2026
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 last first two $15,000 grants on substantial print and marketing strategies emphasizing our February Regional tournament after the parent organization's magazine said in an article "The Hilton Head Regional is my favorite tournament". We had a HUGE increase in attendance the last two years to the point our Regional is now one of the top 5 in the country. This past year we increased our emphasis on YEAR-ROUND bridge since our club is one of the more successful in the country. With a 15% increase in attendance throughout the year, this too has been very successful --- actually more successful than expected.

Dollar figures are for 2025:

*Continuation of our print marketing in the ACBL international magazine, various local publications $___

*rack cards, flyers. mailing costs $___

*Offer a marketing hotline to form playing partnerships for tourists no charge at this point

*Utilize email blasts to previous bridge playing visitors/tourists (3500 names)….$___

*Chamber of Commerce/miscellaneous $___

2026
Accommodations Tax Funds Request Application

Date Received: 08/17/2025	Time Received: 01:31 PM	By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 5, 2025

A. **SUMMARY OF GRANT REQUEST:**

ORGANIZATION NAME: Hilton Head Island Bridge Association

Project/Event Name: Marketing competitive Bridge to Tourists

Contact Name: Robert Olson Title: Grant applier

Address: 7 Market Place Dr, Hilton Head Island, SC 29928

Email Address: olsonrh@umkc.edu Contact Phone: 913-710-1623

Event Date(s): 2026 Event Location(s): 95 Mathews Drive Store A8, HHI, 29926

Total Budget: $167,800.00 **Grant Requested:** $20,000.00

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 (5/22,p.20). As always, our primary focus for ATAX is our 7-day, annual Regional Bridge tournament, one of most successful tournaments in the country, HELD IN THE MONTH OF JANUARY (a change), which draws players from all over the country and world. Our highly successful club offers daily competitive games, classes, and other events. This year's request will continue to focus on vacationers coming to HH BECAUSE of our club YEAR ROUND. Money will be used to buy advertising in the Internation BRIDGE BULLETIN, local publications and related advertising expenditures.

How does the organization/project/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 has a global following, and our club is among the top in the country post-Covid. Visitors often praise our friendly yet competitive environment. Our primary attraction is the 7-day Regional Tournament at the Marriott Convention Center (now Hilton), wherein participants typically compete an average of 4-4.5 days and stay in HH for up to a week. This

generated $303,258 in room rentals at the Hilton (compare $272,000 in 2024 &$208,000 in '23). We also host two smaller, 3-day tournaments annually, drawing over 277 visitors (a 4.5% increase). Additionally, we offer classes for new and experienced players, reaching 234 participants (3.8% increase) with 15+% being tourists.

A. Total Number of Physical Tourists Served: 4,074 a 9% increase
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: 921 a 15% increase
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: 1,125 a 25% increase
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): 6,120 a 12.6% increase

How was the Number of visitors documented? *(250 words or less)*

Bridge's parent organization, the ACBL, provides us *precise* data for *every single participant* of our tournaments and daily club games. **For just the Regional tournament,** there were 1,384 people in attendance , with 567 zip codes represented plus 41 players from outside the US, all of this more than a 17% increase from last year. For our daily club games, we have the zip codes of *every* player for *every game*for the entire year. For our instructional activities, 98% of the participants will be an ACBL member and thus we know their domicile. Documenting our activities is our strongest point!

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)*

Foremost, we will continue to advertise our Regional, which brings by far and away, the most tourists to the island in the "deadest" time of year tourist-wise. The ACBL changed our Regional date from always being in February to now the last week of January. We need to advertise more and earlier to bring this change to the attention of participants. Secondly, our efforts will be continue to be focused on informing potential visitors of the substantial bridge opportunities available on HH year-round in both club games and tournaments. The ATAX grant of 2023 helped HHIBA establish a terrific momentum as we built the awareness and membership of both the club and the tournaments. The positive increases throughout the year demonstrate success in our 2025 ATAX monies. We improved our services to enhance the visitor and tourist experience and increased our offerings to attract more year-round residents. We are seeking funding to continue our marketing strategy to attract more tourists THROUGHOUT THE YEAR besides the tournament(s). While progress will be slower than we've experienced with our Regional, we hope to increase our tourist/visitor count by at least 8-10% and will result in an even greater turnout for the Regional. Details:

Tournaments & Club Ads in ACBL magazine, 8,350. Tournaments & Club ads, local, 7,200.

e-Blasts, Flyers & Mailing, 3,050. Low Country Connection (3500 names), 700

Chamber of Commerce, other, 70. TOTAL: $20,000

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. The most obvious statistic is the growth of the HOST-hotel room income over the past 3 years: $208,000, $272,000, and $303,000. We have limited data on which to project economic benefits, however, those attracted to bridge on the island typically stay 5-7 days based on input from current tourists. Given the consistent growth/success of the last 3 years, our target will be an 8-10% increase in tourists playing in our regular games, attending classes and new offerings, or playing in our 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

,

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- Chamber of Commerce/VCB
- American Contract Bridge League (ACBL)
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- Bridge Clubs in out-of-town markets
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Our collaborative partners include:

- Chamber of Commerce/VCB
- American Contract Bridge League (ACBL)
- Arts and Cultural Council HH Island (ACCH

7. Additional comments. *(250 words or less)*

One of the reasons for the major increase in attendance at our Regional tournament is the *great* length our members go to in order to provide for a particularly positive experience playing here. Of course, our island is a major draw in itself, but we have members who dress in costume *for 4-5 hours a day* (!) to assists player with different kinds of services and answer questions guests have. We provide food after the afternoon session, and snacks throughout all 3 sessions (a session lasts 3 hours). We have an incredible set of volunteers who work tirelessly to find partners for those players who do not show up with a partner. I think it is fair to say that not a single person leaves our tournament without a major smile on their face, and it is partially due to the contributions of our members.

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.

____	Government Sources	____	Private Contributions, Donations and Grants
____	Corporate Support, Sponsors	18	Membership, Dues, Subscriptions
81	Ticket Sales, or Sales 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: **April** End Month: **March**

Financial Statement Requirements:

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

Budget Provided: **Yes**

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2022-23- Previous FY 1
2025- Previous FY 1

2024- Previous FY 2

3. The previous two fiscal years and current year-to-date **balance sheets**.

   Current fiscal year Balance Sheet Provided: Yes

   Previous fiscal year Balanace Sheets Provided:

   2023 - Previous FY 2

   2025 - Previous FY 1

   2024 - Previous FY 2

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

   Current year IRS Form 990 or 990T Provided: Yes

   Previous IRS Form 990 or 990T Years Provided:

   2021 - Previous FY 1

   2022 - Previous FY 2

   2023 - Previous FY 1

E. **FINANCIAL GUARANTEES AND PROCEDURES:**

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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 organiztion has procurement guidelines, which are utilized and followed in the expenditue of ATAX grant funds.
   - ○ Utilize and follow organization's own procurement guidelines
   - ○ Our organization does not have or follow procurement guidelines

F. **MEASURING EFFECTIVENESS:**

If you received 2024 or 2025 HHI ATAX funds

1. List any ATAX award amounts received in 2024 and/or 2025.

2023	$15,000.00	Marketing Competitive Bridge to Tourists
2024	$15,000.00	Marketing Competitive Bridge to Tourists

2025	$15,000.00	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)*

Funds were used to advertise heavily in the ACBL magazine and around the Blufton/Savannah/Charleston area. We will spend all $15,000 (and then some) of the amount granted: Expectations were exceeded in every category of our grant.

Ads: $13,318

Flyers/mailing: $1,200

e-blasts (3500 names): $500

Chamber/misc.: $650

TOTAL: $15,668

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

We had an overall increase in attendance of 12.5%, and the Regional tournament, which had a HUGE increase the last two years and which attracts the most out of town visitors, IN THE SLOWEST MONTH OF THE YEAR, increased another 9%. This exceeded our expectations for the year and we feel certain the results are such because of the increased advertising and the great lengths the club goes to to provide a superb experience for the players.

Room revenue *only at the Marriott/Hilton* was $303,258 (compare to $272,000 last year) and this figure does not include the restaurant or any other income streams for the hotel, nor figures for other hotels/et al. Each and every one of the out of town players eat out every day, and the average stay for each player(s) is 4.5 days. Based on the survey results (10% answered), 48% stayed 4-8 nights. While impossible to document, we all know how strong the allure of just visiting HH can be for future visits and/or eventual residency. It's why I'm here!

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

The parent organization, the ACBL, provides us with specific numbers of players **and their zip codes** for the 3 tournaments we present each year and for our daily club games for the entire year, so this information is quite easy to cull. While the percentage of players completing the survey is (typically) small, it is *very* positive. Plus, quite simply, players love coming to our tournaments and our club.

G. **EXECUTIVE SUMMARY**

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If you create your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. *(1300 words or less)*

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

EXECUTIVE SUMMARY

We used our last first two $15,000 grants on substantial print and marketing strategies emphasizing our February Regional tournament after the parent organization's magazine said in an article "The Hilton Head Regional is my favorite tournament". We had a HUGE increase in attendance the last two years to the point our Regional is now one of the top 5 in the country. This past year we increased our emphasis on YEAR-ROUND bridge since our club is one of the more successful in the country. With a 15% increase in attendance throughout the year, this too has been very successful --- actually more successful than expected.

Dollar figures are for 2025:

*Continuation of our print marketing in the ACBL international magazine, various local publications $___

*rack cards, flyers. mailing costs $___

*Offer a marketing hotline to form playing partnerships for tourists no charge at this point

*Utilize email blasts to previous bridge playing visitors/tourists (3500 names)….$___

*Chamber of Commerce/miscellaneous $___

Signature: Robert H Olson

Title/Position: grant submitter

Mailing Address: 7 MARKET PLACE Drive, Hilton Head Island, sc 29928

Email Address: olsonrh@umkc.edu

Office Phone Number:

Home Phone Number: 913-710-1623

EXECUTIVE SUMMARY 2026 GRANT

We used our last first two $15,000 grants on substantial print and marketing strategies emphasizing our February Regional tournament after the parent organization's magazine said in an article "The Hilton Head Regional is my favorite tournament". We had a HUGE increase in attendance the last two years to the point our Regional is now one of the top 5 in the country. This past year we increased our emphasis on YEAR-ROUND bridge since our club is one of the more successful in the country. With a 12% increase in *Visitor* attendance throughout the year, this too has been successful --- actually more successful than expected.

Dollar figures are for 2025:

*Continuation of our print marketing in the ACBL international magazine, various local publications $13,318

*rack cards, flyers. mailing costs $1,200

*Offer a marketing hotline to form playing partnerships for tourists no charge

*Utilize email blasts to previous bridge playing visitors/tourists (3500 names) $500

*Chamber of Commerce/miscellaneous $650

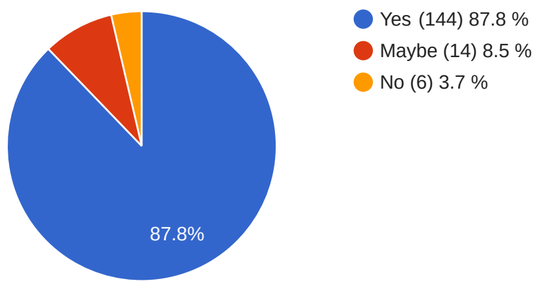
Hilton Head, SC
Lowcountry Classic Regional
February 24 - March 2, 2025

Survey Results

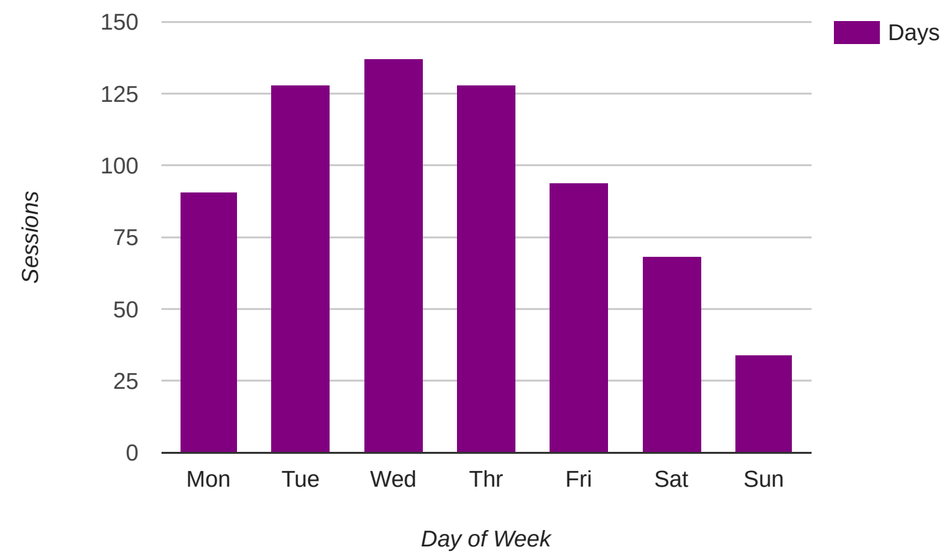
D7 - Hilton Head Lowcountry Classic '25 (Hilton Head Island) Regional

(165 out of 1155 Responses - 14.29%)

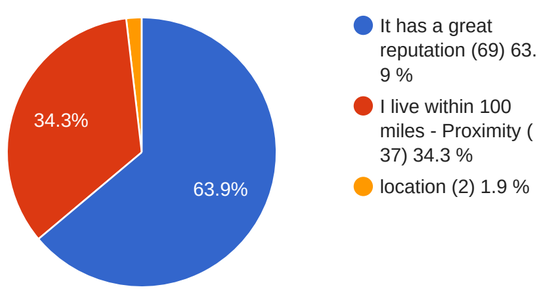
Recommend to a friend?



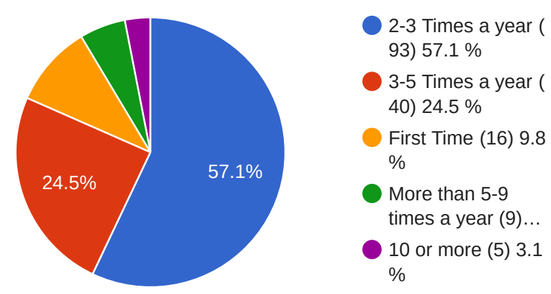
Respondee Attendance



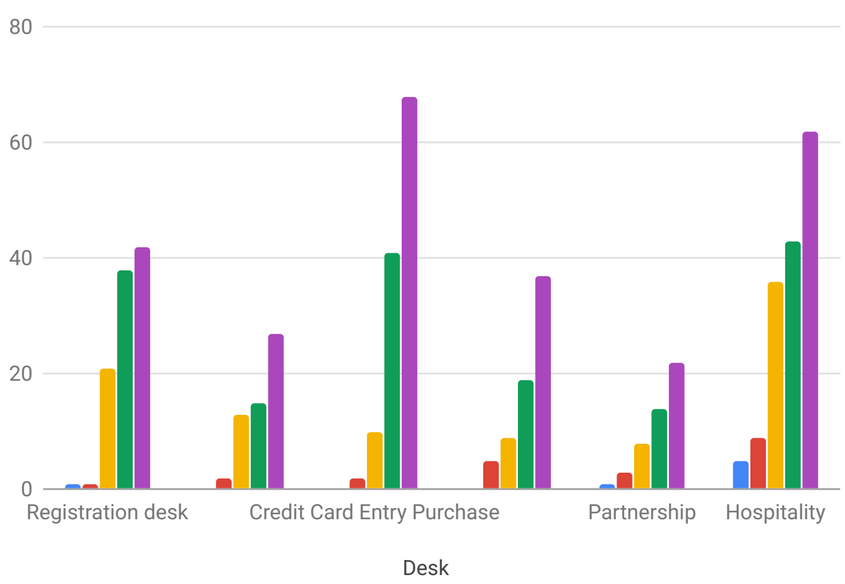
Most important factor?



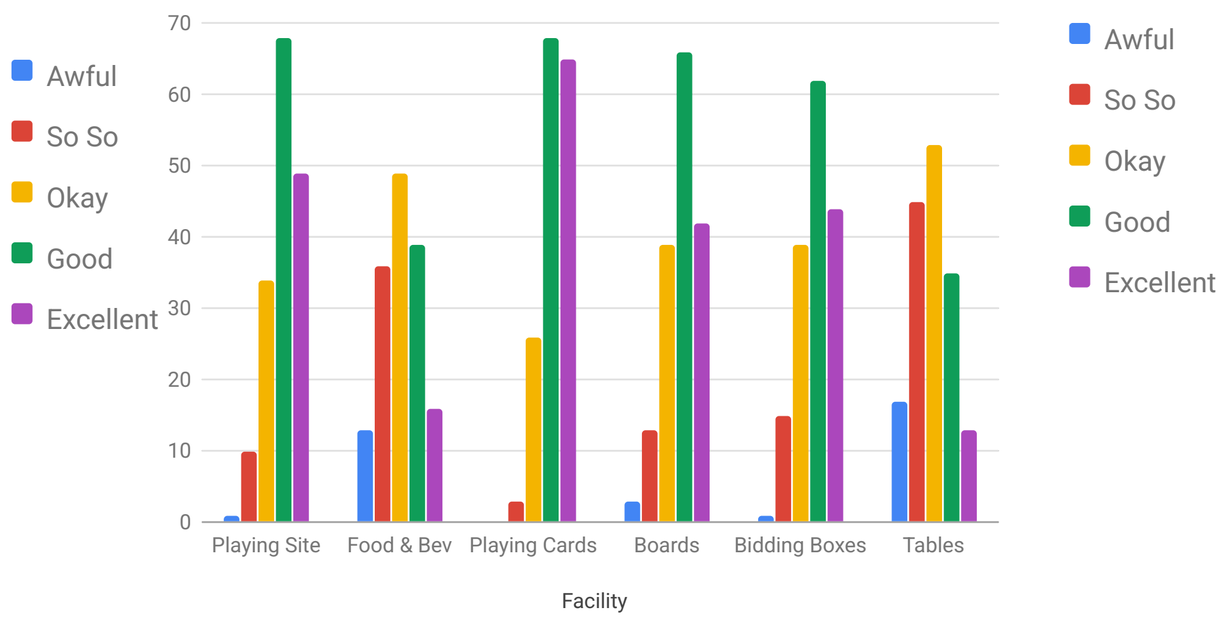
Frequent Regionals?



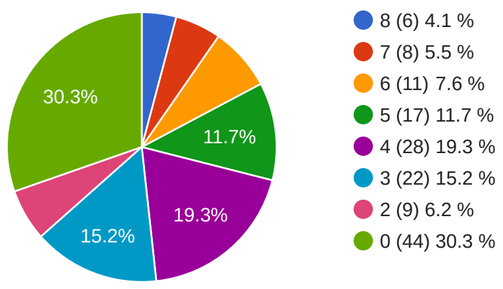
Customer Service Desks
As of 2022-04-11



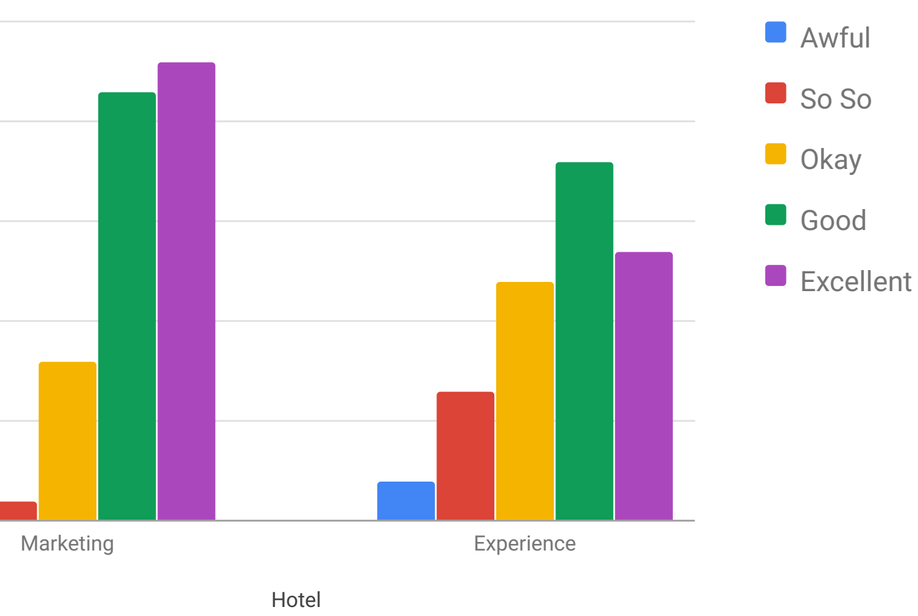
Facility Services



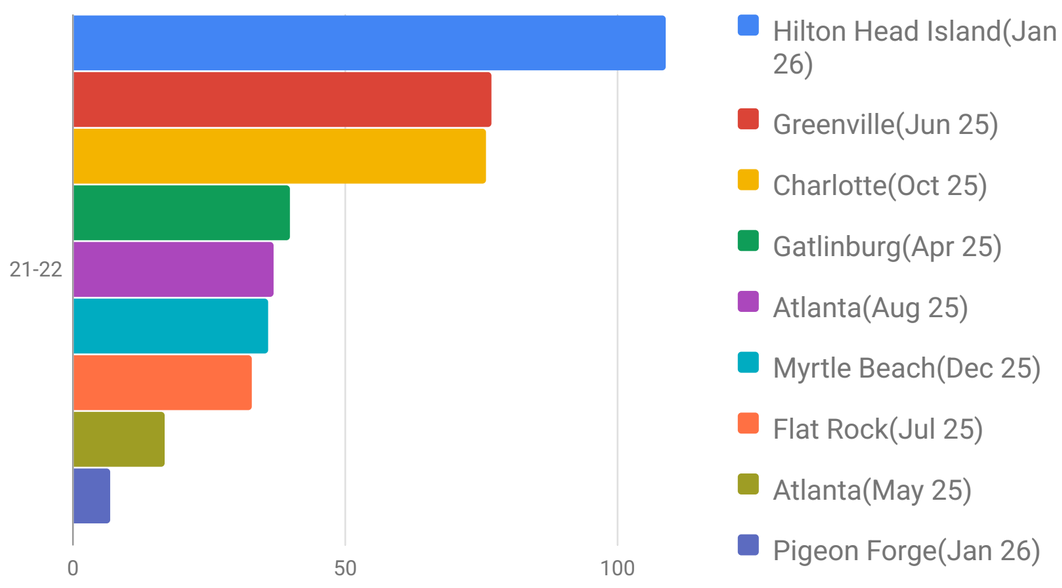
Hotel Nights



Hotel Information



Future Tournaments Plans
Subtitle



Rating Summaries:

	Grade	Votes
Overall Recommendation	B+	164
Game Directors	B+	165
Facility Services	B-	165
Customer Service Desks	B	165
Hotel	B	165

HILTON HEAD ISLAND BRIDGE ASSOCIATION

BOARD MEETING MINUTES OF AUGUST 14, 2025

The meeting o the Board of Directors was called to order by William Murray, Board President.

Present: William Murray, Marcia Cornell, Martha Grote, Tom Haller,

Virginia Rotella, Kathy Wagner and Club Manager Rick Rickenbach.

The Board unanimously approved the 2025 ATAX grant application

Of $20,000.

Respectfully submitted,

Marcia Cornell

Secretary

2026 Budget

Hilton Head Bridge Association Budget

Distribution account		Total
Income		
400 Game Fees (net)	$	120,000.00
401 Membership Dues	$	9,200.00
402 Stakeholder Dues	$	600.00
403 Workshop Fees	$	17,000.00
404 Online play	$	3,500.00
406 Supervised Play and similar	$	13,500.00
500 Donations	$	2,000.00
702 Interest Income	$	2,000.00
Total for Income	**$**	**167,800.00**
600 Directors' Fees	$	35,000.00
602 Bridge Fees/ ACBL	$	6,500.00
605 Teacher Fees	$	25,000.00
630 Bridge Food/Drink	$	2,500.00
632 Bridge Supplies	$	2,500.00
Total for Cost of Goods Sold	**$**	**71,500.00**
Gross Profit	**$**	**96,300.00**
Expenses		
606 Manager's fee	$	2,500.00
620 Rent	$	70,000.00
623 Insurance	$	2,500.00
624 Utilities	$	3,500.00
625 Telephone	$	2,500.00
626 Repairs and Cleaning	$	6,700.00
628 Dues & Subscriptions	$	1,500.00
634 Annual Meeting	$	1,200.00
640 Marketing	**$**	**20,000.00**
650 Office Supplies, Postage, Technology	$	800.00
Total for Expenses	$	111,200.00
Net Income	**$**	**(14,900.00)**

Advertising: $16,500
Tournament flyers printing and mailing: $ 3,500
With ATAX Grant

Statement of Activity

Hilton Head Bridge

April 1, 2024-March 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Income	
400 Game Fees (net)	**$118,645.00**
401 Membership Dues	9,260.00
402 Stakeholder Dues	650.00
403 Workshop Fees	18,745.10
404 Online play	4,116.24
405 Other Income	70.13
406 Supervised Play and similar	13,205.00
410 Tournament Income	**$1,060.96**
500 Donations	3,005.00
505 Sale of Name Badges	170.00
702 Interest Income	1,995.75
Total for Income	**$170,923.18**
Cost of Goods Sold	
600 Directors' Fees	**$30,844.00**
602 Bridge Fees/ ACBL	6,304.14
605 Teacher Fees	**$21,885.00**
609 Game Directors Bonus	600.00
610 Teacher Advertising	-684.50
630 Bridge Food/Drink	2,246.13
632 Bridge Supplies	2,958.06
Total for Cost of Goods Sold	**$64,152.83**
Gross Profit	**$106,770.35**
Expenses	
606 Manager's fee	4,800.00
607 Office/General Administrative Expenses	425.39
608 Cost of Labor	**0**
620 Rent	71,003.04
623 Insurance	3,089.86
624 Utilities	3,247.16
625 Telephone	2,390.47
626 Maintenance	**$8,875.38**
627 Supplies-General	243.69
628 Dues & Subscriptions	**$1,796.12**
634 Annual Meeting	1,585.07
635 Directory Printing and membership expenses	17.98
640 Marketing general	
650 Office Supplies & Postage	1,129.01
653 Miscellaneous	14.95
660 Technology expenses	200.00
Total for Expenses	**$98,818.12**
Net Operating Income	**$7,952.23**
Other Income	

Statement of Activity

Hilton Head Bridge

April 1, 2024-March 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Other Expenses	**$5,128.98**
Net Other Income	**-$5,128.98**
Net Income	**$2,823.25**

Statement of Financial Position

Hilton Head Bridge

As of June 30, 2025

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	**$106,534.28**
Fixed Assets	**0**
Other Assets	
170 Leasehold Deposit	
Total for Other Assets	**0**
Total for Assets	**$106,534.28**
Liabilities and Equity	
Liabilities	
Current Liabilities	**$2,430.00**
Long-term Liabilities	
Total for Liabilities	**$2,430.00**
Equity	
310 Retained Earnings	100,171.34
Net Income	3,932.94
300 Opening Balance Equity	
Total for Equity	**$104,104.28**
Total for Liabilities and Equity	**$106,534.28**

Statement of Activity

Hilton Head Bridge

April 1, 2023-March 31, 2024

DISTRIBUTION ACCOUNT	TOTAL
Income	
400 Game Fees (net)	**$111,695.00**
401 Membership Dues	7,735.00
402 Stakeholder Dues	350.00
403 Workshop Fees	14,410.00
404 Online play	13,252.99
405 Other Income	60.00
406 Supervised Play and similar	13,680.00
410 Tournament Income	**$2,348.23**
500 Donations	1,910.00
505 Sale of Name Badges	330.00
702 Interest Income	654.32
Total for Income	**$166,425.54**
Cost of Goods Sold	
600 Directors' Fees	**$29,622.00**
602 Bridge Fees/ ACBL	7,260.92
605 Teacher Fees	**$18,250.00**
610 Teacher Advertising	-108.87
630 Bridge Food/Drink	1,707.35
632 Bridge Supplies	1,953.02
Total for Cost of Goods Sold	**$58,684.42**
Gross Profit	**$107,741.12**
Expenses	
606 Manager's fee	3,600.00
607 Office/General Administrative Expenses	2,223.30
608 Cost of Labor	**0**
620 Rent	65,106.10
623 Insurance	2,489.50
624 Utilities	2,997.30
625 Telephone	2,374.48
626 Maintenance	**$14,234.76**
627 Supplies-General	327.55
628 Dues & Subscriptions	**$1,406.52**
634 Annual Meeting	1,831.19
635 Directory Printing and membership expenses	64.20
636 Low Country Bridge Connection	311.47
640 Marketing general	
650 Office Supplies & Postage	1,087.89
653 Miscellaneous	10.20
655 cost of name badges	91.36
Total for Expenses	**$98,155.82**
Net Operating Income	**$9,585.30**
Other Income	

Statement of Activity

Hilton Head Bridge

April 1, 2023-March 31, 2024

DISTRIBUTION ACCOUNT	TOTAL
Other Expenses	**$7,133.10**
Net Other Income	**-$7,133.10**
Net Income	**$2,452.20**

Statement of Financial Position

Hilton Head Bridge

As of March 31, 2024

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	**$94,257.82**
Fixed Assets	
150 Leasehold Improvements	$97,591.69
150.1 Depreciation	-92,543.95
Total for 150 Leasehold Improvements	**$5,047.74**
Total for Fixed Assets	**$5,047.74**
Other Assets	
170 Leasehold Deposit	
Total for Other Assets	**0**
Total for Assets	**$99,305.56**
Liabilities and Equity	
Liabilities	
Current Liabilities	**-$1,167.00**
Long-term Liabilities	
Total for Liabilities	**-$1,167.00**
Equity	
310 Retained Earnings	98,020.36
Net Income	2,452.20
300 Opening Balance Equity	
Total for Equity	**$100,472.56**
Total for Liabilities and Equity	**$99,305.56**

	A	B	C	D
1	**Hilton Head Island Bridge Association**			
2	**Income Statements**			
3	**Prior 2 Fiscal Years and Current Year-to-Date**			
4				
5				
6				
7				
8				
9		**FY 2022-23 (Apr 1, 2022 - Mar 31, 2023)**	**FY 2023-24 (Apr 1, 2023 - Mar 31, 2024)**	**FY 2024-25 (Apr 1, 2024 - July 31, 2024)**
10	**Revenue**			
11				
12	Game Fees	$112,279	127297	40532
13	Workshop Fees	$24,175	28090	7885
14	Membership dues	$9,250	8085	375
15	Other income	$2,341	2954	463
16	**Total Income**	**$148,045**	**$166,426**	**$49,255**
17				
18	**Cost of providing services**			
19				
20	Directors Fees	$28,273	29622	11052
21	Bridge Fees	$5,536	7261	2354
22	Teacher fees and costs	$17,428	18141	5186
23	Bridge food/dring and supplies	$3,712	3660	1883
24	**Total cost of providing services**	**$54,949**	**$58,684**	**$20,475**
25	**Gross Profit**	**$93,096**	**$107,742**	**$28,780**
26				
27	**Operating expenses**			
28				
29	Manager fees	$3,600	3600	900
30	Rent	$58,601	65106	25293
31	Insurance	$2,379	2490	2422
32	Utilities andtelephone	$5,033	5371	2057
33	Maintenance	$11,134	14235	3805
34	Other administrative costs	$4,834	7354	1533
35	Depreciation	$6,584	6584	2195
36	**Total operating expenses**	**$92,165**	**$104,740**	**$38,205**
37				
38	**Net income**	**$931**	**$3,002**	**($9,425)**

	A	B	C	D
1	**Hilton Head Island Bridge Association**			
2	**Balance Sheets**			
3	**Prior 2 Fiscal Years and Current Year-to-Date**			
4				
5				
6				
7				
8		**Fiscal 2022 - 2023**	**Fiscal 2023-2024**	**Fiscal 2024-2025**
9		**As of**	**As of**	**As of**
10		**March 31, 2023**	**March 31, 2024**	**July 31, 2024**
11				
12	**ASSETS**			
13				
14	**Current Assets**			
15				
16	Cash and Equivalents	$76,401	$92,015	$84,352
17	Prepaid Expenses and prepays used	$9,420	$3,411	$4,398
18	ATAX receivable			
19	**Total Current Assets**	**$85,821**	**$95,426**	**$88,750**
20				
21	Fixed Assets (net)	$12,181	$5,596	$3,402
22				
23	**Total Assets**	**$98,002**	**$101,022**	**$92,152**
24				
25	**LIABILITIES and EQUITY**			
26				
27	**Current Liabilities**			
28				
29	Prepays Sold			$750
30	**Total Current Liabilities**			$750
31				
32	**Equity**			
33				
34	Retained Earnings	$97,089	$98,020	$100,826
35	Net Income	$913	$3,002	($9,425)
36	**Total Equity**	**$98,002**	**$101,022**	**$91,401**
37				
38	**Total Liabilities and Equity**	**$98,002**	**$101,022**	**$92,151**

copy

INTERNAL REVENUE SERVICE
O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 10 2001

THE HILTON HEAD ISLAND BRIDGE
ASSOCIATION
PO BOX 21476
HILTON HEAD ISLAND, SC 29925

Employer Identification Number:
57-0820683
DLN:
17053170060001
Contact Person:
MARY ASHLINE
ID# 95183
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

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 ɔcuments 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

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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form, as it may be made public.
Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 04/01/2024 **, 2024, and ending** 03/31/2025

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Hilton Head Island Bridge Association

Number and street (or P.O. box if mail is not delivered to street address): PO Box 21476 | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Hilton Head Island, SC 29925

D Employer identification number 57-0820683

E Telephone number (843)342-7529

F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual Other (specify):

H Check [X] if the organization is **not** required to attach Schedule B (Form 990).

I Website: https://www.bridgewebs.com/hiltonheadisland/

J Tax-exempt status (check only one) - [ ] 501(c)(3) [X] 501(c) (4) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [ ] Corporation [ ] Trust [X] Association [ ] Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . $ 170,923.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . [ ]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	3,005.
	2	Program service revenue including government fees and contracts		2	156,012.
	3	Membership dues and assessments		3	9,910.
	4	Investment income		4	1,996.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	170,923.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	64,433.
	14	Occupancy, rent, utilities, and maintenance		14	85,516.
	15	Printing, publications, postage, and shipping		15	1,147.
	16	Other expenses (describe in Schedule O)		16	17,003.
	17	**Total expenses.** Add lines 10 through 16		17	168,099.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	2,824.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	101,022.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	103,846.

For Paperwork Reduction Act Notice, see the separate instructions.
UYA

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	92,015.	22	94,942.
23	Land and buildings	5,596.	23	0.
24	Other assets (describe in Schedule O)	3,411.	24	7,569.
25	**Total assets**	101,022.	25	102,511.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	101,022.	27	102,511.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? Teaching and playing contract bridge

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Teaching and playing contract bridge in the Hilton Head, SC area (Grants $) If this amount includes foreign grants, check here ☐	28a	168,099.
29	(Grants $) If this amount includes foreign grants, check here ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	168,099.

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kathy Wagner Vice President	3.00	0.	0.	0.
Virginia Rotella Member	2.00	0.	0.	0.
William Murray President	10.00	0.	0.	0.
Steve Mclaughlin Member	2.00	0.	0.	0.
Martha Grote Member	2.00	0.	0.	0.
Joe Meyers Secretary	3.00	0.	0.	0.
Mary Hill Treasurer	10.00	0.	0.	0.
Tom Haller Member	2.00	0.	0.	0.
Alan Keller Ombudsman	1.00	0.	0.	0.
Richard Rickenbach Club Manager	15.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the 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 activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		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		
c	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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____ ; section 4912: _____ ; section 4955: _____			
b	Section 501(c)(3), 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
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed: SC

42a The organization's books are in care of: Hilton Head Bridge Association Telephone no. 843-342-7529

Located at: PO Box 21476, Hilton Head Island, SC ZIP + 4 29925

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041 -** Check here . . . . ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43

			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		X
c	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		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer | Date

Mary Hill, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name | Firm's EIN

Firm's address | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Hilton Head Island Bridge Association	57-0820683

Name of the organization: Hilton Head Island Bridge Association

Employer identification number: 57-0820683

Part I Line 16
Advertising and promotion -$685.00

Part I Line 16
Other office expenses $9269.00

Part I Line 16
Information technology $200.00

Part I Line 16
Depreciation, depletion, and amortization $5129.00

Part I Line 16
Insurance $3090.00

Part II Line 24
Prepaid expenses and deferred charges. Beginning:$3411.00 Ending: $7569.00

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form, as it may be made public.
Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 04/01/2023 **, 2023, and ending** 03/31/2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Hilton Head Island Bridge Association

Number and street (or P.O. box if mail is not delivered to street address): PO Box 21476 | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Hilton Head Island, SC 29925

D Employer identification number 57-0820683

E Telephone number (843)342-7529

F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990).

I Website: https://www.bridgewebs.com/hiltonheadisland/

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . $ 166,426.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,910.
	2	Program service revenue including government fees and contracts		2	155,387.
	3	Membership dues and assessments		3	8,475.
	4	Investment income		4	654.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	166,426.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	55,133.
	14	Occupancy, rent, utilities, and maintenance		14	84,713.
	15	Printing, publications, postage, and shipping		15	1,152.
	16	Other expenses (describe in Schedule O)		16	22,426.
	17	**Total expenses.** Add lines 10 through 16		17	163,424.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	3,002.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	98,762.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-762.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	101,002.

For Paperwork Reduction Act Notice, see the separate instructions.
UYA

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	76,401.	22	92,015.
23	Land and buildings	12,941.	23	5,596.
24	Other assets (describe in Schedule O)	9,420.	24	3,411.
25	**Total assets**	98,762.	25	101,022.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	98,762.	27	101,022.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? Teaching and playing contract bridge

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Teaching and playing contract bridge in the Hilton Head, SC area (Grants $) If this amount includes foreign grants, check here ☐	28a	163,333.
29	(Grants $) If this amount includes foreign grants, check here ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	163,333.

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Irwin T David Treasurer	10.00			
Doug Luba Member	03.00			
Dian Urbano Member	02.00			
Dave McClintock Ombudsman	01.00			
Kathy Wagner Vice President	03.00			
Virginia Rotella Member	02.00			
Hedda O'Donovan Secretary	03.00			
William Murray President	10.00			
Steve Mclaughlin Member	02.00			
Martha Grote Member	02.00			

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the 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 activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		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		
c	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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____ ; section 4912: _____ ; section 4955: _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		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)342-7529

Located at: PO Box 21476 Hilton Head Island, SC ZIP + 4 29925

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041 -** Check here . . . . ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43

			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		X
c	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		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 0

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer | Date

Irwin David, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name | Firm's EIN

Firm's address | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

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

2023

Open to Public Inspection

Name of the organization: Hilton Head Island Bridge Association

Employer identification number: 57-0820683

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements 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 conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a 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 of the organization that are held and administered for the organization by:

		Yes	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 Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organizaton's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	97,591.		91,995.	5,596.
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				5,596.

Part VII Investments — Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 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, line 12, col. (B))*		

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, line 13, col. (B))*		

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) Prepaif and pre-pays	3,411.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	3,411.

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)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	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.

Part XIII Supplemental Information *(continued)*

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: Hilton Head Island Bridge Association

Employer identification number: 57-0820683

Name of the organization: Hilton Head Island Bridge Association

Employer identification number: 57-0820683

Part I Line 16
Other office expenses $9700.00

Part I Line 16
Depreciation, depletion, and amortization $6584.00

Part I Line 16
Insurance $2490.00

Part I Line 16
Bridge supplies $3652.00

Part I Line 20
Prior period adjustments -$762.00

Part II Line 24
Prepaif and pre-pays Ending: $3411.00

Details for Form 990, Part XI, Line 8

57-0820683

Date	Description	Amount
03/31/2024	Prior period (2023) expenses recognized in current year (2024)	-762.00
	Total	-762.00

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 04/01/2022 **, and ending** 03/31/2023

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Hilton Head Island Bridge Association

Number and street (or P.O. box if mail is not delivered to street address): PO Box 21476 | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Hilton Head Island, SC 29925

D Employer identification number 57-0820683

E Telephone number (843)342-7529

F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual Other (specify)

H Check [X] if the organization is **not** required to attach Schedule B (Form 990).

I Website: https://www.bridgewebs.com/hiltonheadisland/

J Tax-exempt status (check only one) - [ ] 501(c)(3) [X] 501(c) (4) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [ ] Corporation [ ] Trust [X] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . $ 148,045.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . [ ]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,990.
	2	Program service revenue including government fees and contracts		2	136,454.
	3	Membership dues and assessments		3	9,250.
	4	Investment income		4	83.
	5 a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7 a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	268.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	148,045.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	53,060.
	14	Occupancy, rent, utilities, and maintenance		14	75,064.
	15	Printing, publications, postage, and shipping		15	661.
	16	Other expenses (describe in Schedule O)		16	18,348.
	17	**Total expenses.** Add lines 10 through 16		17	147,133.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	912.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	97,850.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	98,762.

For Paperwork Reduction Act Notice, see the separate instructions.
UYA

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	84,883.	22	76,401.
23	Land and buildings	11,885.	23	12,941.
24	Other assets (describe in Schedule O)	1,082.	24	9,420.
25	**Total assets**	97,850.	25	98,762.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	97,850.	27	98,762.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? Teaching and playing contract bridge

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Teaching and playing contract bridge in the Hilton Head area (Grants $) If this amount includes foreign grants, check here . . . ☐	28a	147,132.
29	(Grants $) If this amount includes foreign grants, check here . . . ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here . . . ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	147,132.

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Irwin T David Treasurer	10.00			
Marcia Cornell Secretary	02.00			
Pat Burke Vice President	01.00			
H. Ezzat Khahfa Member	02.00			
Doug Luba Member	02.00			
Dian Urbano Member	01.00			
Dave McClintock President & Ombudsman	10.00			
Kathy Wagner Member	01.00			
Virginia Rotella Member	01.00			

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the 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 activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		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		
c	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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:			
b	Section 501(c)(3), 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
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		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)342-7529

Located at: PO Box 21476 Hilton Head Island, SC ZIP + 4 29925

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041 -** Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43

			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		X
c	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		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation

f Total number of other employees paid over $100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	**(b)** Type of service	**(c)** Compensation

d Total number of other independent contractors each receiving over $100,000 0

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations must attach a completed Schedule A. . . . . ☐ **Yes** ☒ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer | Date

Irwin David, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name | Firm's EIN

Firm's address | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ **Yes** ☐ **No**

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

2022

Open to Public Inspection

Name of the organization: Hilton Head Island Bridge Association

Employer identification number: 57-0820683

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements 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 conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a 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 of the organization that are held and administered for the organization by:

		Yes	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 Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organizaton's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	98,352.		85,411.	12,941.
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				12,941.

Part VII Investments — Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 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) Prepays	867.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*	867.

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)	
Total. *(Column (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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
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:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
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:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	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.

Part XIII Supplemental Information *(continued)*

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: Hilton Head Island Bridge Association

Employer identification number: 57-0820683

Name of the organization: Hilton Head Island Bridge Association

Employer identification number: 57-0820683

Part I Line 8
All other revenue $268.00

Part I Line 16
Advertising and promotion $1777.00

Part I Line 16
Other office expenses $2404.00

Part I Line 16
Conferences, conventions, and meetings $1516.00

Part I Line 16
Depreciation, depletion, and amortization $6584.00

Part I Line 16
Insurance $2379.00

Part I Line 16
Bridge Food and Drink $2445.00

Part I Line 16
Dues and subscriptions $1198.00

Part I Line 16
Miscellaneous $45.00

Part II Line 24
Prepaid expenses and deferred charges. Beginning:$465.00 Ending: $8553.00

Part II Line 24
Prepays Ending: $867.00