hilton Head Island Bridge Association 57-0	3206	83 F	age 5
Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		D		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		x
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?.	5c		
	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?	<u>6a</u>		<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
		6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		v
		7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		v
	required to file Form 8282?	7c		х
		-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u>/n</u>		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) Hilton Head Island Bridge Association

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

Secti	on A. Governing Body and Management			• • •						
				Yes	No					
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a 9		100						
	If there are material differences in voting rights among members of the governing body, or		1							
	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 9								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1							
	any other officer, director, trustee, or key employee?		2		х					
3	Did the organization delegate control over management duties customarily performed by or under the direct									
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		х					
6	Did the organization have members or stockholders?		6	х						
7 a	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	x						
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		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
	the year by the following:									
а	The governing body?		8a	x						
b	Each committee with authority to act on behalf of the governing body?		8b	X						
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		X					
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code.)								
				Yes	No					
10 a	Did the organization have local chapters, branches, or affiliates?		10a		x					
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							
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		x					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	ve rise to conflicts?	12b	X						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done		12c	X						
13	Did the organization have a written whistleblower policy?		13		X					
14	Did the organization have a written document retention and destruction policy?		14		X					
15	Did the process for determining compensation of the following persons include a review and approval by	0								
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisi		45-		37					
a	The organization's CEO, Executive Director, or top management official.		15a		X X					
b	Other officers or key employees of the organization		15b							
16 0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
10 d	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		16a		x					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		Tua		Λ					
U	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							
Secti	on C. Disclosure		1.00	1						
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	-T (Section 501(c)(3)s	onlv)							
-	available for public inspection. Indicate how you made these available. Check all that apply.	(,,							
	Own website Another's website X Upon request Other (explain on Schedule O)									

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► (843)342-7529 Hilton Head Bridge Association 95 Mathews Drive Ste. Store A8 Hilton He

Form 990 (2019) Hilton Head Island Bridge Association

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 nor a	nv related orga	anization compensated	anv current officer.	director. or trustee.

				(0	C)					
(A)	(B)			Posi	ition			(D)	(E)	(F)
Name and title	Average	(do n	ot ch	neck i	more	than o	ne	Reportable	Reportable	Estimated
	hours per	box, ι	unles	s pe	rson	is both	an	compensation	compensation from	amount of
	week (list any hours for	office	er and	dad	irecto	or/truste	ee)	from the	related organizations (W-2/1099-MISC)	other compensation
	related	or d	Ins	Off	Ke	Hig	Fo	organization		from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization
	below dotted	ual t	iona		oldu	/ee	⁻	(and related
	line)	rus	f		yee	mp				organizations
		ee	stee			ssue				
						ated				
(1) Peg Gibson	04.00									
President		X		х				13,303.		
(2) Irwin T David	10.00									
Treasurer		X		х						
(3) Beth Dresher	04.00									
VP		X		х				5,646.		
(4) Mike Melnick	02.00									
<u>Director</u>		X								
(5) Donna Brinkley	05.00									
Director		X								
(6) Mary Hill	10.00									
Treasurer		X								
(7) Richard Murray	01.00									
Membership Chair		X								
(8) Helen Pawlowski	02.00									
Education chair		X								
(9) Peggy Stehly	02.00									
Marketing Chair		X								
(10) Sandy Ritchey	15.00									
C;ub Manager					X			14,726.		
(11) Art Smith	01.00									
Ombudsman					X					
(12)										
(13)										
(14)										
<u>(</u>)										
			-	-	-		-			

Form 990 (2019) Hilton Head Island Bridge Association 57-082068 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

57.	-08	32(068	33	Page	8
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Part VII dection A. Onicers, Directors, Th			,010				9				minuou	/	
(A) Name and title	(B) Average hours per week (list any hours for related	officer and a director/tru				is both pr/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation fro related organizations (W-2/1099-MISC	5	Esti amo o comp fro		٦
	organizations below dotted line)		Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and	nization related izations	3
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1bSubtotalcTotal from continuation sheets to PadTotal (add lines 1b and 1c)2Total number of individuals (including b reportable compensation from the organism	out not limit	ed to				d abc	 ve) 	33,675. 33,675. who received	more than \$'	100,000) of		
 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>. 								x					
Section B. Independent Contractors													
 Complete this table for your five highest compensation from the organization. Rep tax year. 	compensat port compe	ed ind nsatio	depe on fo	end or th	ent ne c	contra alend	acto ar y	ors that receive /ear ending wit	d more than h or within th	\$100,0 ie orga	00 of nizati	on's	
(A) Name and business address								(B) Description of	services	С	(C) omper		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2019) Hilton Head Island Bridge Association

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		Check if Schedule O contains a response or not	te to any line in this	Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business	Revenue excluded from tax under
						revenue	sections 512-514
nts its	1a	Federated campaigns					
Srai	b	Membership dues	5,803.				
s, G	с	Fundraising events					
Gift lar	d	Related organizations					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
ibut		and similar amounts not included above. 1f	565.				
d O	g	Noncash contributions included in lines 1a-1f	\$				
an Co	h	Total. Add lines 1a–1f.	🕨	6,368.			
e			Business Code				
Program Service Revenue	2a	Teaching and Games	713990	200,237.	200,237.		
Re	b						
vice	с						
Ser	d						
ram	е						
rog	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	🕨	200,237.			
	3	Investment income (including dividends, interest,					
		and other similar amounts)		1,210.	1,210.		
	4	Income from investment of tax-exempt bond proc	ceeds · · · ·				
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	🕨				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
		Gain or (loss) 7c	L				
	d	Net gain or (loss)	🕨				
e	_						
/eni	8a	Gross income from fundraising					
Re		events (not including \$					
Other Revenu		of contributions reported on line 1c).					
đ		See Part IV, line 18					
		Less: direct expenses					
		Net income or (loss) from fundraising events .					
	59	Gross income from gaming activities.					
	L	See Part IV, line 19 9a Less: direct expenses 9b					
		· · · · · · · · · · · · · · · · · · ·					
	TUa	Gross sales of inventory, less					
	h	returns and allowances					
		Less: cost of goods sold					
	L L		Business Code				
sno	11a						
nec	b						
Miscellaneous Revenue	c						
Re		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		207,815.	201,447.		
				, = = = •	. , = =		

Form 990 (2019)	Hilton	Head	Island	Bridge	Association		
Part IX Statement of Functional Expenses							

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any include amounts reported on lines 6b, 7b, 8b, 9b, of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations		expenses	general expenses	expenses
	d domestic governments. See Part IV, line 21				
-	ants and other assistance to domestic				
	dividuals. See Part IV, line 22.				
	ants and other assistance to foreign organizations,				
	reign governments, and foreign individuals. See Part IV,				
	es 15 and 16				
	enefits paid to or for members.				
	pompensation of current officers, directors, trustees,				
	d key employees				
	ompensation not included above to disqualified persons				
	s defined under section 4958(f)(1)) and persons				
	scribed in section 4958(c)(3)(B)				
	her salaries and wages				
	ension plan accruals and contributions (include section				
	1(k) and 403(b) employer contributions).				
	her employee benefits				
	es for services (nonemployees):				
	anagement	8,920.		8,920.	
	gal	0,520.		075201	
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
	her. (If line 11g amount exceeds 10% of line 25, column				
) amount, list line 11g expenses on Schedule O.)	69,213.	69,213.		
	Ivertising and promotion	0,213.	0,213.		
	fice expenses	28,028.	28,028.		
	formation technology	20,020.	20,020.		
	pyalties	20,110.	20,110.		
		69,657.	69,657.		
	avel	057057.			
	avenue of travel or entertainment expenses for any				
	deral, state, or local public officials				
	onferences, conventions, and meetings	54.	54.		
		J1.	51.		
	ayments to affiliates				
	epreciation, depletion, and amortization	5,529.	5,529.		
		3,124.	3,124.		
	her expenses. Itemize expenses not covered above	5,127.	5,121.		
	ist miscellaneous expenses on line 24e. If line 24e amount				
	ceeds 10% of line 25, column (A) amount, list line 24e				
	penses on Schedule O.)				
	nnual Meeting	4,082.	4,082.		
b b					
с —					
d					
	other expenses				
	other expenses	208,717.	199,797.	8,920.	
	tal functional expenses. Add lines 1 through 24e	200,/1/.	± <i>33</i> ,/3/•	0,940.	
	int costs. Complete this line only if the organization				
	borted in column (B) joint costs from a combined ucational campaign and fundraising solicitation. Check				
	ucational campaign and fundraising solicitation. Uneck				

Form 990 (2019) Hilton Head Island Bridge Association Part X Balance Sheet

Ρ	art)	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	<u></u> .	
			(A)		(B)
			Beginning of year		End of year
	1	Cash — non-interest-bearing.	29,391.	1	30,004.
	2	Savings and temporary cash investments	83,089.	2	74,073.
	3	Pledges and grants receivable, net		3	-
	4			4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
Assets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
SS	7	Notes and loans receivable, net.		7	
∢	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges.	2,000.	9	979.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D	12.		
	b	Less: accumulated depreciation		10c	25,054.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	126,063.	16	130,110.
	17	Accounts payable and accrued expenses		17	942.
	18	Grants payable		18	
	19	Deferred revenue		19	
S	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ili	22	Loans and other payables to any current or former officer, director, trustee, key employee, create	or or		
ia		founder, substantial contributor, or 35% controlled entity or family member of any of these pers	sons	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities	es		
		not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	942.
es		Organizations that follow FASB ASC 958, check here			
n L		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
Ô	28	Net assets with donor restrictions.			
Fund Balances		_		28	
Б		Organizations that do not follow FASB ASC 958, check here			
P		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
ts.		Paid-in or capital surplus, or land, building, or equipment fund		30	
sets	30			04	129,168.
Assets	30 31	Retained earnings, endowment, accumulated income, or other funds			
Net Assets or		Retained earnings, endowment, accumulated income, or other funds	126,063.	32	<u>129,168.</u> 130,110.

Form 9	^{90 (2019)} Hilton Head Island Bridge Association	57-08	20683	Page 1	2
Par	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			🗌	L
1	Total revenue (must equal Part VIII, column (A), line 12)	1	207	,815	•
2	Total expenses (must equal Part IX, column (A), line 25)	2	208	,717	•
3	Revenue less expenses. Subtract line 2 from line 1	3		-902	•
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	126	,063	•
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain on Schedule O)	9			_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	32, column (B))	10	125	,161	•
Part	XII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII.			🕅	
			Y	es 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 C		-		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	x	1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o				
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
t	Were the organization's financial statements audited by an independent accountant?		. 2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate t				
	basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of 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.				
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a	x	
ł	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				-
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		. 3b		
					_

UYA

Form 990 (2019)

SCHEDULE	D
(Form 990)	

Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047
2019
Open to Public
Inspection

	Revenue Service Go to www.irs.gov//	Attach to Form 99 Form000 for instruction		mation		Inspection
	f the organization		ins and the latest mior			tification number
Hil	con Head Island Bridge Asso	ciation		57-	082	0683
Part		dvised Funds or	Other Similar Fu			
	Complete if the organization answered					
	· · · · · · · · · · · · · · · · · · ·	(a) Donc	or advised funds		(b)	Funds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year).					
3	Aggregate value of grants from (during year).					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor	rs in writing that the asse	ts held in donor advised	l funds a	re the	organization's
	property, subject to the organization's exclusive legal con	ntrol?				🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and do	nor advisors in writing the	at grant funds can be u	sed only	for cha	aritable
	purposes and not for the benefit of the donor or donor a	dvisor, or for any other p	urpose conferring imper	missible		
	private benefit?					Yes No
Part						
	Complete if the organization answered		· ·			
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (for example, rec	creation or education)	Preservation of hi			
	Protection of natural habitat		Preservation of a	certified	histori	c structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a d	qualified conservation co	ntribution in the form of	a conse	rvation	
-	of the tax year.				0-	Held at the End of the Tax Year
a L	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b 2c	
ר ה	Number of conservation easements on a certified histori Number of conservation easements included in (c) acqu				20	
d	listed in the National Register.				2d	
3	Number of conservation easements modified, transferre				Zu	
5	organization during the tax year					
4	Number of states where property subject to conservation	n easement is located				
5	Does the organization have a written policy regarding the		pection, handling of vio	lations.		
•	and enforcement of the conservation easements it holds					
6	Staff and volunteer hours devoted to monitoring, inspect					
	▶		-,			
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, ar	nd enforcing conservation	on easem	nents c	during the year
	► \$	0	0			5 ,
8	Does each conservation easement reported on line 2(d)	above satisfy the require	ements of section 170(h)(4)(B)(i))	
	and section 170(h)(4)(B)(ii)?					🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conse	ervation easements in its	revenue and expense s	tatemen	t, and I	balance sheet, and
	include, if applicable, the text of the footnote to the organ	nization's financial staten	nents that describes the	organiza	ation's	accounting for
	conservation easements.					
Part				Othe	r Sim	nilar Assets.
	Complete if the organization answered					
1a	If the organization elected, as permitted under FASB AS					
	of art, historical treasures, or other similar assets held for	•		therance	of put	olic
	service, provide in Part XIII the text of the footnote to its					
b	If the organization elected, as permitted under FASB AS	•				
	art, historical treasures, or other similar assets held for p	public exhibition, education	on, or research in furthe	erance of	public	c service,
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
~	(ii) Assets included in Form 990, Part X				►\$	- fallender
2	If the organization received or held works of art, historica		mar assets for financial	gain, pro	wide th	te following amounts
-	required to be reported under FASB ASC 958 relating to				•	
a L	Revenue included on Form 990, Part VIII, line 1				►\$_ ►¢	
For Pa	Assets included in Form 990, Part X	n 990.			▶\$	Schedule D (Form 990) 2019
UYA .						· /

Schedu	ule D (Form 990) 2019 Hilton Head]	Island B	ridge	Asso	ciatio	n		0820		Page 2
Part	III Organizations Maintaining Coll	lections of A	Art, His	torical T	Freasures	, or Ot	her Similar /	Assets	s (con	tinued)
3	Using the organization's acquisition, accession, ar (check all that apply):	nd other records,	, check ar	ny of the fol	llowing that m	nake sign	ificant use of its o	collection	n items	·
а	Public exhibition		d	Loan d	or exchange p	orogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ons and explain h	now they f	urther the o	organization's	s exempt	purpose in Part >	KIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Part	IV Escrow and Custodial Arrange	ments.						••	103	
	Complete if the organization answ 990, Part X, line 21.		on Forn	n 990, Pa	art IV, line	e 9, or r	reported an a	mount	on Fo	orm
1a	Is the organization an agent, trustee, custodian or		-						1	
	on Form 990, Part X?							••	Yes	No No
b	If "Yes," explain the arrangement in Part XIII and c	complete the follo	owing tabl	e:						
								nount		
с	Beginning balance.									
d	Additions during the year.									
e	Distributions during the year									
f	Ending balance								1	<u> </u>
2a	Did the organization include an amount on Form 9								-	
b Part	If "Yes," explain the arrangement in Part XIII. Chee V Endowment Funds.	ck here if the exp	Dianation h	has been pi	rovided on Pa	art XIII.		• • •		
Fall	Complete if the organization answ	worod "Voc" /	on Eorn		ort IV/ line	10				
		Current year		rior year	(c) Two yea		(d) Three years b		Fourvo	ars back
4-		Current year	(b) FI	ioi yeai		IS DACK	(u) Three years b	ack (e)	Four ye	als Dack
1a ⊾	Beginning of year balance									
b										
С	Net investment earnings, gains, and									
d	Grants or scholarships.									
е	Other expenditures for facilities and									
_	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current ye			olumn (a))	held as:					
а	Board designated or quasi-endowment	·	%							
b	Permanent endowment									
C	Term endowment ▶%									
	The percentages on lines 2a, 2b, and 2c should en									
3a	Are there endowment funds not in the possession	of the organizati	ion that ar	e held and	administered	for the				
	organization by:							L.	Ye	es No
	(i) Unrelated organizations								a(i)	
	(ii) Related organizations								a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations							· · [3	3b	
4	Describe in Part XIII the intended uses of the orga		ment fund	ls.						
Par				- 000 D		44- 0) D	V lin	- 10
	Complete if the organization answ			1						
	Description of property	(a) Cost or othe (investme		1. <i>i</i>	other basis ther)		Accumulated epreciation	(d)	Book va	lue
1a	Land									
b	Buildings									
C	Leasehold improvements.	93	<u>,112.</u>				68,058.		25,	054.
d	Equipment									
e	Other									
	Add lines 1a through 1e. (Column (d) must equal F	orm 990, Part X,	, column ((B), line 10	c.)				25,	054.
UYA							Sc	hedule [D (Form	990) 2019

Schedule	D	(Form	990)	2019

P	art VII		a 000 Deat IV/ line		000 Dent V line 40
		Complete if the organization answered "Yes" on Forr (a) Description of security or category (including name of security)	(b) Book value	(c) Me	990, Part X, IIne 12. thod of valuation: d-of-year market value
(1)	Financia	derivatives			
		eld equity interests			
(3)	Other				
	(A)				
	(B)				
	(C)				
	(D)				
	(E)				
	(F)				
	(G)				
Tot	(H) al (Colu	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
-	art VIII				
1 6		Complete if the organization answered "Yes" on Forr	n 990. Part IV. line	11c. See Form	990. Part X. line 13.
		(a) Description of investment	(b) Book value		thod of valuation:
				• • • •	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
<u>(8)</u>					
<u>(9)</u>					
		nn (b) must equal Form 990, Part X, col. (B) line 13.)			
P	art IX	Other Assets.		11d Coo Form	000 Dart V line 15
		Complete if the organization answered "Yes" on Forr (a) Description	n 990, Part IV, line	TTu. See Form	(b) Book value
(1)		(a) Description			(b) BOOK value
(1)					
(3)					
(4)					
<u>(5)</u>					
(6)					
(7)					
(8)					
(9)					
Tot	al. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
F	Part X	Other Liabilities.			
		Complete if the organization answered "Yes" on Forr	n 990, Part IV, line	11e or 11f. See	Form 990, Part X,
		line 25.			
<u>1.</u>		(a) Description of liability			(b) Book value
_(`		I income taxes			
_(2					
_(:					
_(4					
_(!					
(6					
_(7					
<u>3)</u> ()					
<u> </u>		nn (b) must equal Form 990, Part X, col. (B) line 25.)			
		···· (»/································			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.....

Schedule D (Form 990) 2019 Hilton Head Island Bridge Association

57-0820683 Page 3

Sched	le D (Form 990) 2019 Hilton Head Island Bridge Assoc	ciation	57-0820683	Page 4
Part				
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements.		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	I.		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	
Part	XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2019	Hilton	Head	Island	Bridge	Association
Part XIII Supplemen	tal Informa	ation (co	ontinued)		

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.

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



Department of the Treasury Internal Revenue Service

Name of the organization

Hilton Head Island Bridge Association

Employer identification number 57-0820683

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Hilton Head Island Bridge Association	57-0820683
Part VI Line 6	
All equal participants in association activities	
Part VI Line 7a	
all equal votes	
Part VI Line 11b	
From was emailed to all directors in PDF format for revi	.ew.
Part VI Line 15a or b	
Club Manager, 2019 Part VI Line 18	
Post on organization bulletin board, announce availabili	ty on Website
Part VI Line 19	ty on website.
Post on organization bulletin board, announce availabili	ty on Website.
Part IX Line 11g	
Bridge Game Directors Total expenses - \$69213.00 Program service expenses - \$69213.00 Mgmt and general expenses	- \$0.00 Fundraising expenses - \$0.00
UYA	Schedule O (Form 990 or 990-EZ) (2019)

Form	99	0	Return of Orga	anization Exempt Fre	om Incon	ne Tax	OMB No. 1545-0047
FUIII	•••	•		947(a)(1) of the Internal Revenue Co	• • •		» 2018
Depa	tment of th	ne Treasury		security numbers on this form as it			Open to Public
	al Revenue			ov/Form990 for instructions and the			Inspection
<u>A</u>			dar year, or tax year beginning 04		3/31/201		ver identification number
			C Name of organization Hilton Doing business as	n Head Island Bridge	Associat		
	Address c	Ũ	Number and street (or P.O. box if ma	il is not delivered to street address)	Room/suite	57-08	20683 one number
	Name cha	° I	Υ.	in is not derivered to street address)	Room/suite		
	Initial retu		P.O. Box 21476			(843)	342-7529
	Final return/		City or town, state or province, count				
	Amended		Hilton Head Islan				eceipts \$ 226,930.
	Application p		F Name and address of principal office			H(a) Is this a group ret	
		ŕ		lton Head Island,			
	ax-exemp		501(c)(3) X 501(c)(4)◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)
	ebsite:					H(c) Group exempt	
		ganization:		ociation Other L Yea	ar of formation: 1	998 M S	State of legal domicile: SC
Pa		Summa	-				
			ibe the organization's mission or mo				
Activities & Governance				d play of contract	bridge	in the H	ilton Head
nar			rrounding area				
ver				nued its operations or disposed of mor		1 1	
ß			• • • •	y (Part VI, line 1a)			9
s &				overning body (Part VI, line 1b)			9
itie				year 2018 (Part V, line 2a)			0
ctiv				y)			30
Ă				column (C), line 12			0.
	b Ne	et unrelated	d business taxable income from Forr	n 990-T, line 38	<u> </u>	7b	0.
					Prior		Current Year
						8,145.	5,394.
Revenue	9 Pr	ogram serv	vice revenue (Part VIII, line 2g)		2	23,727.	219,743.
svel				, 4, and 7d)		83.	1,793.
Re	11 Ot	ther revenu	ie (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)			
	12 To	otal revenue	e – add lines 8 through 11 (must equ	ual Part VIII, column (A), line 12)	2.	31,955.	226,930.
	13 Gr	rants and s	similar amounts paid (Part IX, colum	n (A), lines 1-3)		2,925.	2,693.
	14 Be	enefits paid	I to or for members (Part IX, column	(A), line 4)			
s				(Part IX, column (A), lines 5-10)	-		
nses				a), line 11e)			
Expen			sing expenses (Part IX, column (D),				
ŵ	17 Ot	ther expense	ses (Part IX, column (A), lines 11a-1	1d, 11f-24e)		09,640.	219,052.
	18 To	otal expens	es. Add lines 13-17 (must equal Par	t IX, column (A), line 25)		12,565.	221,745.
_	19 Re	evenue less	s expenses. Subtract line 18 from lir	e 12		19,390.	5,185.
or					Beginning of		End of Year
Net Assets or Fund Balances						20,841.	126,063.
et As nd B	21 To	otal liabilitie	s (Part X, line 26)				
				m line 20	1	20,841.	126,063.
			re Block				
Und	ler penalti	ies of perjur	y, I declare that I have examined this re-	turn, including accompanying schedules ar	nd statements, and	to the best of my l	knowledge and belief, it is
true	, correct,	and comple	ete. Declaration of preparer (other than o	officer) is based on all information of which	preparer has any l	knowledge.	
		•					
Si	-	Signature	of officer			Date	
He	ere 🕨 🕨		<u>n T. David, Treas</u>	urer			
			rint name and title		1 -		
Pa	id	Print	/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Pr	eparer	•				self-emp	bloyed
	e Only		ame 🕨			Firm's EIN 🕨	
-	,		ddress 🕨			Phone no.	
May	the IRS	discuss th	is return with the preparer shown ab	ove? (see instructions).			🗌 Yes 🗌 No

May the IRS discuss this return with the preparer shown above? (see instructions). .

Form	990 (2018) Hilton Head Island Bridge Associ	ation 5	57-0820683 Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Par	: III	
1	Briefly describe the organization's mission:		
	Promote the learning and play of cont	ract bridge in Hilton	Head and
	surrounding area	<u>_</u>	
2	Did the organization undertake any significant program services during the ye	ar which were not listed on the	
	prior Form 990 or 990-EZ?		Yes 🗶 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it	conducts, any program	
	services?		Yes 🗶 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its	three largest program services, as measured b	у
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to repo	rt the amount of grants and allocations to others	δ,
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 221,744. including grants of \$) (Revenue \$)
	Teaching and play of contract bridge		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses		221,744.
UYA			Form 990 (2018)

Form 990 (2018) Hilton Head Island Bridge Association Part IV Checklist of Required Schedules

ı aı	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,"		100	
-	complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		X
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		37
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
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.	110	х	
a h	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	<u> </u>	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		х
~	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>			
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? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		_ <u></u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		x
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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		х
12a				
	Schedule D, Parts XI and XII	12a		х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		х
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		X
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		7.7
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20-	If "Yes," complete Schedule G, Part III	19 20a		x x
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2018) Hilton Head Island Bridge Association Part IV Checklist of Required Schedules (continued)

Т

Т

			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		x
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		X
24 a	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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
~~	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):	00-		77
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			37
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
24	conservation contributions? If "Yes," complete Schedule M	30 31		X
31 22	Did the organization indudate, terminate, or dissolve and cease operations? If res, complete Schedule N, Part T	31		
32		32		x
22	Part II	32		
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? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		
54	or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		- 22
	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	000		
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
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	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			L
	Check if Schedule O contains a response or note to any line in this Part V			. 🗖
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling) winnings to prize winners?	1c	х	

Form 990 (2018) Hilton Head Island Bridge Association Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	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	40		v
h		4a		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		v
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
g h	If the organization received a contribution of qualified intellectual property, did the organization rife round 0059 as required?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12 a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	45		v
	or excess parachute payment(s) during the year?	15		x
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		

Form 990 (20	018) Hilton	Head	Island	Bridge	Association	57-0820
Part VI	Governance, I	Manage	ement, and	l Disclosur	e For each "Yes" response a	o lines 2 through 7b below, and for a "No"
	response to line 8a	, 8b, or 1	Ob below, desc	ribe the circun	nstances, processes, or chan	ges in Schedule O. See instructions.
	Check if Schedule (O contain	s a response c	r note to any li	ne in this Part \/I	

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sect	ion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7 a	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	x	
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O.	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Vaa	NI.
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a	res	NO X
	Did the organization have local chapters, branches, or affiliates?	10a	res	
		10a 10b		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		X	
b 11 a	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		x
b 11 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b		
b 11 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a		<u>x</u>
b 11 a b 12 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a		<u>x</u>
b 11 a b 12 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a		<u>x</u>
b 11 a b 12 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b		<u>x</u>
b 11 a b 12 a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c		x
b 11 a b 12 a c 13	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13		x x x
b 11 a b 12 a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13		x x x
b 11 a b 12 a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13		x x x x x
b 11 a b 12 a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14		x x x x
b 11 a b 12 a b c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14		x x x x x
b 11 a b 12 a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14		x x x x x
b 11 a b 12 a c 13 14 15 a b 16 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14		x x x x x
b 11 a b 12 a c 13 14 15 a b 16 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement <td>10b 11a 12a 12b 12c 13 14 15a 15b</td> <td></td> <td>x x x x x x</td>	10b 11a 12a 12b 12c 13 14 15a 15b		x x x x x x
b 11 a b 12 a c 13 14 15 a b 16 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a 15b		x x x x x x
b 11 a b 12 a c 13 14 15 a b 16 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a 15b		x x x x x x
b 11 a b 12 a c 13 14 15 a b 16 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a 15b 16a		x x x x x x
b 11 a b 12 a c 13 14 15 a b 16 a b Secti 17	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		x x x x x x
b 11 a b 12 a c 13 14 15 a b 16 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		x x x x x x
b 11 a b 12 a c 13 14 15 a b 16 a b Secti 17	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		x x x x x x

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records	(843)706-3541
	Irwin T. David P.O Box 21476 Hilton Head Island, SC 29925	5

Form 990 (2018) Hilton Head Island Bridge Association

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		1	<u> </u>				_	· · · · ·	,	
				(0	C)					
(A)	(B)			Posi	ition			(D)	(E)	(F)
Name and Title	Average	(do n	ot ch	eck	more	than o	ne	Reportable	Reportable	Estimated
	hours per week (list any	box, i	unles	s pe	rson	is both	an	compensation from	compensation from related	amount of other
	hours for					or/truste	,	the	organizations	compensation
	related	or d	Inst	Officer	Key	High	Former	organization	(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional trustee	cer	Key employee	nest ploye	mer	(W-2/1099-MISC)		organization
	below dotted line)	for tr	onal		ploy	e on				and related
		Jste	trus		ee	Iper				organizations
		e e	tee			Highest compensated employee				
						<u>a</u>				
(1) Peg Gibson	04.00									
<u>President</u>		X		х				10,817.		
(2) Irwin T David	10.00									
Treasurer		x		х						
(3) Beth Dresher	03.00									
Vic Pres and Secretary		x		х				2,046.		
(4) Michael Melnick	02.00									
Director		X								
(5) Donna Brinkley	02.00									
Director		X								
(6) Sandy Ritchey	12.00									
Club Manager				х				14,221.		
(7) Mary Hill	02.00									
Director		X								
(8) Richard Murray	02.00									
Director		X								
(9) Helen Pawlowsky	02.00									
Director		X								
(10) Peggy Stehly	02.00									
Director		X								
(11) Art Smith	01.00									
Ombudsman				х						
(12) Tom Schlossberg										
Former Pres		X		х						
(13) Fran Sullivan										
Former Director		X								
(14) Janet LaBelle										
Former Director		X								

Form 990 (2018) Hilton Head Island Bridge Association

57.	-08	32(068	33	Page	8
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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	s, a	nd Hi	ghe	est Compensa	ted Employ	ees (co	ontinued)	
(A) Name and title	(B) Average hours per week (list any hours for	erage (do not check more t Irs per box, unless person is (list any officer and a director				is both pr/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	other		n	
	related organizations below dotted line)	IÕE	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC		fror orgar and i	m the nization related izations	
(15)						<u> </u>							
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b Sub-total c Total from continuation sheets to Pa	art VII, Sec			 	 	 		27,084.					
d Total (add lines 1b and 1c) 2 Total number of individuals (including line)	out not limit	ted to	thc	se l	liste	d abc	ve)	27,084. who received	more than \$7	100,00	0 of		
 reportable compensation from the organization list any former office employee on line 1a? <i>If "Yes," complete</i> For any individual listed on line 1a, is the organization and related organizations groups and the organization and related organizations groups are specified organizations. 	er, director te Schedule e sum of rep	, or tr J foi portal	r s <i>u</i> ole o	ch ii com	<i>ndiv</i> per	<i>idual</i> Isatio	n ar	nd other compe	ensation from		3	Yes	No X
<i>individual</i>5 Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m an <u>y</u>	y un	related organiz			4 5		x x
Section B. Independent Contractors 1 Complete this table for your five highest													
compensation from the organization. Re tax year.													
(A) Name and business address								(B) Description of	services	С	(C) Comper) Isation	
							1						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 990 (2018) Hilton Head Island Bridge Association

Part VIII Statement of Revenue

		Check if Schedule O contains	s a response or not	e to any line in this	Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	10	Endersted compaigns	10					
ant		Federated campaigns		5,394.				
ŋ ŋ		Fundraising events		5,554.				
ifts r A		Related organizations						
, Gi	u	-						
Sin	e f	Government grants (contribut						
her	'	All other contributions, gifts, g and similar amounts not include						
otl		Noncash contributions include						
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a–1f.			5,394.			
				Business Code	5,554.			
Program Service Revenue	22	Game Fees			189,260.	189,260.		
Seve		Instruction Fe	es		29,731.	29,731.		
ice		Tournament Inc			301.	301.		
Serv	d	AL 1			451.	451.		
m	e							
ogra	f	All other program service reve	enue					
ፈ	g	Total. Add lines 2a-2f			219,743.			
	3	Investment income (including						
		and other similar amounts)			1,793.	1,793.		
	4	Income from investment of tax	k-exempt bond proc	eeds · · · · 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		🕨				
e								
Other Revenu	8a	Gross income from fundraisin	-					
Rev		events (not including \$						
er		of contributions reported on lin						
đ	.	See Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fund		🟴				
	ya	Gross income from gaming ac						
	L .	See Part IV, line 19						
		Net income or (loss) from gan		• • • • • • • •				
		Gross sales of inventory, less						
	lua	returns and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenue		Business Code				
	11 2							
	b							
	c b							
		All other revenue						
		Total. Add lines 11a-11d						
_		Total revenue. See instruction			226,930.	221,536.		

Form 990 (2018) Hilton Head Island Bridge Association Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any				
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and	10b of Part VIII.	i olai experises	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,693.	2,693.		
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				
5	Compensation of current officers, directors, trustees,				
5					
e					
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 (non-employees):				
а	Management	8,250.	8,250.		
b	Legal				
с					
d					
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.)	73,809.	73,809.		
12	Advertising and promotion	4,888.	4,888.		
13	Office expenses	27,580.	27,580.		
14		27,500.	27,500.		
15		23,040.	23,040.		
		74,178.	74,178.		
16		/4,1/0.	/4,1/0.		
17	Travel				
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
19	Conferences, conventions, and meetings	62.	62.		
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,362.	2,362.		
23		2,288.	2,288.		
24	Other expenses. Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e. If line 24e amount				
	exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.)				
а	Annual Meeting	2,595.	2,595.		
b		• · ·	• •		
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	221,745.	221,745.		
26	Joint costs. Complete this line only if the organization	2211/73.	<u>221/7</u> J.		
-0					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Hilton Head Island Bridge Association Part X Balance Sheet

Par	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash — non-interest-bearing	29,694.	1	29,391
	Savings and temporary cash investments	81,359.	2	83,089
	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
1	Loans and other receivables from current and former officers, directors, trustees, key employees,			
	and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary employees'			
	beneficiary organizations (see instructions).			
	Complete Part II of Schedule L		6	
122613	Notes and loans receivable, net		7	
ן א	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	3,500.	9	2,000
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	6,288.	10c	11,583
11	Investments — publicly traded securities		11	
12	Investments — other securities. See Part IV, line 11		12	
13	Investments — program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	·		15	
16	Total assets. Add lines 1 through 15 (must equal line 34).	120,841.	16	126,063
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19			19	
<u>و</u> 20			20	
	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22				
	highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25				
	not included on lines 17-24). Complete Part X of Schedule D.		25	
26			26	
Ķ	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and complete lines 27			
	through 29, and lines 33 and 34.			
27			27	
28 28			28	
27 28 28 29	,		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here 			
5	lines 30 through 34.			
<u>ດ</u> 30			30	
2 30 2 31 2 32 3 32	Paid-in or capital surplus, or land, building, or equipment fund	100 041	31	100 000
2 32	-	120,841.	32	126,063
33		120,841.	33	126,063
34	Total liabilities and net assets/fund balances	120,841.	34	126,063. Form 990 (2018

Form 990 (2018) Hilton Head Island Bridge Association 57-0820683 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 226 1 Total revenue (must equal Part VIII, column (A), line 12) 1 226 2 Total expenses (must equal Part IX, column (A), line 25) 2 221 3 Revenue less expenses. Subtract line 2 from line 1 3 5 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 120	,93 ,74 ,18	30. 45. 85.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 226 2 Total expenses (must equal Part IX, column (A), line 25) 2 221 3 Revenue less expenses. Subtract line 2 from line 1 3 5	,93 ,74 ,18	30. 45. 85.
2 Total expenses (must equal Part IX, column (A), line 25) 2 221 3 Revenue less expenses. Subtract line 2 from line 1 3 5	,74 ,18	45. 85.
3 Revenue less expenses. Subtract line 2 from line 1	,18	85.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	,84	<u>41.</u>
5 Net unrealized gains (losses) on investments		
6 Donated services and use of facilities		
7 Investment expenses		
8 Prior period adjustments		
9 Other changes in net assets or fund balances (explain in Schedule O)		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
33, column (B))	,02	26.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
	′es I	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?		х
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		
b Were the organization's financial statements audited by an independent accountant?		х
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:		
Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in		
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 Single Audit Act and OMB Circular A-133?		х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

UYA

Form **990** (2018)

SCHEDULE	D
(Form 990)	

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

20 18 **Open to Public** Inspection

OMB No. 1545-0047

Name c	f the organization			Employer ide	ntification number
Hil	on Head Island Bridge Associ	ation		57-082	20683
Part		ised Funds or C	Other Similar Fu	nds or Acc	counts.
	Complete if the organization answered "	Yes" on Form 99	0, Part IV, line 6.		
		(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year).				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	n writing that the asset	s held in donor advised	d funds are the	e organization's
	property, subject to the organization's exclusive legal control	ol?			🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that	it grant funds can be u	sed only for ch	naritable
	purposes and not for the benefit of the donor or donor advis	sor, or for any other pu	rpose conferring impe	missible	
	private benefit?				🗌 Yes 📃 No
Part					
	Complete if the organization answered "	Yes" on Form 99	0, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organiza	ation (check all that ap	ply).		
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of h	storically impo	ortant land area
	Protection of natural habitat		Preservation of a	certified histor	ric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qua	lified conservation con	tribution in the form of	a conservation	n easement on the last day
	of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic s		,		
d	Number of conservation easements included in (c) acquired	d after 7/25/06, and no	ot on a historic structur	e	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, r	released, extinguished	, or terminated by the		
	organization during the tax year				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe		-		
	and enforcement of the conservation easements it holds?				
6	Staff and volunteer hours devoted to monitoring, inspecting	i, nandling of violations	, and enforcing consei	vation easeme	ents during the year
-		. When the factor is the second	de la familia de la como di		d and a set the second
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and	a enforcing conservation	on easements	during the year
•	► \$		manta of easting 470/h)(4)(D)(i)	
8	Does each conservation easement reported on line 2(d) about and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conserva				
9	include, if applicable, the text of the footnote to the organization		•	-	
	conservation easements.			organizations	s accounting for
Part		s of Art Historic	cal Treasures or	Other Sin	nilar Assets
i ai t	Complete if the organization answered "				
1a	If the organization elected, as permitted under SFAS 116 (A			ent and baland	e sheet works of art.
	historical treasures, or other similar assets held for public e	<i>,</i> .			
	the text of the footnote to its financial statements that descr				
b	If the organization elected, as permitted under SFAS 116 (A		its revenue statement	and balance sl	heet works of art.
	historical treasures, or other similar assets held for public e				
	amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			►\$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tr				he following amounts
	required to be reported under SFAS 116 (ASC 958) relating				č
а	Revenue included on Form 990, Part VIII, line 1	-		►\$	

▶\$

	ule D (Form 990) 2018 Hilton Head								20683	Page 2
	Organizations Maintaining Coll									tinued)
3	Using the organization's acquisition, accession, ar	nd other records, c	heck an	y of the fol	lowing that ar	e a signi	ficant use of its o	collec	tion items	
	(check all that apply):									
а	Public exhibition		d		or exchange p	-				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ons and explain ho	w they f	urther the c	organization's	exempt	purpose in Part >	KIII.		
5	During the year, did the organization solicit or rece	eive donations of a	rt, histor	ical treasur	res, or other s	imilar as	sets to be sold to	o rais	e funds	
	rather than to be maintained as part of the organiz								Yes	No
Part			_			-				
	Complete if the organization answ	wered "Yes" or	n Form	n 990, Pa	art IV, line	9, or r	eported an a	mou	int on Fo	orm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or								_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII and o	complete the follow	ing table	e:						
							An	nount		
С	Beginning balance					. 1c				
d	Additions during the year.					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on Form 9	90, Part X, line 21	, for esc	row or cus	todial accoun	t liability	?		Yes	No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if the expla	anation h	as been pr	rovided on Pa	rt XIII				
Part	V Endowment Funds.									
	Complete if the organization answ	wered "Yes" or	n Form	n 990, Pa	art IV, line	10.				
	(a)	Current year	(b) Pr	ior year	(c) Two year	rs back	(d) Three years b	ack	(e) Four ye	ears back
1a	Beginning of year balance									
b										
c	Net investment earnings, gains, and									
d	Grants or scholarships									
e	Other expenditures for facilities and									
e	programs									
4	Administrative expenses									
f										
g	End of year balance			-1						
2	Provide the estimated percentage of the current ye	•	-	. ,,	neid as:					
a	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should en									
3a	Are there endowment funds not in the possession	of the organization	n that ar	e held and	administered	for the				
	organization by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	listed as required	on Sch	edule R?				• •	3b	
4	Describe in Part XIII the intended uses of the orga		ent func	ls.						
Par	t VI Land, Buildings, and Equipme		_	_				_		
	Complete if the organization answ	vered "Yes" or	n Form	<u>n 990, Pa</u>	art IV, line	11a. S	See Form 990), Pa	art X, lin	e 10.
	Description of property	(a) Cost or other b (investment)		r, ,	other basis her)	• •	Accumulated		(d) Book va	lue
1a	Land									
b	Buildings									
c	Leasehold improvements.		102.				62,519.		11	,583.
d			<u>- v 4 .</u>				02/3130		<u> </u>	
	• •									
<u>e</u> Total	Other	I Form 990 Part X o	nlumn /	 'R) line 10/	-)		•		11	,583.
UYA		onn 000, r alt A, U	,51011111 (<i>ש</i> , ווופ וסנ	••/ • • • • •			hedu	LL le D (Form	
							••			

Schedule D	(Form 990) 2018 Hilton Head Island	Bridge	Associa	tion	5	7-0820683	Page 3
Part VII		o" on Form		ling 11h		000 Dart V lin	o 10
	Complete if the organization answered "Ye (a) Description of security or category		(b) Book value			thod of valuation:	e 12.
	(including name of security)			, 	• •	nd-of-year market value	е
(1) Financia	I derivatives						
., .	neld equity interests						
(3) Other							
(A)							
(B)							
(C) (D)							
(E)							
(F)							
(G)							
(H)							
	mn (b) must equal Form 990, Part X, col. (B) line 12.) ►						
Part VIII							
	Complete if the organization answered "Ye	es" on Form					e 13.
	(a) Description of investment		(b) Book value	•	• •	thod of valuation: nd-of-year market value	۵
(1)							
<u>(1)</u> (2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
<u>(9)</u>							
	mn (b) must equal Form 990, Part X, col. (B) line 13.) ►						
Part IX		on Form		line 11d	Soo Form	000 Bort V lin	0.15
	Complete if the organization answered "Ye (a) Description		1990, Fait IV	, inte i ru.	See Form	(b) Book val	
(1)		лт 					
<u>(1)</u> (2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
<u>(9)</u>							
	mn (b) must equal Form 990, Part X, col. (B) line 15.)						
Part X	Other Liabilities. Complete if the organization answered "Ye	on Form		line 11e d	or 11f Soo	Form 000 Bor	+ V
	line 25.		1990, Fait IV	, interret		F0111 990, Fai	ι Λ,
1.		Book value					
	al income taxes	DOOK VAIUE					
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.) ►						

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2018 Hilton Head Island Bridge Asso	ciation	57-0820683	Page 4
Par			Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa		1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	
Part	XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2018	Hilton	Head	Island	Bridge	Association
Part XIII Supplemen	ntal Informa	ation (co	ontinued)		

SCHEDULE O	Supplemental Information to Form 990	or 990-EZ	OMB No. 1545-0047	
(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.		2018	
Department of the Treesury	Attach to Form 990 or 990-EZ.		Open to Public	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information	n.	Inspection	
Name of the organization		Employer ide	ntification number	
Hilton Head Is	land Bridge Association	57-082	0683	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Hilton Head Island Bridge Association	57-0820683
Part VI Line 7a	
All Association membes vote on members of the Board of I	Directors
Part VI Line 11b	
Review by each member of the Board of Directors	
Part VI Line 19	
On website and/or posting on bulletin Board in Association	on's facility
Part IX Line 11g	
Total expenses - \$73809.00 Program service expenses - \$73809.00 Mgmt and general expenses - \$0	00 Europeiging ouropage 60.00
Part XI Line 9	.00 Fundraising expenses - \$0.00
Increase of net leasehold improvements	

a opy

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE O. BOX 2508 CINCINNATI, OH 45201

Date: 0CT : 0 2001

THE HILTON HEAD ISLAND BRIDGE ASSOCIATION PO BOX 21476 HILTON HEAD ISLAND, SC 29925 Employer Identification Number: 57-0820683 DLN: 17053170060001 Contact Person: ID# 95183 MARY ASHLINE Contact Telephone Number: (877) 829-5500 Internal Revenue Code Section 501(c)(4) Accounting Period Ending: March 31 Form 990 Required: Yes Addendum Applies: No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined ou are exempt from Federal income tax under section 501(a) of the Internal evenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally 25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth

Letter 948 (DO/CG)

TE HILTON HEAD ISLAND BRIDGE

month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these ocuments are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Donors may not deduct contributions to you because you are not an organization described in section 170(c) of the Code. Under section 6113, any fundraising solicitation you make must include an express statement (in a conspicuous and easily recognizable format) that contributions or gifts to you are not deductible as charitable contributions for Federal income tax purposes. This provision does not apply, however, if your annual gross receipts are normally \$100,000 or less, or if your solicitations are made to no more than ten persons during a calendar year. The law provides penalties for failure to comply with this requirement, unless failure is due to reasonable cause.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt

Letter 948 (DO/CG)

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THE HILTON HEAD ISLAND BRIDGE

status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Steven T. Miller

Steven T. Miller Director, Exempt Organizations

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