

**2025**

# **Accommodations Tax Funds Request Application**

**Organization Name:** Hilton Head Island Wine and Food Inc

**Project/Event Name:** Hilton Head Island Rhythm and Brews

## **Executive Summary**

Last year was the first year of the event on Saturday October 28th. We hadn't even started with our advertising for year #1 when the ATAX grant for year #2 was due.

What were the results?

The results were pretty good for year number 1, but not great if we are being honest. We had 650 tickets through the Eventbrite system and there were another 40 tickets through one of our local radio partners (LCRG). so we had 690 people there. While not the 1,000 we hope for, stepping back and trying to be objective, that is pretty good all things considered.

This is a good start and sets the basis to continue with the event we believe. So we are hosting the event again this year and are planning on hosting the event again next year. If we can go from 700 to 1000 in year two and 1500 in year three, we will be well on our way. The wine & food festival was a 1 day event for the first 20 or so years before adding a second day. If we hit our numbers, adding a second day in year three or four seems reasonable.

And what did we learn?

One of the ideas we tried was to bring in a high quality band from outside the local area. Which we did, and they were amazing and everyone loved them. It cost us about \$8,000 after their appearance fee + hotel rooms, feeding them, etc. I would bet that having them at the event didn't help us sell 20 additional tickets. So we will not be doing that again and will stay with local talent for the time being. This will cost us about \$2,000 instead. We are going to need to come up with a new concept if music is going to help drive ticket sales and tourism to the event.

The next thing we learned is that it is much easier selling tickets for an event that has been around for decades versus a brand new event. You do not have the built in trust for the event, so people are a little more discerning about pricing. We went and did a lot of research on what other events offered for craft beer festival and what they were charging. After that we priced our tickets at \$75 for general admission and \$150 for VIP which was inline with other festivals. (There were 40 beer tents please a couple wine and spirits tents). So that seemed reasonable for a three hour event. Ticket sales imply the general public saw that as overpriced. After ticket sales were slow, we reacted by selling a ticket for two people for \$100 the week before the event and that seemed much better received.

Next we learned that hosting a craft beer event in October is very competitive. In hindsight, this should have been obvious that we were not the first community to consider holding a festival during Oktoberfest season. This also probably didn't help ticket sales. In addition, it also made it harder to recruit breweries for the event because many of them had multiple invitations each weekend. This was especially true from breweries from out of state. Another thing that can affect attendance in October on a Saturday is college football. (It is some of

the same crowd) Most of the league games happen in October and November and this can be a challenge when trying to entice people to visit the island for an event.

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The last thing we learned was, it is just hard to have an event on October 30th and then start selling tickets for the HHI Wine & Food Festival November 2nd.

How are we going to fix all of this?.

First, we are going to treat this like it is year number one. We are going to employ the KISS method for this year. We are going to sell one type of ticket, general admission, and it is going to be \$49. This makes it easy for people to understand, for \$49 you get to taste all these craft beers with some spirits and wine while listening to music. Not only does this make it simple to understand, but a couple can go to the event for \$100, which is often a major monetary threshold.

We also moved the event to Shelter Cove Park because it has beautiful pictures to help with marketing and it has features that allow us to lower our logistics costs. There is already a stage there and with the smaller footprint, everything costs less - security, fencing, etc. This allowed us to shave about 30% off expected expenses.

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The plan - We partnered with LCRG to cover the local drive market from Savannah to Charleston. They provided 350 - 30 sec radio spots across all of their stations. (They also provided 5 social media posts per station per week for a month, but we do not have numbers for impressions on these)

Budget vs. Actual - \$2000 vs. \$1500

Results - 70,000 impressions

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The plan - Target higher net worth individuals in the drive market.- North Florida > Atlanta > Asheville > Columbia > Charleston. Focused on women from \$200 k households with interests in travel, food, wine and decor.

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The budget was \$3,500 and we spent \$3,000. We only have a photographer scheduled for this year since we have enough video assets for this year.

It appears that with the ATAX finds that were entrusted with us we brought about 400 visitors to the island which is probably good for 200 room nights. But even if it was only 100 (and we bought 10 RN for the festival) at \$200 a night it is hard to believe the thr ROI was break even at a minimum for the town. That fact in addition to a solid start paired with our long-term proven record of driving tourists to the island, suggests this event is worth continuing to see if it could be built up into a multi-day event.

Thank you for your consideration and by the time of our presentation, we will have hosted year #2 and we will share those numbers with the committee.

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Date Received: 09/06/2024

Time Received: 02:29 PM

By: Online Submittal

*Applications will not be accepted if submitted after 4 pm on September 6, 2024*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Hilton Head Island Wine and Food Inc

**Project/Event Name:** Hilton Head Island Rhythm and Brews

Contact Name: Jeffrey Gerber

Title: Executive Director

Address: 1620 Crestwood Drive, Columbia, SC 29205

Email Address: circlemstr@gmail.com

Contact Phone: 843-301-9256

Event Date: September 2025

Event Location: Lowcountry Celebration Park

**Total Budget:** \$137,000.00

**Grant Requested:** \$30,000.00

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

The Hilton Head Wine and Food Festival has had great success in adding craft beer to many of the weeks events. So we are working on creating a craft beer event in the fall to take advantage of this growing trend. We will use funds to promote a new music and craft beer festival. It will be for 1 in 2024, but the goal will be to grow it into a 2 day event for 2025.

The majority of the money would be used on marketing, but some would also help cover expenses.

The goal would be to bring high quality tourists to the island like we do with the Wine & Food Festival.

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

The Festival has a long history of driving visitors to the island. We will use the same strategies of marketing with a heavy focus on social media, digital and email marketing to people in the drive market area. Basically northern Florida - Atlanta - Asheville - Charlotte - Columbia - Charleston.

The impact will be measured by ticket sales and we will also work with USCB and the Chamber to survey attendees like we do at the wine and food festival.

Even for visitors who are already on the island, we think a craft beer & music festival will create a memorable experience they will remember for years to come.

A. Total Number of Physical Tourists Served: 409

*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: 83

*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: 158

*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): 650

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

We work with the Chamber and USCB to complete surveys during the festival.

Students in the LRITI program are at the festival with a tent and wireless tablets. They engage attendees at the tent and out on the grounds and ask them to answer a survey that creates a report with important demographic information about our visitors. We created the questions with the help of USCB and input from the Chamber.

We also have online ticket sales which gives us some insight as to where attendees live.

What we saw in 2024 was opposing data between the survey and ticket data.

Here has been about our historical average over the last couple of years at the Wine & Food Festival..

- 58% come from out of state with 1% of those people from other countries.
- 12% Come from other parts of South Carolina
- 11% live with in a 50-mile radius
- 19% live in the HHI area

Here is the data listed as USCB (skewed local) vs. Ticketing (skewed tourists)

- BOTH showed 1% international visitors
- From other parts of the US - USCB 23% and Eventbrite 58%
- From other parts of SC - USCB 4% and Eventbrite 5%
- Live with in a 50-mile radius - USCB 33% and Eventbrite 13%
- Live in the HHI area - USCB 39% and Eventbrite 24%

We attached the survey from USB to our application.

We will also provide the ticketing data. In that you will see an adjustment. It will show 593

attendees, but the numbers total up to 650 people. This is because we sold a two person bundle. Eventbrite counts one ticket as one person. So we had to manually add these into the count. This was done by going in and searching just the bundle tickets. There were 57 of those tickets, so we added 22 people to the HHI count, 16 people to the 50 miles or less count and 19 to the US count. None of the bundle tickets were purchased by people living in SC >50 miles away or internationally.

## B. DESCRIPTION OF OPERATIONS:

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

The Hilton Head Island Wine & Food Festival is an annual event that showcases many of the world's premier wines, while shining a light on the Lowcountry's unique and thriving food scene. Through interactive and educational culinary experiences, the festival celebrates the area's coastal beauty, vibrant culture and rich history, as it promotes its epicurean diversity with the purposed of enhancing tourism, stimulating local business, and raising funds to support scholarships for students pursuing degrees in the hospitality & tourism field.

We will be celebrating our 40th anniversary this year, which makes the festival is one of the oldest in the country.

The festival is a non-profit event that has contributed over \$145,000 in hospitality scholarship support to USCB and the Technical College of the Lowcountry over the past nine years, on behalf of the John and Valerie Curry Foundation. With our success from this year, we are donating \$20,000 between the two institutions this year and are budgeting another \$20,000 for next year. The foundation also donated \$20,000 to the new TCL Culinary program.

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

Objectives of the festival's grant-funded marketing plan:

- Take advantage of the momentum that was generated in the 2021 - 2024 campaigns for the HHI Wine & Food Festival and the good will we have built over the years.
- Implement digital advertising campaigns in the festival's top drive markets on home pages such as the Charlotte Observer, The State, in addition to some smaller markets as well.
- Leverage integrated social media efforts with regular posts, contests, sharing of festival press and events on Facebook and Instagram.

- Use a very targeted e-mail advertising program once again focusing on high income households since we saw good results from those promotions in 2017-2024
- This will be an additional event throughout the year to help keep our name relevant and fresh on people's minds and to look to bring visitors to the island more than just once a year.
- Other sources of funding include proceeds from the International Wine Judging, event admissions, event vendors and corporate sponsors.
- We also run promotions with the Chamber, Sonesta, Westin and many local media partners.

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)

If funding levels are not met, we will have to look at cutting back marketing, and/or lowering the quality of the music or consider not having the event at all.

We also wouldn't be able to add a second day that we hope to implement after the event this year.

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

For other events we host, the average is 70% of people come from 50 miles away or further and 68% are married and 28% single. For this, let's say 50% are tourists since this is a new event.

If we sell 1000 tickets = 500 tourists. That is about 175 couples and 125 singles. That could equate to 300 room nights. If the average price is \$250/night or \$75,000.

There is also the potential people will dine before and/or after the event. Plus people might make a weekend out of the event also.

If both of those numbers are cut in half, they still justify the investment.

And if we sell more tickets the numbers will look even better. And if we can add a second day, this will be a home run.

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

<p><b>1 - Destination Advertising/Promotion</b>  <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i></p>	<p>100 %</p>
<p><b>2 - Tourism-Related Events</b>  <i>Promotion of the arts and cultural events.</i></p>	<p>0 %</p>
<p><b>3 - Tourism-Related Facilities</b>  <i>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.</i></p>	<p>0 %</p>
<p><b>4 - Tourism-Related Public Services</b>  <i>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.</i></p>	<p>0 %</p>
<p><b>5 - Tourist Public Transportation</b>  <i>Tourist shuttle transportation.</i></p>	<p>0 %</p>
<p><b>6 - Waterfront Erosion/Control/Repair</b>  <i>Control and repair of waterfront erosion.</i></p>	<p>0 %</p>
<p><b>7 - Operation of Visitor Information Centers</b>  <i>Operating visitor information centers.</i></p>	<p>0 %</p>
<b>Total:</b>	<b>100 %</b>

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)

There are many very successful craft beer and music events all over the country, but this is not happening on the island yet. So we are looking to fill that void and think this has the opportunity to scale with time and support.

We also have three people with extensive craft beer knowledge and experience. John Rybicki is the brewer at Lincoln & South and is going to be another partner in this venture. Rex from Coastal Discovery Museum is helping a little and he used to teach classes about craft beer when he lived in San Diego, before moving to HHI. The long term goal is to grow this into a large event at Honey Horn. I was working in the microbrewery industry in Oregon before moving to HHI in 1998.

While we are not collaborating with anyone yet, we are open to trying to find a way to work with some of the other organizations that focus on music. There have been some initial discussions, but no one has come up with a great idea yet. But we are persistent.

7. Additional comments. (250 words or less)



This is something we had planned on doing in 2020 but had to cancel due to Covid. So if nothing else, we are persistent.

With a successful event, it is not hard seeing other properties get behind an event like this to help grow it in size and number of days to drive tourism and also enhance the experience of the visitors they already have.

On the next page it asks about other sources of funding. The organization did ask for funding from BC ATAX and SCPRT for the Wine and Food Festival, but we did not ask those organizations for funding for this event.

There are other large craft beer events in other areas that routinely see anywhere from a couple to a few thousand people attend their events.

This type of event also can draw a younger crowd (25-40), which is another thing that would benefit the island.

**C. FUNDING:**

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

The HHI Wine and Food Festival is funded through four main sources.

The International Wine Judging kicks off the festival and generates revenue through entry fees. Also, the wines that are not opened are designated into lots and then sold by auction at the Grand and Public Tasting events.

Next, we are funded through sponsorships from companies on both a national and local level.

Then we collect admission fees from festival & off cycle events.

Finally, we receive money through public funding in the form of grants from HHI ATAX, Beaufort County ATAX & SCPRT.

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

<u>31</u>	Government Sources	_____	Private Contributions, Donations and Grants
11	Corporate Support, Sponsors	_____	Membership, Dues, Subscriptions
58	Ticket Sales, or Sales and Services	_____	Other

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

Yes  X  No  \_\_\_

If so, please list top 3 sources and amounts.

Beaufort County ATAX	\$10,000.00
SCPRT	\$5,600.00
HHI ATAX for the Wine and Food Festival	\$130,000.00

#### D. FINANCIAL INFORMATION:

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Fiscal Year Disclosure: Start Month: **July** End Month: **June**

##### 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:

P&L for Fiscal 2022- Previous FY 1

P&L for Fiscal 2023- 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 Balance Sheets Provided:

FY 2022 - Previous FY 1

FY 2023 - 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:

**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 organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.

- Follow Town procurement guidelines
- Utilize and follow organization's own procurement guidelines
- Our organization does not have or follow procurement guidelines

**F. MEASURING EFFECTIVENESS:**

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If you received 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.

2021	\$88,000.00	Hilton Head Wine & Food Festival
2022	\$130,000.00	Hilton Head Wine & Food Festival
2023	\$130,000.00	Hilton Head Wine & Food Festival
2023	\$25,000.00	Rhythm & Brews
2024	\$130,000.00	Hilton Head Wine & Food Festival
2024	\$30,000.00	Rhythm & Brews

2. How were the ATAX funds used? 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)

#1 - We brought in a high quality band like we proposed, but honestly that didn't work out as hoped. They were amazing and attendees really enjoyed them. But honestly I am not sure they helped us sell any tickets or put any additional heads in beds. So lesson learned and we will use local talent this year which will drop our cost from \$8,000 to \$1,800.

#2 - We used the rest of the funds to market the event. We had hope for about 1,000 people, but ended up with about 700. While not what we had hoped for, 700 people is not

bad for a first time event many people to us. And we did bring about 400 people to the island from 50 miles away or further. If that generated 100 room nights and people went out to at least one meal, the economic impact was probably about even with the \$25,000 ATAX award for the event.

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

By targeting higher income attendees, we attract a target audience that places a high value on experiences. Not only do attendees place "heads in beds" for lodging partners around the island, but they are willing to spend money on those experiences including, but not limited to - dining, golf, kayak tours, and visiting stores in our community.

The better demographic nature of the attendees comes directly from advertising and social media not only has an immediate economic impact on the island, but it is likely to have residual effects as visitors often return to the island in the future. > 89% said they were likely/very likely to return to Hilton Head Island when the festival was NOT occurring. We hope the same type of people will attend this event.

We also have many people tell us they are coming to the event for a special occasion. Birthdays, Anniversaries, and friends/family from all over who meet here. People tend to spend more money on special occasions, and that is happening in our community.

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

We have been selling all our tickets online since 2016 and this gives us great insight to how we are doing in driving tourists to the island.

We will also continue to work with USCB with a survey which will give us feedback on important information.

- 1- Where are they visiting from
- 2 - Household income
- 3 - Education Levels
- 4 - Do you have children living at home
- 5 - etc.

This gives us real data to see how well our marketing is performing.

Also, how are ticket sales? Do we sell out all the VIP tickets this year? How many general admission tickets do we sell this year? Is it closer to 1,000? 1,500? Or even higher?

As we increase the number of days, we will consider this for each separate event.

## G. EXECUTIVE SUMMARY

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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 creating 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)*

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Signature: Jeffrey Gerber

Title/Position: Executive Director

Mailing Address: 1620 Crestwood Drive, Columbia, SC 29205

Email Address: [circlemstr@gmail.com](mailto:circlemstr@gmail.com)

Office Phone Number: 843-301-9256

Home Phone Number: 843-301-9256



# FESTIVAL REPORT



2023

CENTER FOR  
LOWCOUNTRY  
HOSPITALITY  
EDUCATION

UNIVERSITY OF SOUTH  
CAROLINA BEAUFORT

# Executive Summary

At the request of festival organizers, the University of South Carolina Beaufort (USCB) conducted an on-site survey at the inaugural Rhythm and Brews Festival on October 28, 2023. The purpose of the survey was to gain insight into festival attendees and identify how these attendees contribute to the Island's economy and local tourism.

Research staff collected data as participants were exiting the festival. There is no previous data for comparison, given this was a first time event. The incentive was provided by the festival organizers. There were approximately 680 attendees this year, resulting in a 15% participation rate. It is common to see 10% - 15% participation, thus this data can be considered an accurate representation of attendees.

Overwhelmingly, participants enjoyed the event with 79% giving the festival a "5 Star" rating. This is further supported by the percentage of attendees who plan to return to the festival (73% *extremely likely*) and recommend the festival to friends (79% *extremely likely*). There are a few key data points worthy of acknowledgment at this time as they may be helpful when preparing future events:

- Word of Mouth was the number one method of first learning about the festival, followed by social media.
- Attendees largely local
- Primarily older demographic (61% are aged 55+) with 51% of participants' annual household incomes > \$150k.
- Anecdotally, observations of attendees were more male than female, although more females completed the survey.
- Large increase in the number attendees aged 65+.

Researcher anecdotally received feedback to add bottled water and easier access to food. A few non-beer drinkers expressed an interest in wine being available. In the attached report, data for each survey item is graphically represented for ease of comparison.



# RESEARCH METHODOLOGY

- Attendees completed a 28-question online survey
- iPads made available to respondents without mobile devices

# RESPONSES

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103

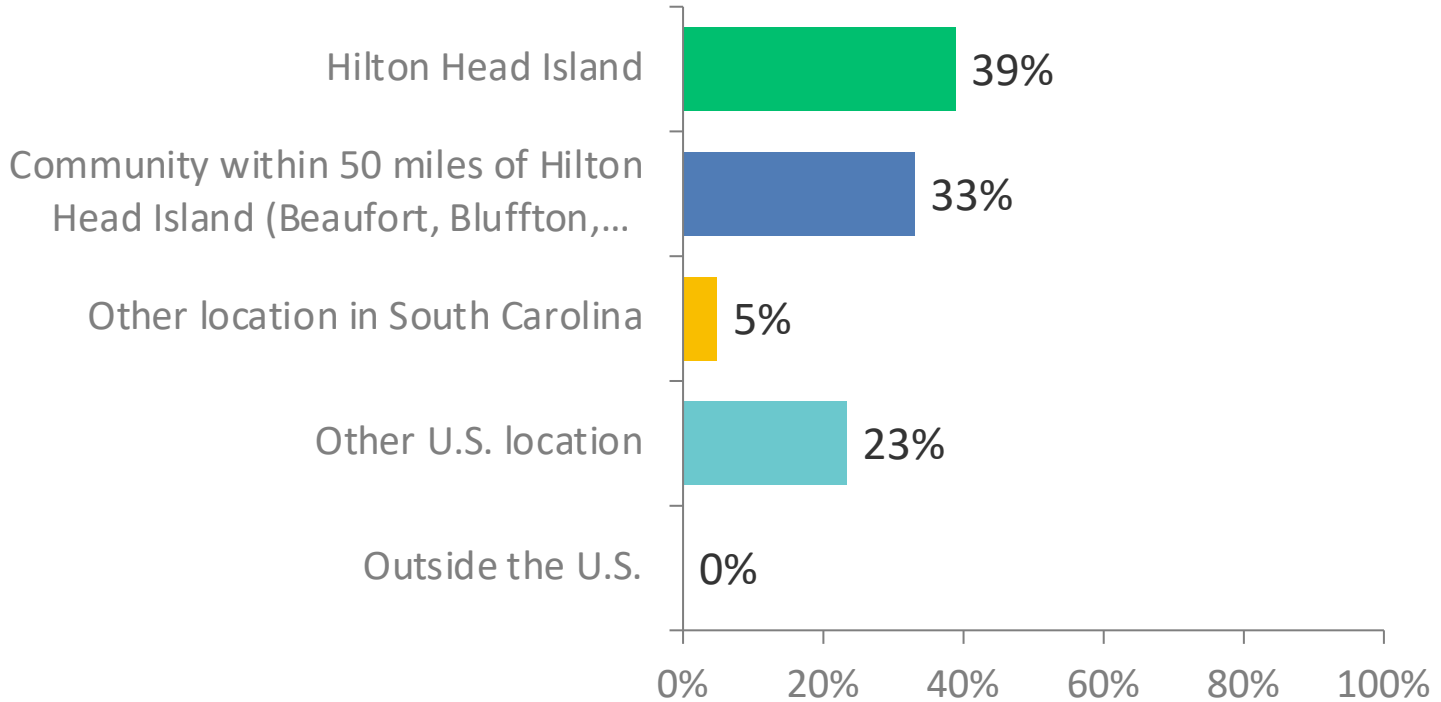


# ORIGIN BREAKDOWN

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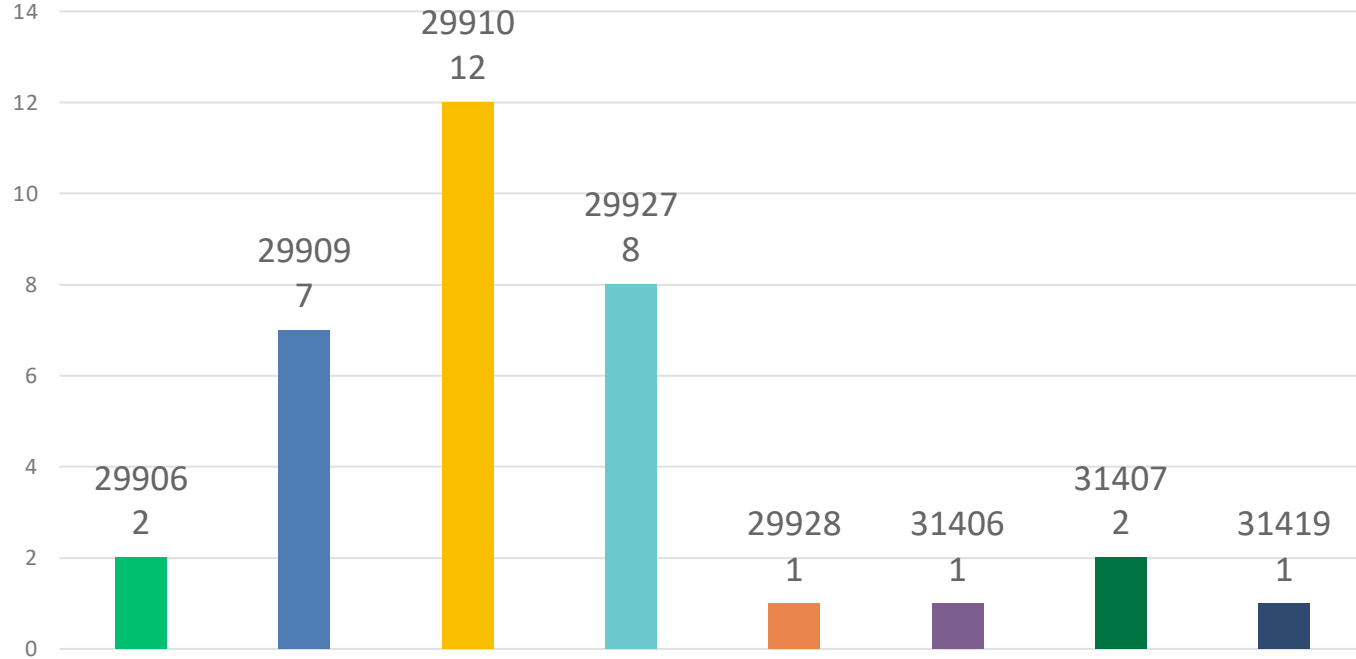
# Where is your PRIMARY residence?

Answered: 103 Skipped: 0



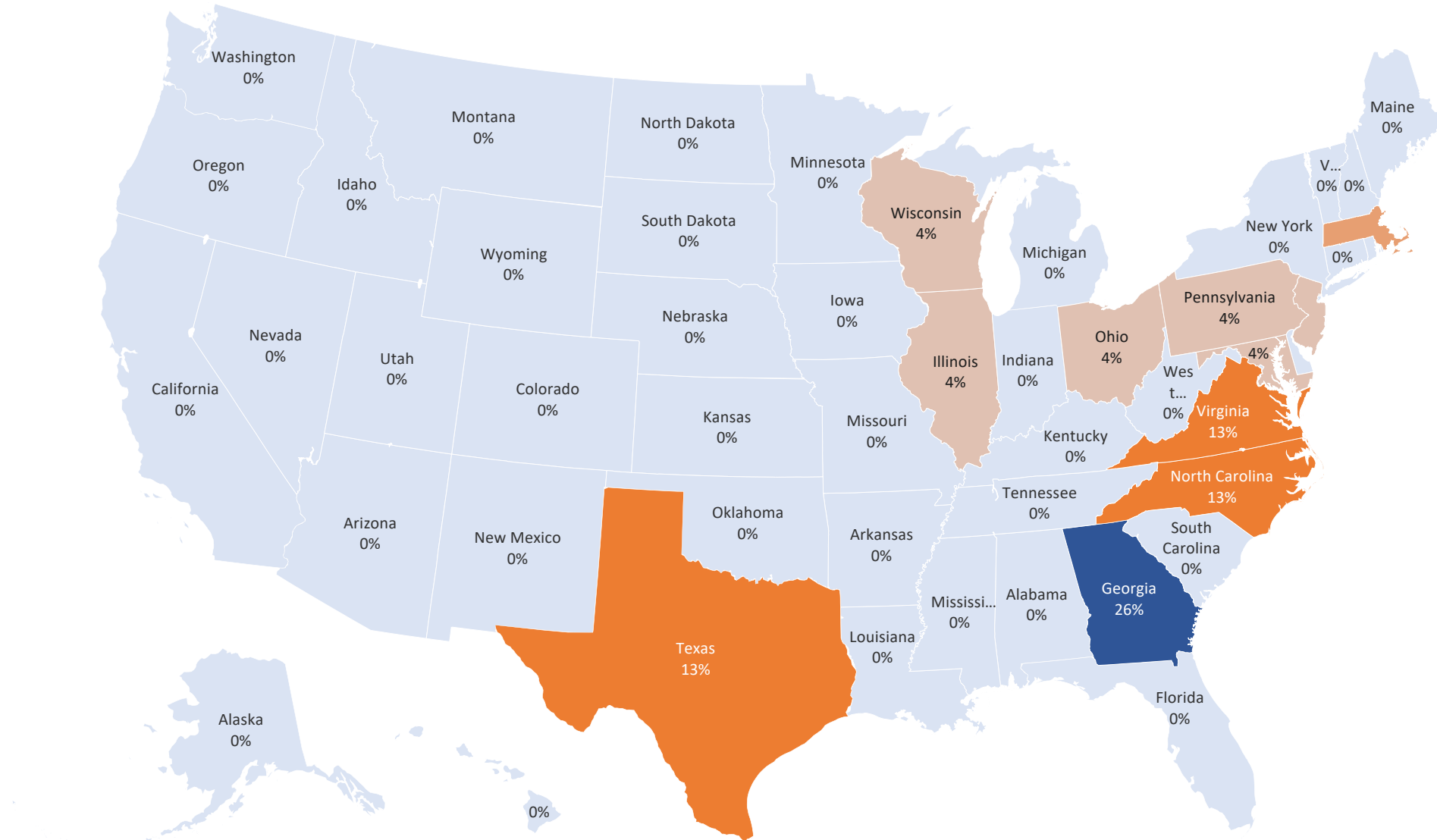
# Zip Codes for Communities within 50 Miles of Hilton Head Island

Answered: 34 Skipped: 69



# Please us what U.S. state or territory you are visiting from.

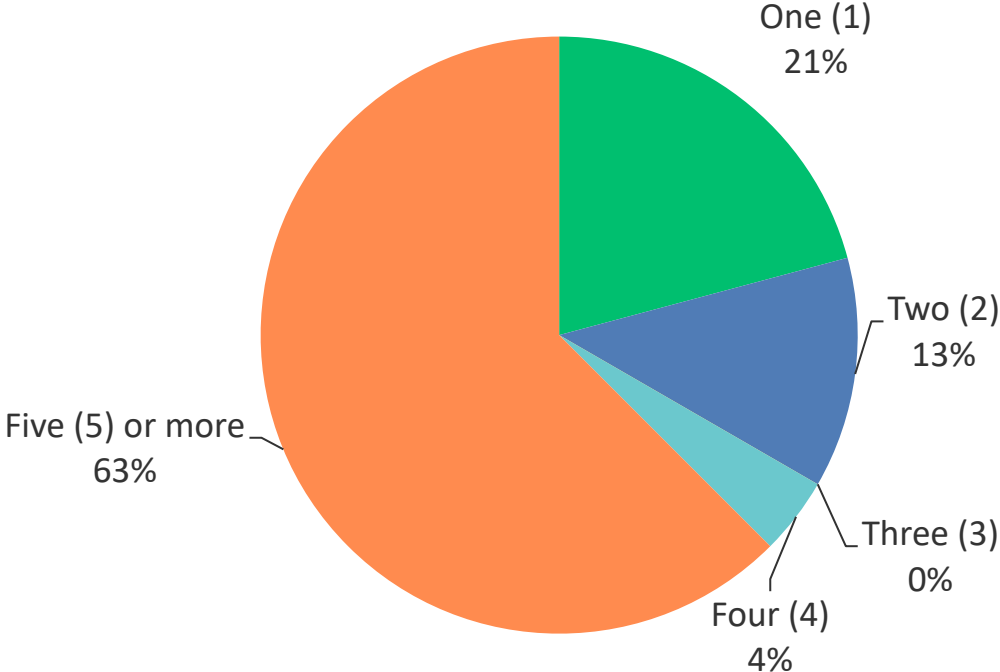
Answered: 23 Skipped: 80





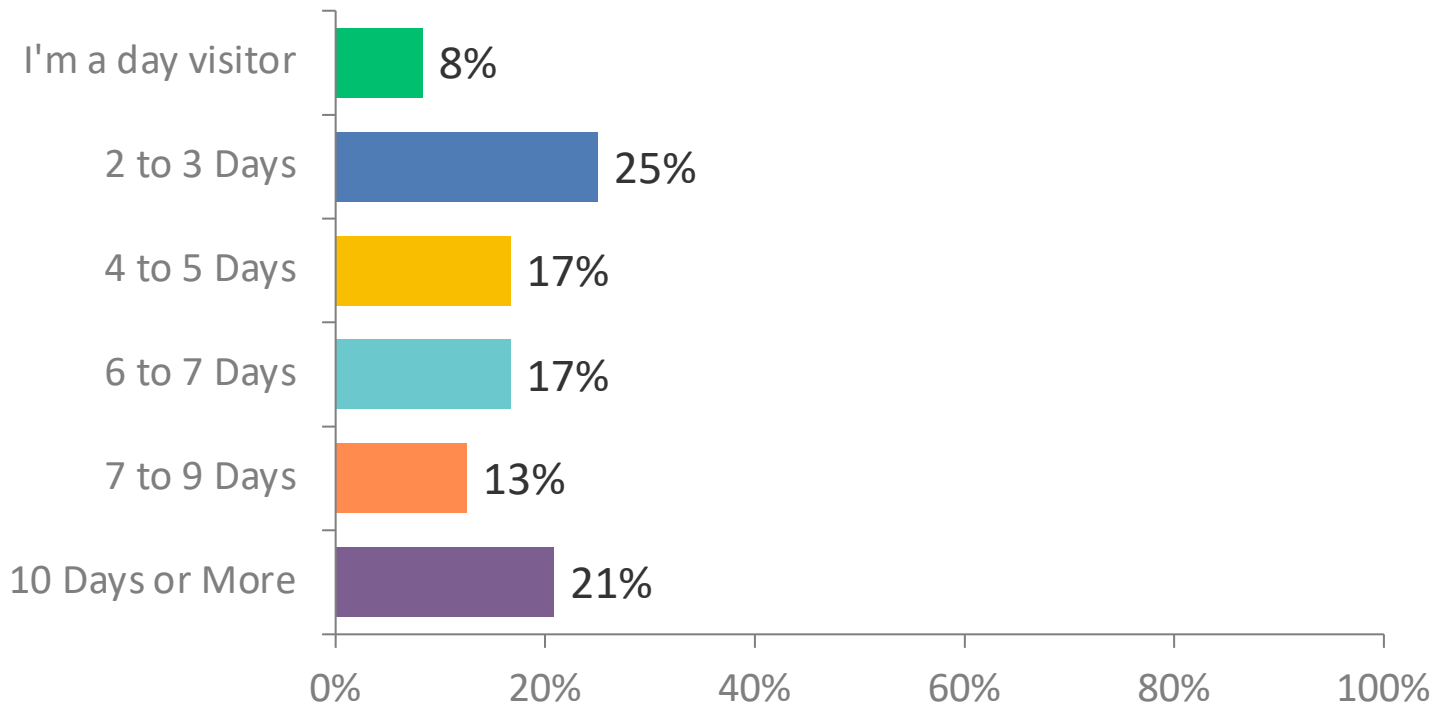
# Including this visit, HOW MANY trips have you taken to Hilton Head Island?

Answered: 24 Skipped: 79



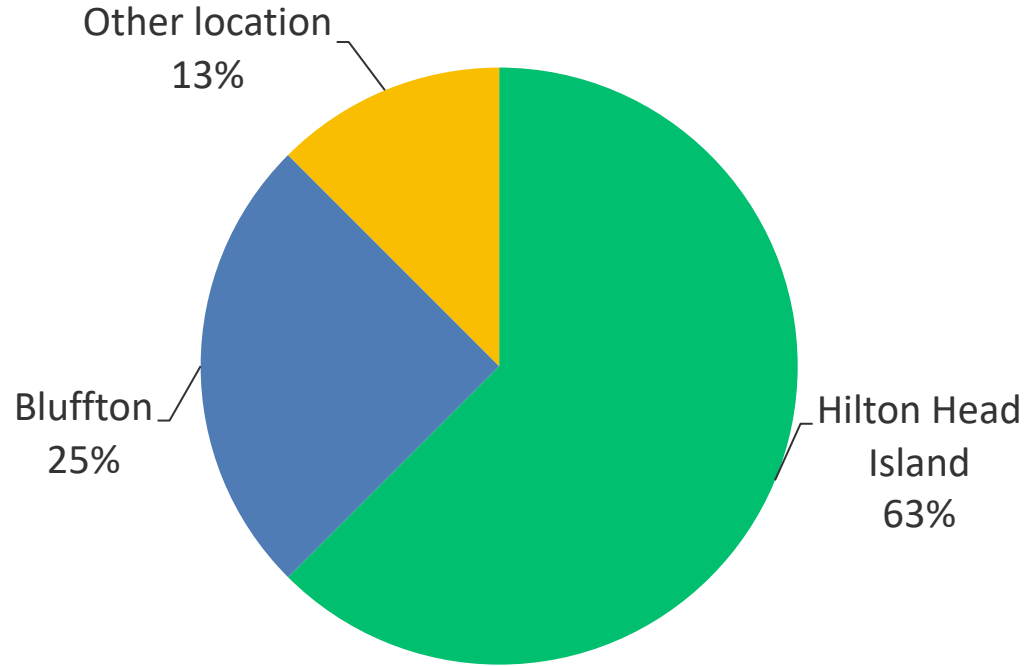
# How many days to you intend to stay in the Hilton Head Island area?

Answered: 24 Skipped: 79



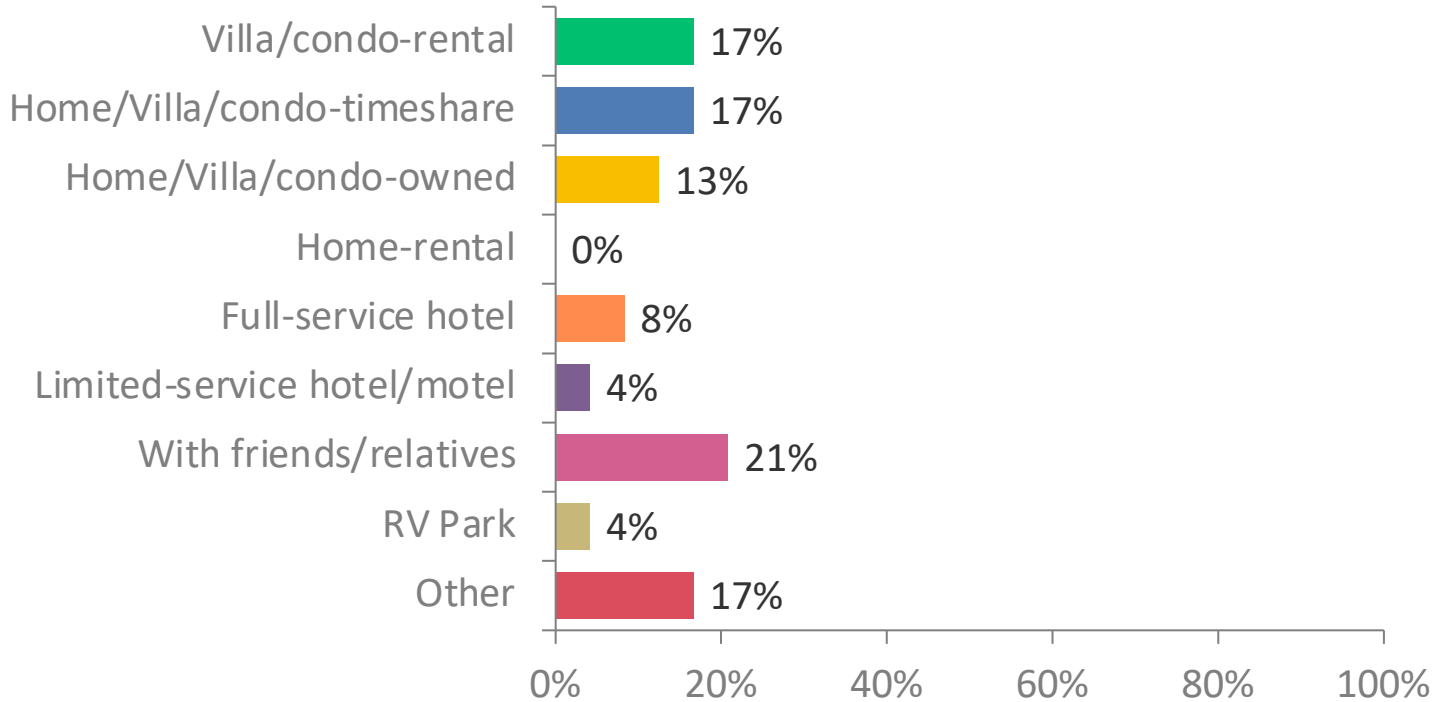
# Where are you staying overnight on this trip?

Answered: 24 Skipped: 79



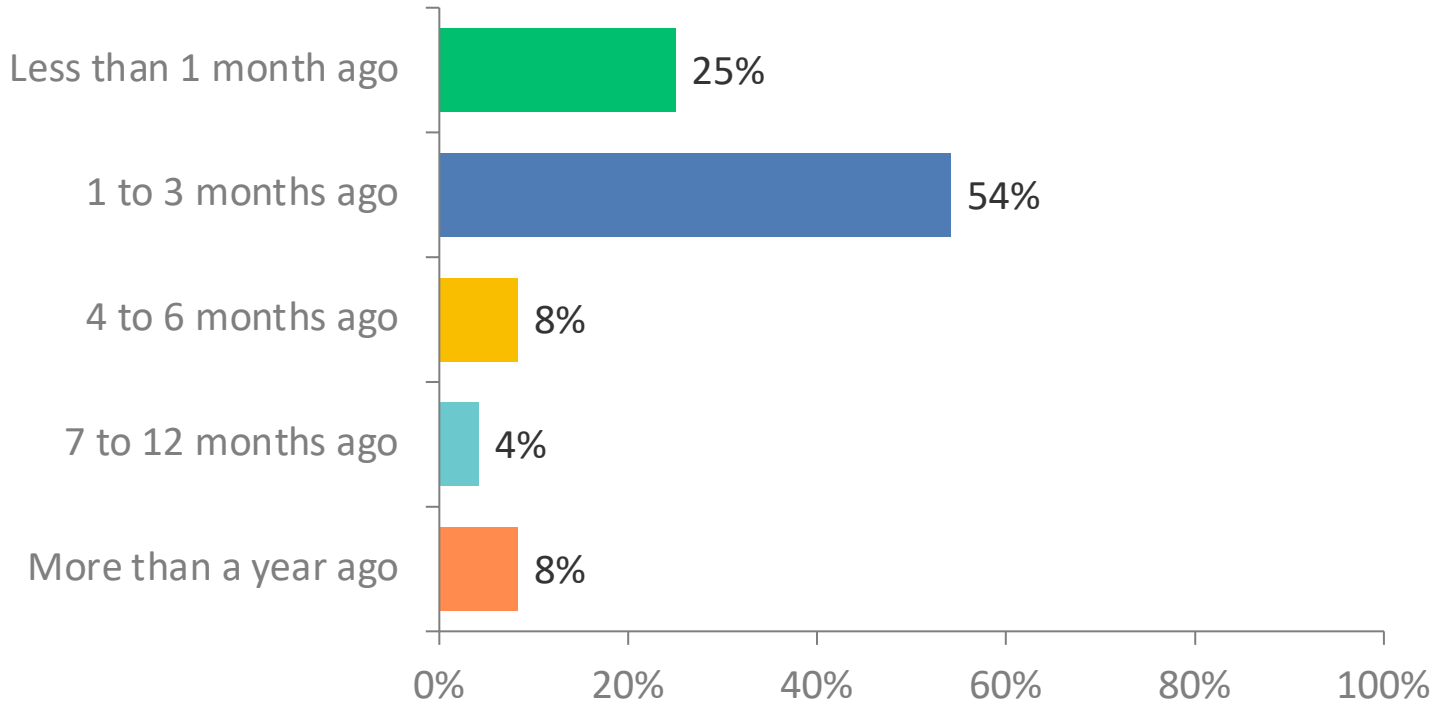
# What type of accommodations are you using while visiting Hilton Head Island?

Answered: 24 Skipped: 79



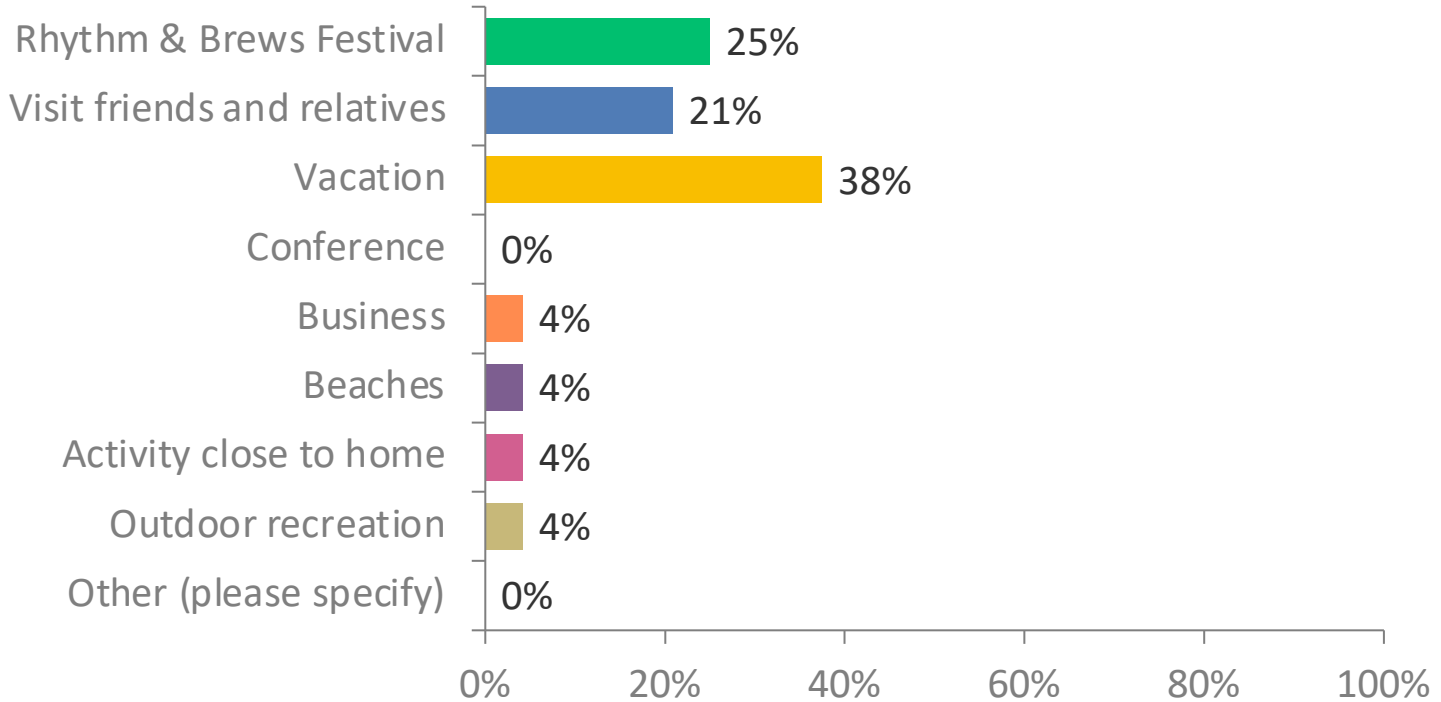
# How many months in advance did you book this trip?

Answered: 24 Skipped: 79



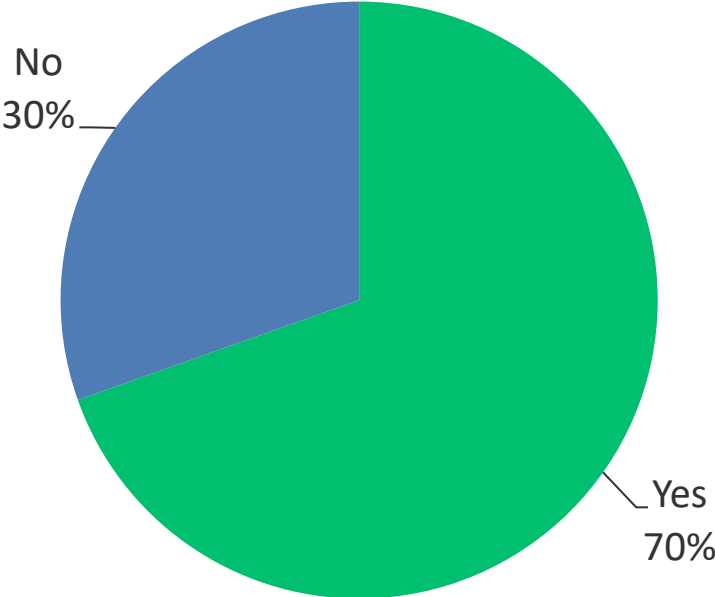
# What is your PRIMARY reason for this visit to Hilton Head Island?

Answered: 24 Skipped: 79



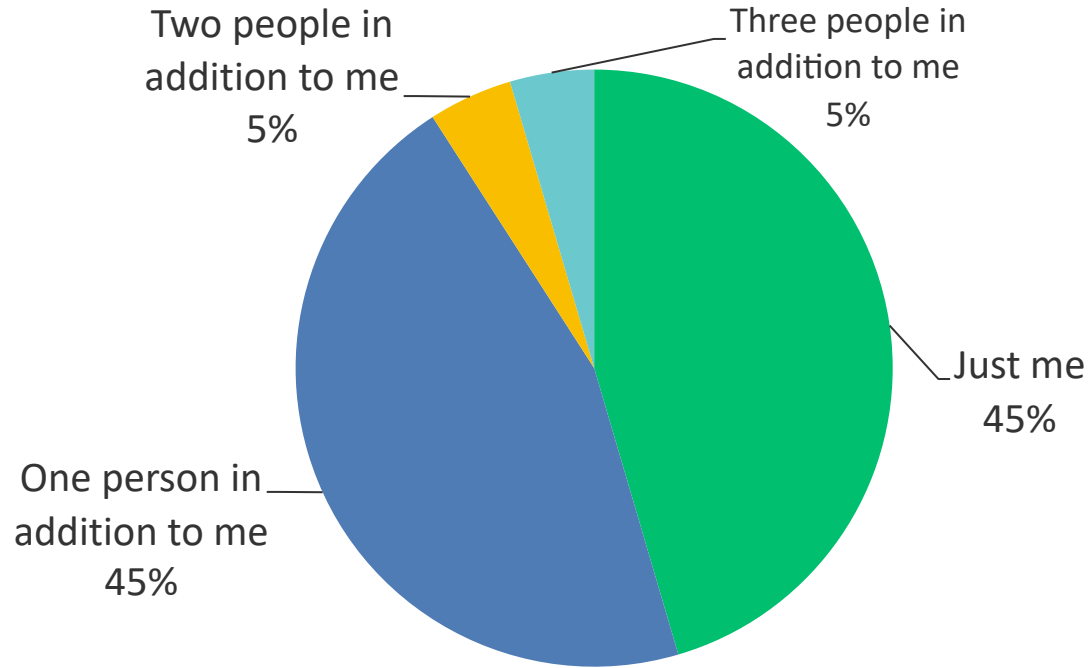
# Would you have visited the Hilton Head area AT THIS TIME even if this festival had not been held?

Answered: 23 Skipped: 80



# How many people are you financially responsible for during this trip?

Answered: 22 Skipped: 81





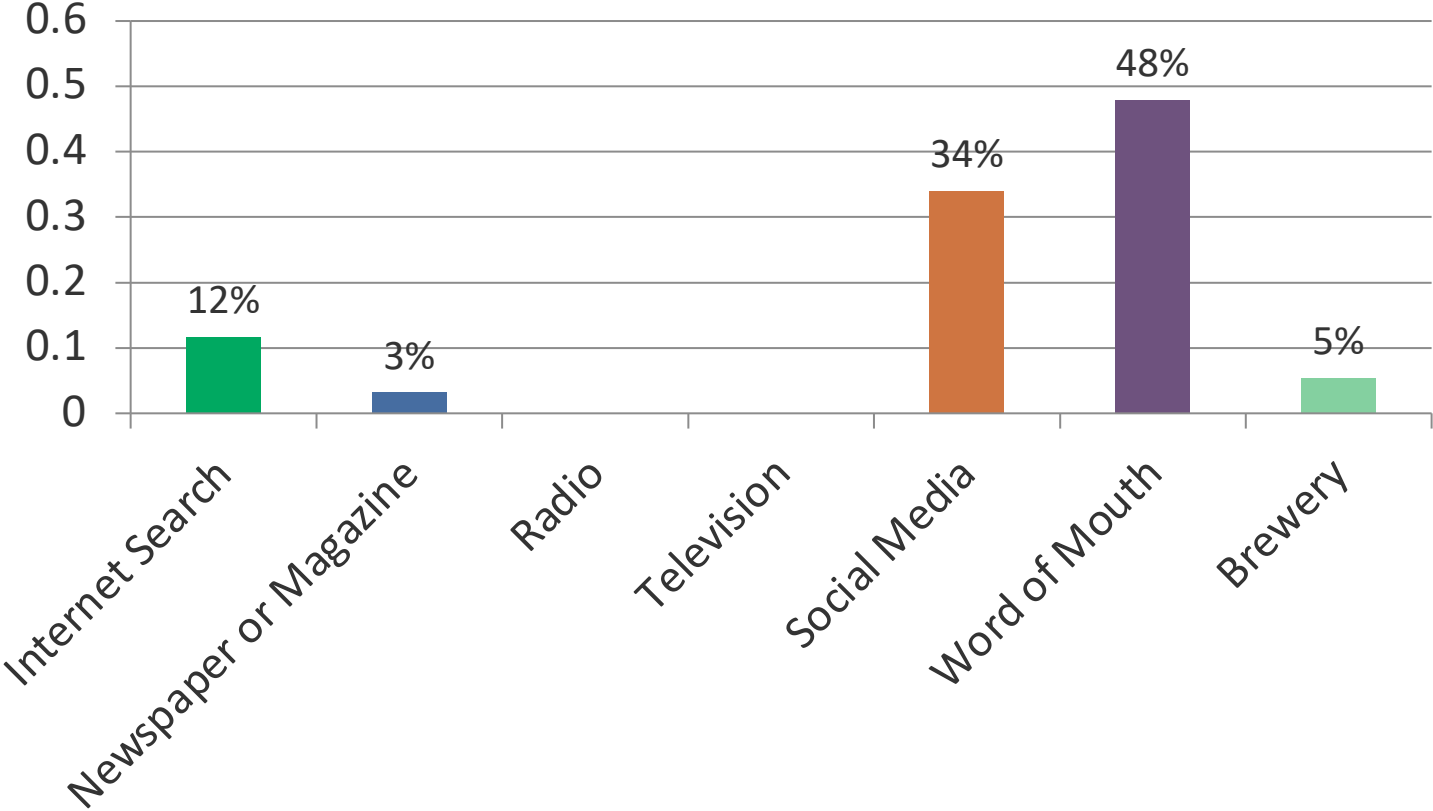
# On average, how much do you plan to spend EACH DAY while visiting?

Answered: 23 Skipped: 80

	UNDER \$100	\$100 - \$199	\$200 - \$299	\$300 - \$399	\$400 OR MORE
Restaurant Dining	56.52% 13	26.09% 6	13.04% 3	0% 0	4.35% 1
Recreation (i.e., Bicycling, Golf, Etc)	66.67% 14	28.57% 6	0% 0	0% 0	4.76% 1
Retail (i.e., Gifts, Souvenirs, Etc)	56.52% 13	21.74% 5	13.04% 3	8.70% 2	0% 0

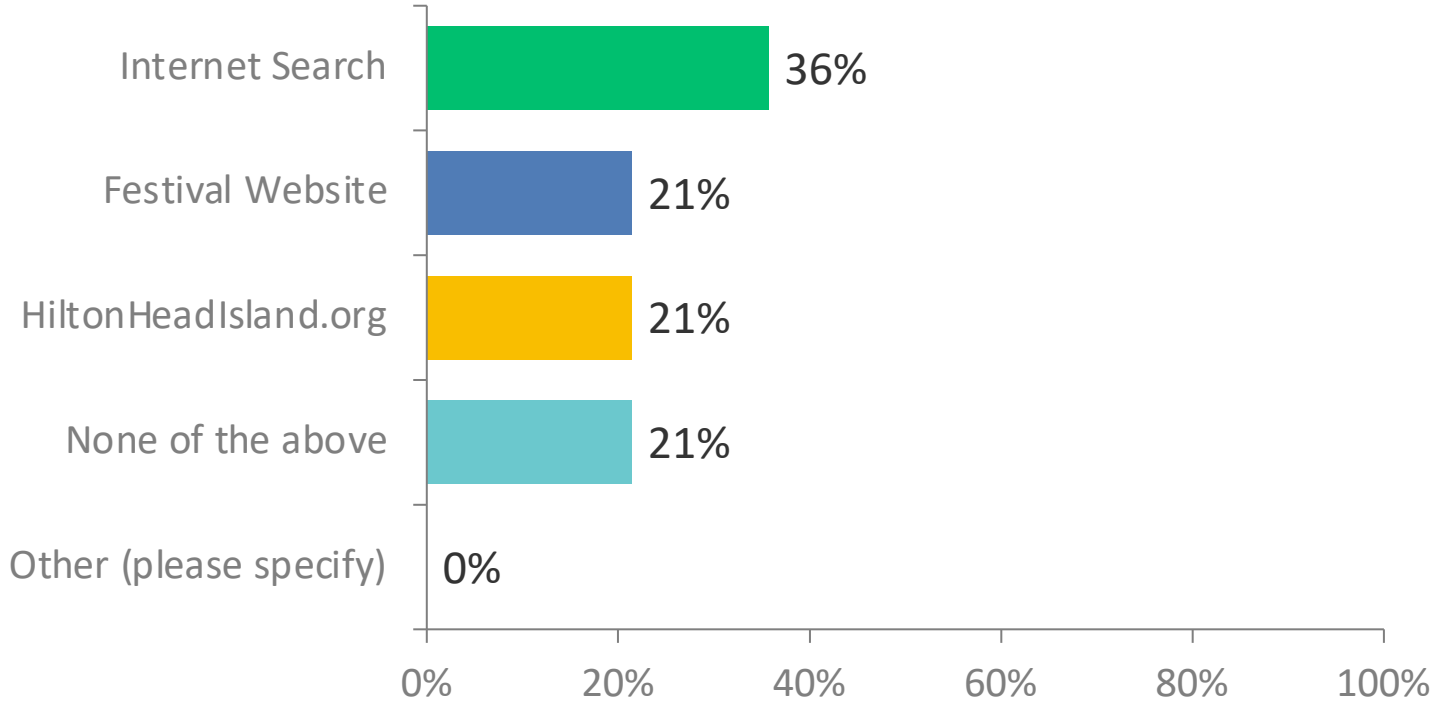
# How did you FIRST learn about this festival?

Answered: 94 Skipped: 9



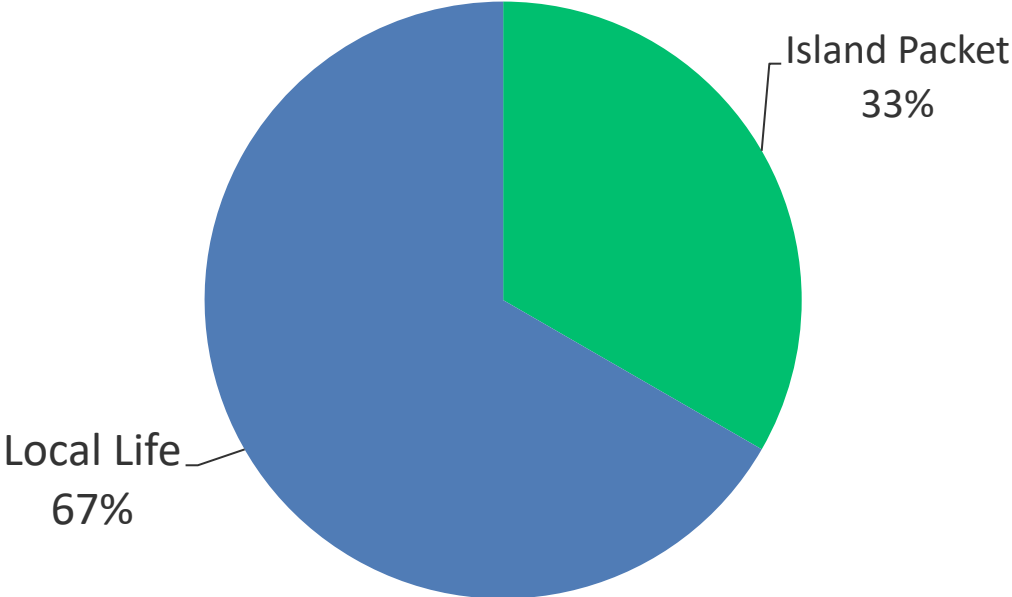
# From which Website or Internet source did you FIRST learn about this Festival?

Answered: 14 Skipped: 89



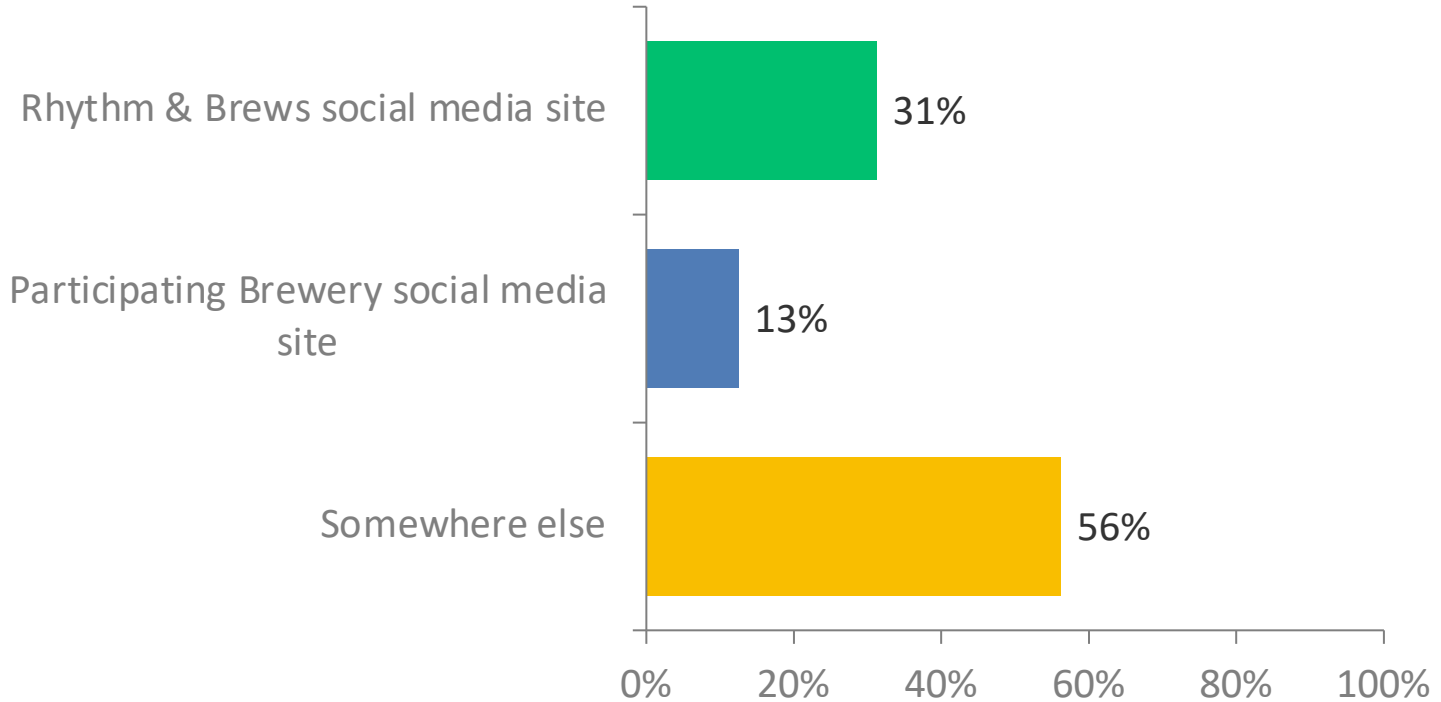
# From which Newspaper or Magazine did you learn about this Festival?

Answered: 3 Skipped: 100



# From which social media site did you learn about this festival?

Answered: 32 Skipped: 71



# How would you rate the following festival characteristics?

Answered: 87 Skipped: 16

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	WEIGHTED AVERAGE
Food Quality and Variety	52.87% 46	24.14% 21	5.75% 5	0% 0	1.15% 1	16.09% 14	4.52
Entertainment	65.00% 52	27.50% 22	6.25% 5	0% 0	1.25% 1	0% 0	4.55

# How would you rate the following festival characteristics?

Answered: 87 Skipped: 16

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	WEIGHTED AVERAGE
Event Location	75.86% 66	22.99% 20	1.15% 1	0% 0	0% 0	0% 0	4.75
Parking	66.28% 57	18.60% 16	8.14% 7	1.16% 1	0% 0	5.81% 5	4.59
Crowd Flow	79.07% 68	17.44% 15	2.33% 2	0% 0	1.16% 1	0% 0	4.73
Availability of Public Seating	47.67% 41	22.09% 19	18.60% 16	10.47% 9	1.16% 1	0% 0	4.05
Staff Friendliness	91.95% 80	8.05% 7	0% 0	0% 0	0% 0	0% 0	4.92

# How would you rate the following festival characteristics?

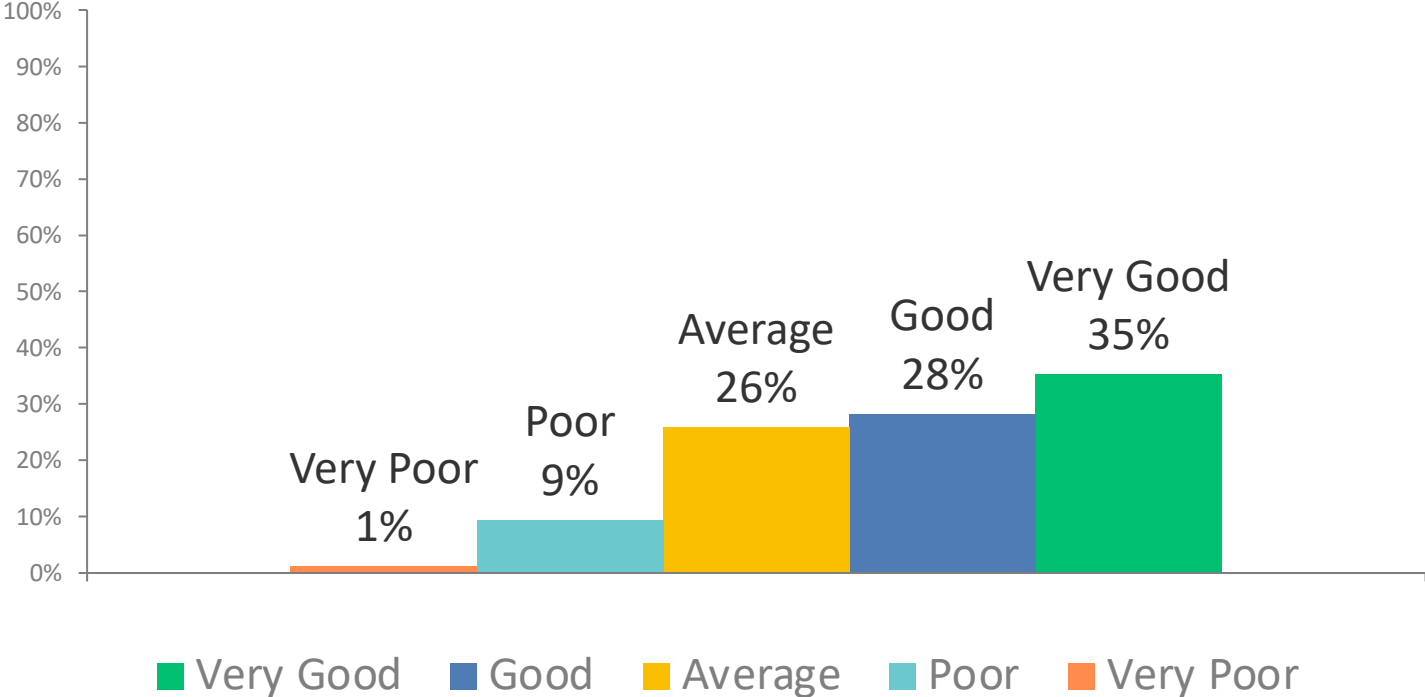
Answered: 87 Skipped: 16

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	WEIGHTED AVERAGE
Opportunities to learn about beer	74.71% 65	20.69% 18	3.45% 3	0% 0	1.15% 1	0% 0	4.68
Beer vendor variety	88.51% 77	11.49% 10	0% 0	0% 0	0% 0	0% 0	4.89
Consistency of the "beer" theme throughout the festival	84.88% 73	13.95% 12	1.16% 1	0% 0	0% 0	0% 0	4.84



# How would you rate your personal knowledge of beer?

Answered: 85 Skipped: 18



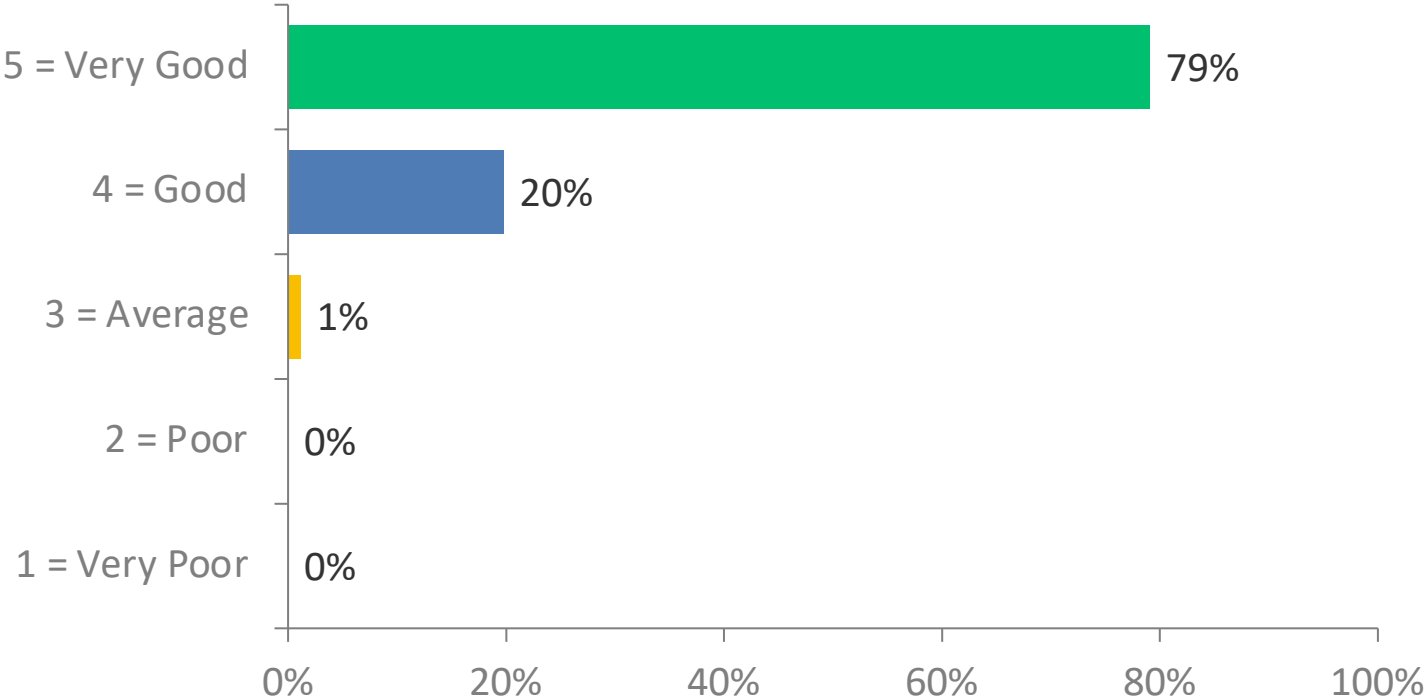
# How likely are you to return to next year's festival and recommend the festival to friends?

Answered: 86 Skipped: 17

	EXTREMELY LIKELY	VERY LIKELY	NOT SURE	VERY UNLIKELY	EXTREMELY UNLIKELY	WEIGHTED AVERAGE
Return to next year's festival	73.26% 63	16.28% 14	5.81% 5	4.65% 4	0% 0	4.58
Recommend the festival to friends	78.57% 66	13.10% 11	4.76% 4	3.57% 3	0% 0	4.67

# On a scale of 1 to 5, with 5 being the BEST, how would you rate your overall experience with the 2023 Rhythm & Brews Festival?

Answered: 86 Skipped: 17



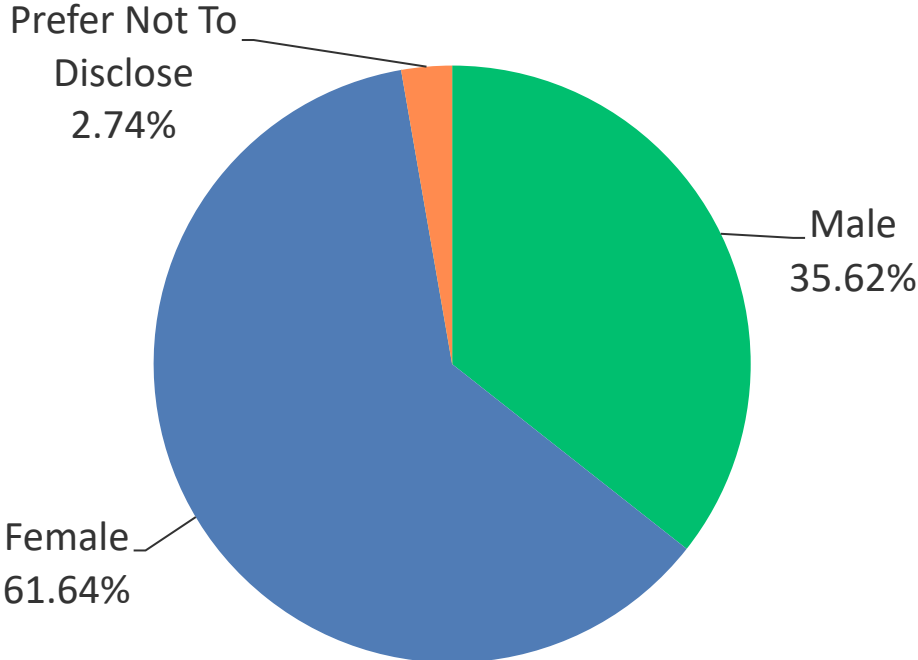


# DEMOGRAPHICS

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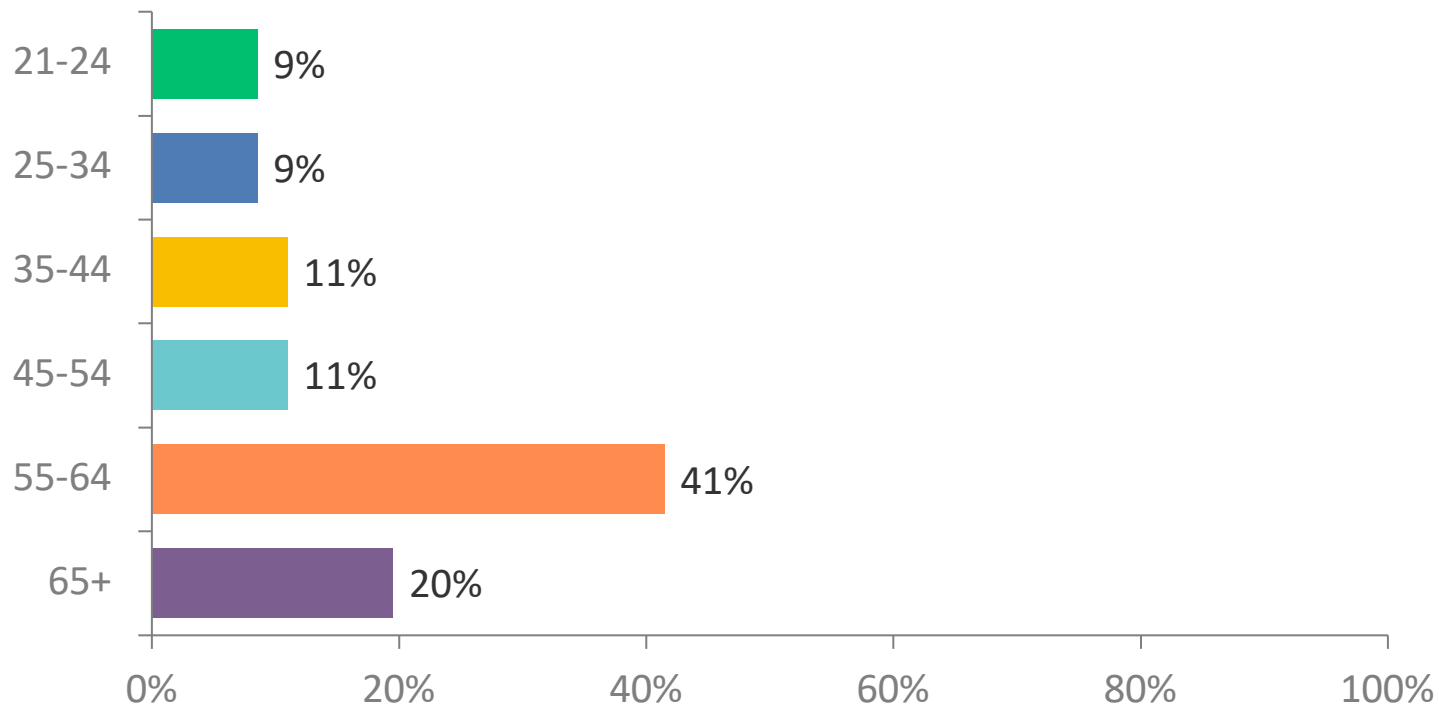
# How do you identify?

Answered: 73 Skipped: 30



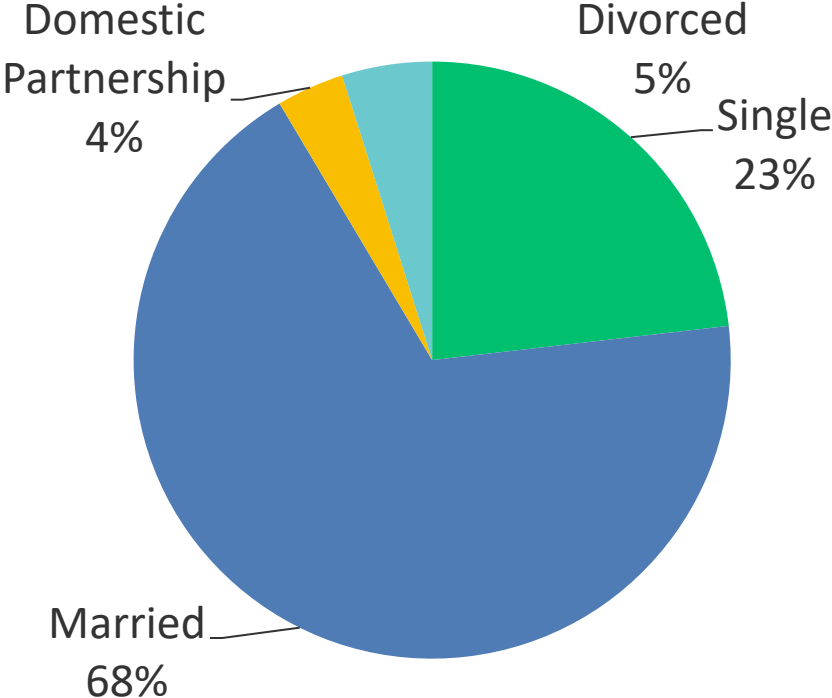
# Please indicate your age below.

Answered: 82 Skipped: 21



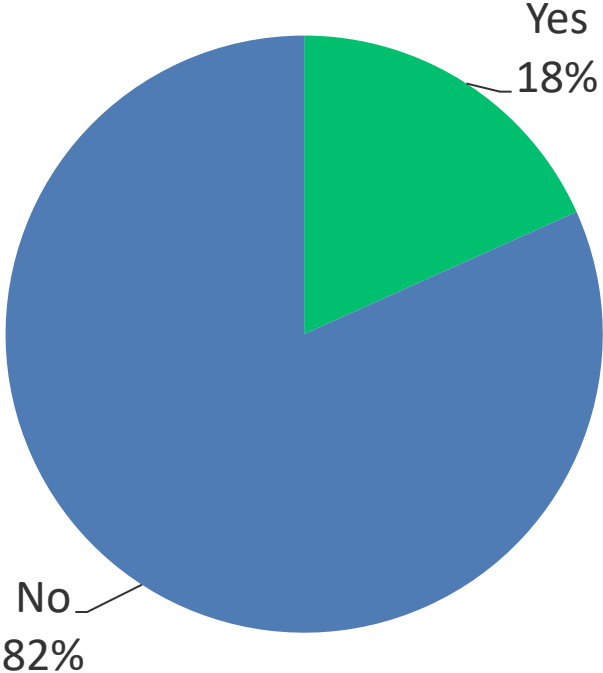
# Please indicate your marital status.

Answered: 82 Skipped: 21



# Do you have children under the age of 18 living at home?

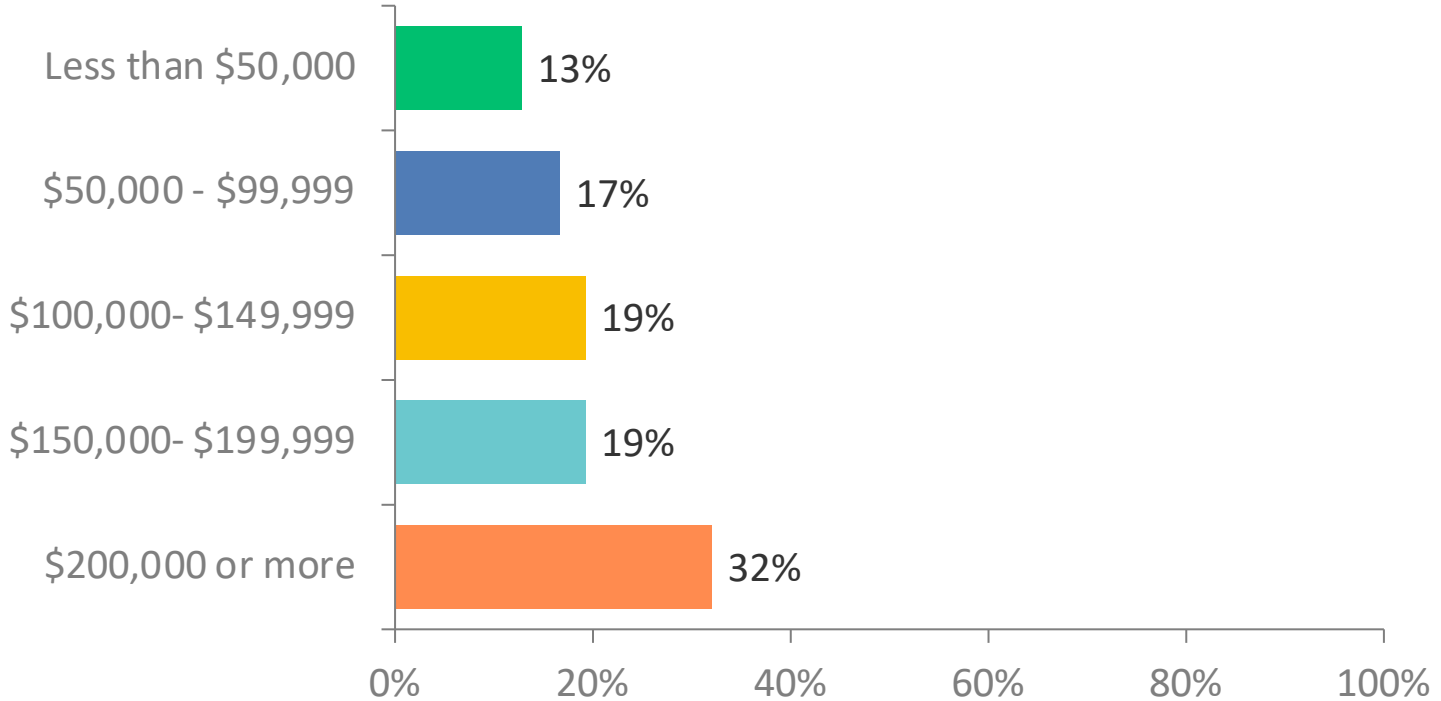
Answered: 82 Skipped: 21





# What is your approximate annual household income?

Answered: 78 Skipped: 25



# Comments

Bottle water. Great friendly first impression at admission entrance.

Good times!

Nothing

Awesome

Thanks for the pretzel 😎

Love it ❤️🍺

Well done

Great event

I'm here my hubby and do not drink. More wine please 😊

More food would improve the venue

We think a circular vendor set up might make it easier to visit all tents. Otherwise it's great!

Very hot

Great

Need more signs for the entrance

Love this festival! Everyone is so friendly!

Well run event

Awesome

Great festival

Well done!

Thank you 😎😎

Very well done

Great event!

Great

All is great!

Love it

Love it!

# THANK YOU

## CONTACT INFORMATION

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Dr. Kim Dudas  
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29928



Name	Attendees
South Carolina	231
Unknown	201
North Carolina	43
Georgia	42
Florida	19
Pennsylvania	10
Virginia	9
Massachusetts	6
California	5
Ontario	4
Colorado	4
Indiana	4
Maryland	4
New York	3
Michigan	2
Utah	2
Wisconsin	2
District of Columbia	1
Nevada	1



PRESENTED BY **Publix**.

Hilton Head Island Wine and Food Inc.

Board Meeting Minutes

**August 19, 2024, 5 PM**

Attending – Sarah Morgret, Marla Morris, James Hill, Chris Tassone (zoom), Heather Mastropole, Bob Hohman, Jackie Brino (Logistics for Events), Jeff Gerber (Executive Director)

Absent – Rocky Whitehead, Mike Kaup, and Emily Johnson

Other Attendees – Jeff Gerber (Executive Director), Jackie Brino (Logistics), Rob Lembo (Potential Board Member), Christina Laios (Potential Board Member), Shane Christensen (Talk about taking over the retail tent for us)

Motion to begin meeting – Bob Hohman made the motion to begin the meeting and Marla Morris seconded, Unanimous

Motion to accept the prior minutes – Bob Hohman made the motion to accept prior minutes and James Hill seconded, Unanimous

1. **Shane Christensen –**
  - a. **Retail sales –** The board wanted to meet Shane when we discussed him taking over the retail tent at the retreat. Shane is willing to take over the retail tent. He presented ideas for how he can help us with t-shirts and possibly bags as he can print on any cloth item. He would provide the service and take on the risks. Basically, he will take out the cost of the t-shirts, figure out how we split the profit and sell any left overs at farmer's markets. There was no motion made to have him do this but it sounded like a very good idea.
  
2. **Potential New Board Members –**

- a. Rob & Christina –** (They will be at this meeting to be introduced as potential board members)
- i. Rob & Christina are the co-owners of Triad Design. Christina was involved a long time ago. I can't remember if she was on the Board or if it was the steering committee on Advertising? (I think it was the later)
  - ii. We met last week, and they are both excited to be involved.
  - iii. I did mention that we might not want both of them on the board. This is a board decision and not mine. We can discuss this after the board meets them and asks them questions.
  - iv. They asked if they could both attend the meetings if only one of them could be on the Board? We can discuss this also.
  - v. They are very tied into the local business community and their advertising business has been in the area for a long time.
  - vi. We have discussed having an event in Bluffton in the past, if we want to explore that more, they would be a great resource to make that happen.
  - vii. They are excited to participate, and I believe they would be a positive for us. But once again, this is a board discussion.
  - viii. They are willing to help with R&B as their schedule allows.
  - ix. They have been in the area over 20 years and very involved with non-profits. They are willing to work hands on with events. They would provide new advertising ideas and advice - a fresh set of eyes on our marketing. Chris Tassone has worked extensively with them at the Italian/American Club and highly recommends them based on his experience working with them.
  - x. Jeff explained that a vote for them to be on the board would occur at the next meeting.

**b. Andrea Fasano -**

- i. Andrea is a realtor for Keller Williams.
- ii. She is currently on three different boards but will rotate off two of them by the end of the year.
- iii. One of those boards is for young professionals. I spoke specifically with her about helping us to recruit more volunteers who are younger, and she was very agreeable to help with that.
- iv. I also spoke with her about potentially helping run the volunteers and she was agreeable to that.

- v. She cannot come meet the board this month as she has prior commitments, but she is planning on being at the September meeting so everyone can meet her.
- vi. She cannot help us with the R&B event. That is the same weekend as her 20<sup>-year</sup> class reunion. And she will be attending that and is also on at least one committee to help pull that event off. She has already blocked her calendar off for the HHWFF in March.
- vii. I believe Andrea would also be a benefit to the board. She is experienced with boards, has a large network of younger professionals and seems willing to help with organizing the volunteers. But once again, this is a Board decision.

### 3. **Financials -**

- a. Everyone should have received a copy of the FY 23 and August financials.
  - i. We basically broke even in 2024 even after R&B
- b. Questions – there were no questions
- c. I sent the scholarship check to USCB already (\$10,000)
- d. SCPRT – We were awarded \$5740, last year it was \$5187. The most you can ask for is 6K and they have a formula to figure out how much they award you.
- e. HHI ATAX grant is due 9/6/24 by COB.
- f. Beaufort Country ATAX grant is due by 9/13/24 Noon
  - i. There is a new mandatory meeting to attend this year also.
- g. Other - Chris made a motion to request 130 K from Hilton Head ATAX and Bob Hohman seconded - vote unanimous. A motion was made by James to ask Hilton Head ATAX for \$30 K for Rhythm & Brews and Bob seconded – vote unanimous. A motion was also made by Bob Hohman to request 10 K from the Beaufort County ATAX and Marla Morris seconded - vote unanimous.

### 4. **Update on Rhythm & Brews –**

- a. The ticket price is \$49 this year. (There is not a VIP area this year)
- b. We always start ticket sales off by only offering them to people on our email list for 10 days. This year we sold 141 tickets in that time frame versus 99 last year. Currently have sold 159 tickets.
  - i. Last year we sold 403 GA tickets and 57 VIP tickets.
- c. Advertising is going to start either late this week or early next week. Since it is only a 1-day event, Melissa feels like it is better to wait until later and that people will wait to decide. Verus a weeklong event like the HHWFF.
- d. Rachel is already running social media marketing, and we are working to do so co-marketing with partners with some ticket giveaways.
- e. We are creating posters our partners can put up in their establishments.

- f. We are going to run this as the reverse of the Wine and Food Festival. We will look for 30 “ish” breweries, then add a couple wines tents and a few spirits tents.
  - i. Currently we have 15 breweries committed and Andrew (Bear Island) thinks he can get 4-5 more to participate. Tyler (Lowcountry Craft) thinks he can get 3-5 more to participate and Stephen (SGWS) was talking to people on Friday as there was a big craft beer meeting in Columbia. Thinks he will get a couple more.
  - ii. We have two wine tents already (Biltmore and Gonzalez-Byass) and two spirits tents already (Burnt Church and Mr. Finger’s Alibi Gin). I am looking for 1 more wine tent and a couple more spirits tents. I plan on reaching out to Parker Binns, but they are on a boat in France currently.
  - iii. Food – Sprout Momma (pizzas), Bad Biscuit (sliders) and Taco Brown are all committed already. Alex can’t participate so we are looking for 1-2 more food vendors. Dave ( Bad Biscuit) and Kim (Sprout Momma) are also helping us look. I did ask David from Lucky Beach if he was interested but haven’t heard back yet. There are 4 restaurants in Shelter Cove so food should not be an issue and we want to work with the places in Shelter Cove.
- g. Sierra Nevada will be involved and after this year we will talk to them about being a sponsor potentially.
- h. The set up will be on Friday the 27<sup>th</sup>. The LCRG van will be there from 2-4pm playing music and trying to draw attention to the event while we are setting up.
- i. The date is Saturday September 28th.
- j. We will be at Shelter Cove from 2-5 pm.
- k. Volunteers look OK currently.
- l. Mike from Surf Watch is willing to help train volunteers about beer at their stations. But we are trying to only really bring in breweries that can send someone in person. **If** someone can’t attend, then we are going to ask for shirts from the brewery for the volunteers stationed in that tent.
- m. Chase, from Charleston, is also willing to help us train volunteers and also help us recruit craft breweries.
- n. Music – The Rider Band. They will cover all three hours of the festival with one small break. Jackie has been working with this band for about 8 months and they are very easy to work with. They will have a 5 piece band for \$1,800.00 for 3 hours with a small break. Mike Taylor is concerned about sound quality and is putting a proposal together that Jackie is waiting to receive.
- o. USCB is set up to do the survey, other than we have to order the give away item. (same as last year) " the pretzel necklaces."



p. Jeremy will be back.

5. **TCL –**

- a. I was reading through the contract for the scholarships at TCL (oh joy) and it has a 15% administrative fee in there. I shot off an email right away, and they are open to discussing that.
- b. It is not unreasonable that there is a fee, and it is an industry standard. From everything I can find it usually runs from about 2-5%. The bigger the fund, the smaller the fee as the administrative costs are spread across a larger account when discussing total dollars.
- c. I am just looking for some ideas from the board on how to approach this wording wise. It is not something we want to blow up and I need to have a productive discussion with them, versus my desire to ask, “what the hell do you mean 15%”.
  - i. We did not have time to cover this item at the meeting.

6. **Off Cycle Event Possibility –**

- a. Event – Killer B’s
  - i. Bubbles, Barolo, Brunello, Barbaresco, Bordeaux, Burgundy & Bourbon.
- b. 5 MS’s paired with 5 chefs “ish” at stations.
- c. Possibly add a white at each station.
- d. Thinking 100 tickets or half of the room capacity.
- e. Westin is in as long as it is not on a weekend where they have a huge wedding or corporate event.
- f. Looking at Saturday October 5<sup>th</sup> or 26<sup>th</sup>. Waiting for Westin to confirm a date.
- g. Both of those dates have weddings already scheduled.
- h. Lynnette said they were going to have a staff meeting to find potential dates. I emailed her the week before TS Debby, skipped emailing her the week of Debby and then emailed again last week. Still waiting on an answer. This event could possibly be held at Berkeley Hall.

7. **Meeting Dates –**

- a. 9/16 9/28 (Rhythm & Brews Event), 10/14, 11/18, 12/9 - March 23<sup>rd</sup>-29<sup>th</sup> HHWFF

8. **Craft Beer at the Beach -**

- a. I received an answer from the Westin, and they can host the Craft Beer at the Beach event on March 23<sup>rd</sup>.
- b. BUT, it would have to be on the deck and the deck only. They will not have a ballroom or something we could move into if the weather is inclement.

Thoughts? (discussion)

There was much discussion about other possible locations for this event, but nothing was decided.

- Changing the date was also discussed but did not seem to be an option.
- Another idea was to have no tents if it is windy. We would have to make that call by COB on Saturday or first thing Sunday morning.
- The Sonesta or the Tiki Hut could be a possibility.
- There was hesitancy to start moving the event but not having a back-up for bad weather is a real concern. Jeff last spoke to Lynette (new director of sales at the Westin) on July 24.
- Jackie would like to sit down with her to meet her and discuss our relationship with the Westin.
- Also ask about the event scheduled in the Grand Ocean Terrace and can we make it work around their event. **Could we change our time of the event to maybe 3-6.** Jeff will reach out to Lynette for a meeting concerning working our event.

9. **Uncorked –**

- a. I spoke with Bob who is the GM at the Sonesta. And they are interested in discussing hosting the Uncorked event under the pavilion. I explained it is a low budget event for us, but pitched the idea that they could use pictures from the event to promote people to visit the Sonesta to attend the HHWFF the week following Uncorked. He liked the idea and then introduced me to his marketing team. We will see.
- b. I would rate this a decent possibility to even as high as probable if Bob stays involved. We would need help with the budget to host the event there.
- c. Can Stay Gold be at Sonesta too?
- d. We need to investigate all options and meet with the different places. Is there any possibility of a relationship with Sea Pines?
- e. Jackie wants a conversation with Sea Pines to just see if they are willing to work with us. No motion was made to do this.
- f. How do we involve Dave from Lucky Beach?

- g. Stay Gold needs to be elevated. Can we do Uncorked at Lucky Beach?  
Would Dave be willing to close the restaurant for the evening? There was much discussion and no motions were made.
- 10. **MVC –**
    - a. It looks like MVC will be involved with the HHWFF next year. They asked all the questions they do every year. I sent a contract, but it has yet to be signed.
    - b. This is fairly typical of them.
- 11. **Other Business – Poseidon???**

**Adjournment –**

**Motion was made by Marla Morris to adjourn and Heather Mastropole seconded. Unanimous.**

	Craft Beer & Music Working Budget for 2025	ATAX Qualified	Amount Reimbursible		
Revenue	Budget				
	Craft Beer VIP		200	\$100	\$20,000
	Craft Beer GA		1000	\$49	\$49,000
					\$69,000
	Sub Total for Events	\$69,000			
	Sponsorships	\$3,000			
	Food Vendor Booths (8)	\$2,000			
	Spirits Tents???				
	Sub Total Revenue	\$5,000			
	ATAX Town of HHI	\$30,000			
	ATAX Beaufort County	\$0			
	SCPRT	\$0			
	Sub Total Grants	\$30,000			
	Total Revenue	\$104,000			
Expenses					
Advertising					
	Social Media & Google Ads	\$6,500			Money will get moved to categories selling the most tic
	Email / Eblasts	\$12,000			
	Digital	\$6,000			
	Print - Magazine/News Paper	\$2,000			
	Radio/Broadcast Media	\$1,500			
	Advertising Management - 10%	\$2,000			
	Subtotal-Marketing & Advertising		\$30,000	\$30,000	Are we still light for advertising?
Event Expenses					
	Live Entertainment	\$2,500			
	Audio & Visual Equipment	\$3,000			
	Glassware	\$2,500			
	Restroom Services	\$3,500			

Trash & Recycling	\$3,000	
Printing - Signs	\$4,000	
Logistics	\$8,000	
Location Rental	\$750	
Rentals - Tables, Chairs, Furniture, etc	\$7,000	
Tents	\$2,000	
Insurance	\$2,000	
Ice	\$3,000	
Survey of Attendees	\$750	
Survey Incentive	\$2,000	
Printing - Other	\$250	
Wrist Bands	\$500	
Volunter T-Shirts	\$1,000	
Fencing	\$1,000	
Security	\$3,000	
Misc Event Expenses	\$5,000	
Rooms for John King Band	\$750	
Licenses	\$1,000	
Wine Cost	\$3,000	
Appearance fee for Breweries	\$2,000	
VIP Costs - Food, Lanyard, etc	\$8,000	
Subtotal for Event Expenses		\$61,500
Other Expenses		
Bank and Credit Card Fees	\$2,450	
Professional Fees	\$1,000	
Website Maintenance	\$500	
Subtotal for Other Expenses		\$3,950
Total Expenses	\$103,450	
NET Profit (Loss)	\$550	

kets /\$ sper

Revenue	Craft Beer & Music Working Budget for 2025		ATAX Qualified	Amount Reimbursible		
		Budget				
	Craft Beer VIP			200	\$100	\$20,000
	Craft Beer GA			1000	\$49	\$49,000
						\$69,000
	Sub Total for Events	\$69,000				
	Sponsorships	\$3,000				
	Food Vendor Booths (8)	\$2,000				
	Spirits Tents???					
	Sub Total Revenue	\$5,000				
	ATAX Town of HHI	\$30,000				
	ATAX Beaufort County	\$0				
	SCPRT	\$0				
	Sub Total Grants	\$30,000				
	Total Revenue	\$104,000				

Expenses					
Advertising					
	Social Media	\$7,000			Money will get moved to categories selling the most tic
	Email / Eblasts	\$7,000			
	Digital	\$6,000			
	Print - Magazine/News Paper	\$2,000			
	Radio/Broadcast Media	\$1,000			
	Advertising Management - 10%	\$2,000			
	Subtotal-Marketing & Advertising		\$25,000	\$25,000	Are we \$10,000 light for advertising?

Event Expenses				
	Live Entertainment	\$2,500	\$2,500	\$1,750
	Audio & Visual Equipment	\$3,000	\$3,000	\$2,100
	Glassware	\$2,500	\$2,500	\$1,750
	Restroom Services	\$3,500	\$3,500	\$2,450

Trash & Recycling	\$3,000	\$3,000	\$2,100	
Printing - Signs	\$4,000	\$4,000	\$2,800	
Logistics	\$8,000		\$12,950	
Location Rental	\$750			
Rentals - Tables, Chairs, Furniture, etc	\$7,000			
Tents	\$2,000			
Insurance	\$2,000			
Ice	\$3,000			
Survey of Attendees	\$750			
Survey Incentive	\$2,000			
Printing - Other	\$250			
Wrist Bands	\$500			
Volunter T-Shirts	\$1,000			
Fencing	\$1,000			
Security	\$3,000			
Misc Event Expenses	\$5,000			
Rooms for John King Band	\$750			
Licenses	\$1,000			
Wine Cost	\$3,000			
Appearance fee for Breweries	\$2,000			
VIP Costs - Food, Lanyard, etc	\$8,000			
Subtotal for Event Expenses				\$61,500
Other Expenses				
Bank and Credit Card Fees	\$2,450			
Professional Fees	\$1,000			
Website Maintenance	\$500			
Subtotal for Other Expenses				\$3,950
Total Expenses	\$98,450			
NET Profit (Loss)	\$5,550			



kets /\$ spent

## Hilton Head Hospitality Association

## Balance Sheet

As of August 31, 2024

09/04/24

Accrual Basis

	<u>Aug 31, 24</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
<b>1000 · CASH</b>	
1010 · Coastal State Bank	52,250.06
1021 · South Bank - Operating A/C	189,328.42
<b>Total 1000 · CASH</b>	<u>241,578.48</u>
<b>Total Checking/Savings</b>	241,578.48
<b>Accounts Receivable</b>	
1200 · Accounts Receivable	19,382.00
<b>Total Accounts Receivable</b>	<u>19,382.00</u>
<b>Other Current Assets</b>	
Undeposited Funds	94.00
<b>Total Other Current Assets</b>	<u>94.00</u>
<b>Total Current Assets</b>	261,054.48
<b>Other Assets</b>	
1500 · Fixed Assets	
1510 · Office Equipment	657.62
<b>Total 1500 · Fixed Assets</b>	<u>657.62</u>
<b>Total Other Assets</b>	<u>657.62</u>
<b>TOTAL ASSETS</b>	<b><u>261,712.10</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Equity</b>	
3020 · Retained Earnings	277,467.44
Net Income	-15,755.34
<b>Total Equity</b>	<u>261,712.10</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>261,712.10</u></b>

## Hilton Head Hospitality Association

## Balance Sheet

As of June 30, 2024

09/04/24

Accrual Basis

	<u>Jun 30, 24</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
<b>1000 · CASH</b>	
1010 · Coastal State Bank	52,250.06
1021 · South Bank - Operating A/C	199,897.05
<b>Total 1000 · CASH</b>	<u>252,147.11</u>
<b>Total Checking/Savings</b>	252,147.11
<b>Accounts Receivable</b>	
1200 · Accounts Receivable	24,568.71
<b>Total Accounts Receivable</b>	<u>24,568.71</u>
<b>Other Current Assets</b>	
Undeposited Funds	94.00
<b>Total Other Current Assets</b>	<u>94.00</u>
<b>Total Current Assets</b>	276,809.82
<b>Other Assets</b>	
1500 · Fixed Assets	
1510 · Office Equipment	657.62
<b>Total 1500 · Fixed Assets</b>	<u>657.62</u>
<b>Total Other Assets</b>	<u>657.62</u>
<b>TOTAL ASSETS</b>	<b><u>277,467.44</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Equity</b>	
3020 · Retained Earnings	276,044.96
Net Income	1,422.48
<b>Total Equity</b>	<u>277,467.44</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>277,467.44</u></b>

## Hilton Head Hospitality Association

## Balance Sheet

As of June 30, 2023

	<u>Jun 30, 23</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
<b>1000 · CASH</b>	
1010 · Coastal State Bank	42,250.06
1021 · South Bank - Operating A/C	219,946.28
<b>Total 1000 · CASH</b>	<u>262,196.34</u>
<b>Total Checking/Savings</b>	262,196.34
<b>Accounts Receivable</b>	
1200 · Accounts Receivable	13,097.00
<b>Total Accounts Receivable</b>	<u>13,097.00</u>
<b>Other Current Assets</b>	
Undeposited Funds	94.00
<b>Total Other Current Assets</b>	<u>94.00</u>
<b>Total Current Assets</b>	275,387.34
<b>Other Assets</b>	
1500 · Fixed Assets	
1510 · Office Equipment	657.62
<b>Total 1500 · Fixed Assets</b>	<u>657.62</u>
<b>Total Other Assets</b>	<u>657.62</u>
<b>TOTAL ASSETS</b>	<b><u>276,044.96</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Equity</b>	
3020 · Retained Earnings	258,766.75
Net Income	17,278.21
<b>Total Equity</b>	<u>276,044.96</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>276,044.96</u></b>

## Hilton Head Hospitality Association

## Profit &amp; Loss

09/04/24

July through August 2024

Accrual Basis

	<u>Jul - Aug 24</u>
<b>Income</b>	
4799 · Rhythm & Brews Event	9,166.50
<b>Total Income</b>	<u>9,166.50</u>
<b>Expense</b>	
6100 · Program and Festivals Expense	
6600 · WineFestival Production Costs	
6602 · Marketing & PR	
6606 · Other Marketing & PR	4,000.00
<b>Total 6602 · Marketing &amp; PR</b>	4,000.00
6606.5 · Direct Administrative Expense	
6607 · Festival Director	8,000.00
<b>Total 6606.5 · Direct Administrative Expense</b>	8,000.00
6609 · Grand Tasting Expense	6,000.00
6610 · Advertising - ATAX Eligible	
6617 · Social Media	4,000.00
<b>Total 6610 · Advertising - ATAX Eligible</b>	4,000.00
6630 · Wine & Food Fest Expenses	
6680 · Office Expenses	70.00
<b>Total 6630 · Wine &amp; Food Fest Expenses</b>	70.00
6666 · Judging Expenses	0.00
<b>Total 6600 · WineFestival Production Costs</b>	22,070.00
6682 · Bank & Credit Card Fees	74.54
6684 · Equipment	10.30
6685 · Insurance	803.00
6697 · Office & Storage Facility Rent	1,964.00
<b>Total 6100 · Program and Festivals Expense</b>	24,921.84
<b>Total Expense</b>	<u>24,921.84</u>
<b>Net Income</b>	<u><u>-15,755.34</u></u>

## Hilton Head Hospitality Association

## Profit &amp; Loss

July 2023 through June 2024

	Jul '23 - Jun 24
<b>Income</b>	
4100 · Programs and Festivals	
4600 · WineFestival Income	
4605 · Intrn'l Wine Judging Entries	12,920.00
4606 · Admissions	
4606.1 · Uncorked	2,969.07
4607 · Grand Tasting	28,025.93
4608 · Public Tasting	122,065.12
4611 · Other Events	
4611.11 · Sip & Stroll	18,298.44
4611.22 · Craft Beer Event	19,933.13
Total 4611 · Other Events	38,231.57
4612 · Unassigned Receipts	11,412.08
Total 4606 · Admissions	202,703.77
Total 4600 · WineFestival Income	215,623.77
4615 · Grand Tasting Auction	8,107.00
4616 · Public Tasting Auction	2,080.00
4617 · Wine Vendor Booths	7,125.00
4618 · Food Vendor Booths	1,250.00
4619 · Retail Vendor Booths	
462001 · Sales at Retail Tent	480.00
4619 · Retail Vendor Booths - Other	1,250.00
Total 4619 · Retail Vendor Booths	1,730.00
4640 · Sponsorship	70,500.00
4655 · Grants	
4656 · Town of HHI ATAX	119,230.22
4657 · Beaufort County ATAX	10,000.00
4658 · SCPRT	10,691.71
Total 4655 · Grants	139,921.93
Total 4100 · Programs and Festivals	446,337.70
4611.08 · Stay Gold Event	25,444.69
4799 · Rhythm & Brews Event	31,975.00
4800 · Miscellaneous Income	-199.99
Total Income	503,557.40
<b>Expense</b>	
6100 · Program and Festivals Expense	
6500 · Scholarship Expense	11,000.00
6600 · WineFestival Production Costs	
6602 · Marketing & PR	
6606 · Other Marketing & PR	24,000.00
Total 6602 · Marketing & PR	24,000.00
6606.5 · Direct Administrative Expense	
6607 · Festival Director	48,000.00
Total 6606.5 · Direct Administrative Expense	48,000.00
6609 · Grand Tasting Expense	19,028.50

## Hilton Head Hospitality Association

## Profit &amp; Loss

08/18/24

July 2023 through June 2024

Accrual Basis

	Jul '23 - Jun 24
<b>6610 · Advertising - ATAX Eligible</b>	
6611 · Print, News Papers	7,339.00
6612 · Magazine	3,932.00
6613 · Digital	1,173.02
6615 · Radio	5,550.00
6617 · Social Media	26,250.00
6618 · Email	3,080.00
6619 · Other Advertising	44,587.20
6610 · Advertising - ATAX Eligible - Other	57,183.99
<b>Total 6610 · Advertising - ATAX Eligible</b>	<b>149,095.21</b>
<b>6630 · Wine &amp; Food Fest Expenses</b>	
6631 · Ticketing Fees	6,291.66
6632 · Logistics	19,290.15
6634 · Trash & Recycling	6,018.30
6635 · Audio, Visual, Etc.	7,989.92
6635.1 · Photography	1,100.00
6636 · Tables, Chairs, Furniture, Etc.	8,766.17
6637 · Tents, Etc.	35,112.12
6638 · Restroom Services	7,109.39
6639 · Transportation	985.00
6642 · Food & Beverage	8,884.00
6643 · Fencing	2,045.87
6644 · Glassware	15,117.23
6645 · Entertainment	9,100.00
6647 · Facility Rental	2,096.71
6649 · Beaufort County Sheriff	2,388.00
6652 · Ice	3,855.93
6653 · Survey	1,500.00
6654 · Printing	
6655 · Programs	750.00
6656 · Maps	709.00
6657 · Signs	3,140.89
6658 · Other Printing	279.99
<b>Total 6654 · Printing</b>	<b>4,879.88</b>
6659 · Security	1,511.62
6660 · Retail Tent Expenses	
6661 · Retail Wine Cost	2,409.10
6662 · Merchandise For Sale	2,451.57
6660 · Retail Tent Expenses - Other	221.88
<b>Total 6660 · Retail Tent Expenses</b>	<b>5,082.55</b>
6664 · Licenses	670.62
6667 · Event Food & Beverage	3,771.00
6668 · Wine	780.05
6670 · Give Away Item For Survey	1,963.50
6674 · Lodging	1,545.23
6676 · Awards / Medals	2,013.75
6679 · Enofile Expenses	1,405.00
6680 · Office Expenses	522.15
6681 · Other Event Expenses	22,895.27
<b>Total 6630 · Wine &amp; Food Fest Expenses</b>	<b>184,691.07</b>
6666 · Judging Expenses	6,711.63
<b>Total 6600 · WineFestival Production Costs</b>	<b>431,526.41</b>
6682 · Bank & Credit Card Fees	5,225.49
6683 · Special Events Expense	
6654.01 · Stay Gold Event Expense	10,220.88
6683 · Special Events Expense - Other	4,050.58
<b>Total 6683 · Special Events Expense</b>	<b>14,271.46</b>

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08/18/24

Accrual Basis

# Hilton Head Hospitality Association

## Profit & Loss

July 2023 through June 2024

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	<u>Jul '23 - Jun 24</u>
6684 · Equipment	50.00
6685 · Insurance	10,363.08
6686 · Postage	261.20
6688 · Professional Fees - Accounting	1,000.00
6691 · Supplies & Misc. Expense	15,439.06
6697 · Office & Storage Facility Rent	12,998.19
	<hr/>
Total 6100 · Program and Festivals Expense	502,134.89
9999 · 9999 Unknown	0.03
	<hr/>
Total Expense	502,134.92
	<hr/>
Net Income	<b>1,422.48</b>
	<hr/> <hr/>



## Hilton Head Hospitality Association

## Profit &amp; Loss

July 2022 through June 2023

	Jul '22 - Jun 23
<b>Income</b>	
4100 · Programs and Festivals	
4600 · WineFestival Income	
4605 · Intrn'l Wine Judging Entries	14,720.00
4606 · Admissions	
4606.1 · Uncorked	2,668.02
4607 · Grand Tasting	23,370.04
4608 · Public Tasting	123,527.51
4611 · Other Events	
4611.11 · Sip & Stroll	18,158.55
4611.22 · Craft Beer Event	13,628.42
Total 4611 · Other Events	31,786.97
4612 · Unassigned Receipts	487.79
Total 4606 · Admissions	181,840.33
Total 4600 · WineFestival Income	196,560.33
4615 · Grand Tasting Auction	6,317.02
4616 · Public Tasting Auction	4,374.00
4617 · Wine Vendor Booths	8,600.00
4618 · Food Vendor Booths	500.00
4619 · Retail Vendor Booths	500.00
4640 · Sponsorship	68,850.00
4655 · Grants	
4656 · Town of HHI ATAX	136,631.39
4657 · Beaufort County ATAX	10,000.00
4658 · SCPRT	5,505.00
Total 4655 · Grants	152,136.39
Total 4100 · Programs and Festivals	437,837.74
4611.08 · Stay Gold Event	23,201.19
4800 · Miscellaneous Income	-6,237.46
Total Income	454,801.47
<b>Expense</b>	
6100 · Program and Festivals Expense	
6500 · Scholarship Expense	19,651.00
6600 · WineFestival Production Costs	
6602 · Marketing & PR	
6606 · Other Marketing & PR	24,000.00
Total 6602 · Marketing & PR	24,000.00
6606.5 · Direct Administrative Expense	
6607 · Festival Director	48,000.00
6608 · Other Direct Administrative	2,200.00
Total 6606.5 · Direct Administrative Expense	50,200.00
6609 · Grand Tasting Expense	17,769.04
6610 · Advertising - ATAX Eligible	
6611 · Print, News Papers	7,339.00
6613 · Digital	775.00
6614 · Television	2,796.17
6615 · Radio	4,459.52
6617 · Social Media	28,283.94
6618 · Email	4,814.61
6619 · Other Advertising	71,225.06
Total 6610 · Advertising - ATAX Eligible	119,693.30

## Hilton Head Hospitality Association

## Profit &amp; Loss

08/31/23

July 2022 through June 2023

Accrual Basis

	Jul '22 - Jun 23
<b>6630 · Wine &amp; Food Fest Expenses</b>	
6631 · Ticketing Fees	6,562.30
6632 · Logistics	5,500.00
6634 · Trash & Recycling	2,946.00
6635 · Audio, Visual, Etc.	2,041.88
6635.1 · Photography	900.00
6636 · Tables, Chairs, Furniture, Etc.	12,787.97
6637 · Tents, Etc.	29,934.61
6638 · Restroom Services	5,990.28
6639 · Transportation	720.00
6642 · Food & Beverage	10,211.15
6644 · Glassware	18,198.43
6645 · Entertainment	1,650.00
6647 · Facility Rental	4,228.50
6649 · Beaufort County Sheriff	776.00
6652 · Ice	1,165.96
6653 · Survey	1,976.76
6654 · Printing	
6655 · Programs	860.00
6656 · Maps	993.96
6657 · Signs	3,770.41
6658 · Other Printing	92.38
<b>Total 6654 · Printing</b>	<b>5,716.75</b>
6659 · Security	2,135.00
6660 · Retail Tent Expenses	
6661 · Retail Wine Cost	3,797.37
<b>Total 6660 · Retail Tent Expenses</b>	<b>3,797.37</b>
6664 · Licenses	196.00
6667 · Event Food & Beverage	4,350.00
6668 · Wine	713.67
6669 · Volunteer T-Shirts	1,206.00
6674 · Lodging	1,249.00
6676 · Awards / Medals	1,985.63
6679 · Enofile Expenses	1,560.00
6680 · Office Expenses	1,010.97
6681 · Other Event Expenses	9,836.52
<b>Total 6630 · Wine &amp; Food Fest Expenses</b>	<b>139,346.75</b>
6666 · Judging Expenses	4,004.32
<b>Total 6600 · WineFestival Production Costs</b>	<b>355,013.41</b>
6682 · Bank & Credit Card Fees	6,136.85
6683 · Special Events Expense	
Rhytm & Brews	3,500.00
6654.01 · Stay Gold Event Expense	14,644.62
6683 · Special Events Expense - Other	1,250.00
<b>Total 6683 · Special Events Expense</b>	<b>19,394.62</b>
6684 · Equipment	50.85
6685 · Insurance	8,027.00
6686 · Postage	293.20
6688 · Professional Fees - Accounting	750.00
6691 · Supplies & Misc. Expense	14,069.73
6693 · Website Maintenance	1,361.58
6697 · Office & Storage Facility Rent	12,775.00
<b>Total 6100 · Program and Festivals Expense</b>	<b>437,523.24</b>

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08/31/23

Accrual Basis

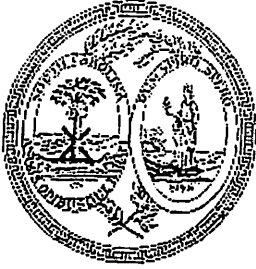
# Hilton Head Hospitality Association

## Profit & Loss

July 2022 through June 2023

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	Jul '22 - Jun 23
9999 - 9999 Unknown	0.02
Total Expense	437,523.26
Net Income	<u>17,278.21</u>



State of South Carolina  
Office of the Secretary of State  
The Honorable Mark Hammond

**Quick Tips:**

- Your registration is due by the due date above even if your financial report is not ready.
- The quickest way to register and receive your confirmation letter the next morning is to file online at [www.sos.sc.gov](http://www.sos.sc.gov).
- To quickly request an extension for the financial report simply submit a written request by email or fax to our office using the contact information below.

**Instructions for Filing Registration Statement** Filing Fee: \$50.00

To file your registration statement online, go to the Secretary of State's website at [www.sos.sc.gov](http://www.sos.sc.gov) and select the link for online filing for Charities and Professional Fundraisers. Please read the "Before You File Online" information before you begin the registration process.

If you do not wish to file electronically, please complete the Registration Statement for a Charitable Organization form that is available on the Secretary of State's website, and mail it along with a check or money order to the address listed below. Please note that our forms have been updated; outdated forms or forms issued by organizations other than the South Carolina Secretary of State's Office will not be accepted at this time.

**Instructions for Filing Annual Financial Report** Filing Fee: None

You may file your annual financial report using IRS Form 990, 990-EZ, or 990-PF. Please note that this office cannot accept IRS Form 990-N or financial audits/statements. If you do not file IRS Form 990, 990-EZ, or 990-PF, you may complete the Annual Financial Report for a Charitable Organization form available on the Secretary of State's website.

To file your annual financial report online, go to the Secretary of State's website at [www.sos.sc.gov](http://www.sos.sc.gov) and select the link for online filing for Charities, Raffles and Professional Fundraisers. If you do not wish to file electronically, please mail your financial report to the address listed below.

**Financial Extension Request** Filing Fee: None

Organizations requesting an extension to file their annual financial report must submit a written request for an extension and/or a copy of their IRS Form 8868 to our office by mail, fax, or email using the contact information listed below. Please note that extensions are for financial statements only and are not granted for registration statements; registration must be completed by the due date listed above.

Under the South Carolina Solicitation of Charitable Funds Act, failure to register a charitable organization and submit annual financial reports on time may result in an administrative fine of up to \$2,000.00 for each separate violation.

Sincerely,

Kimberly S. Wickersham  
Director, Division of Public Charities

South Carolina Secretary of State, Division of Public Charities  
1205 Pendleton Street, Suite 525, Columbia, SC 29201  
Phone (803) 734-1790 Fax (803) 734-1604 Email: [charities@sos.sc.gov](mailto:charities@sos.sc.gov) [www.sos.sc.gov](http://www.sos.sc.gov)

**Return of Organization Exempt From Income Tax**

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

**2022**

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

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the **2022** calendar year, or tax year beginning Jul 1, 2022, and ending Jun 30, 2023

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

**C** Name of organization HILTON HEAD AREA HOSPITALITY ASSOCIATION  
 Doing business as HILTON HEAD ISLAND WINE & FOOD, INC.  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
POST OFFICE BOX 5097  
 City or town, state or province, country, and ZIP or foreign postal code  
HILTON HEAD ISLAND, SC 29938

**D** Employer identification number  
57-0798565

**E** Telephone number  
(843) 441-9633

**G** Gross receipts \$ 454,801.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527

**J** Website: www.hiltonheadhospitalityassociation.com

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1995 **M** State of legal domicile: SC

**H(c)** Group exemption number

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>9</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>9</u>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<u>0</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>200</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0.</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>0.</u>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>640,684.</u>	<u>454,801.</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>0.</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>640,684.</u>	<u>454,801.</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>6,000.</u>	<u>19,651.</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>525,412.</u>	<u>417,872.</u>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>531,412.</u>	<u>437,523.</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>109,272.</u>	<u>17,278.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>258,767.</u>	<u>276,045.</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>258,767.</u>	<u>276,045.</u>

**Part II Signature Block**

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: JEFF GERBER, EXECUTIVE DIRECTOR  
 Date: 10/31/2023

**Paid Preparer Use Only**

Print/Type preparer's name: HUBERT L BERNHEIM  
 Preparer's signature: \_\_\_\_\_  
 Date: 10/31/2023  
 Check  if self-employed  
 PTIN: P01284405  
 Firm's name: HUBERT L. BERNHEIM, CPA  
 Firm's EIN: 36-2750133  
 Firm's address: POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938  
 Phone no.: (843) 671-6005

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 421,281. including grants of \$ 19,651.) (Revenue \$ 454,801.)  
PRODUCTION OF WINE AND FOOD FESTIVAL

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses 421,281.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16	
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .		
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .		X
<b>b</b>	Other officers or key employees of the organization . . . . .		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed SC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843) 686-4944

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT ENTRUP PRESIDENT & DIRECTOR	5.00	X		X						
(2) SARAH MORGOT SECRETARY & DIRECTOR	2.00	X		X						
(3) GARY WHITEHEAD TREASURER & DIRECTOR	3.00	X		X						
(4) MIKE KAUP VICE PRESIDENT & DIRECTOR	2.00	X		X						
(5) ED BROWN DIRECTOR	2.00	X								
(6) CHRISTOPHER TASSONE DIRECTOR	2.00	X								
(7) JAMES HILL DIRECTOR	2.00	X								
(8) ROBERT HOHMAN DIRECTOR EMERITUS	2.00	X								
(9) HEATHER MASTROPOLE DIRECTOR	3.00	X								
(10) JEFF GERBER EXECUTIVE DIRECTOR	40.00	X					72,000.			
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							72,000.			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							72,000.			

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns . . . . .					
	1b	Membership dues . . . . .					
	1c	Fundraising events . . . . .	302,665.				
	1d	Related organizations . . . . .					
	1e	Government grants (contributions)	152,136.				
	1f	All other contributions, gifts, grants, and similar amounts not included above					
	1g	Noncash contributions included in lines 1a-1f . . . . .	\$				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		454,801.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . .					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties . . . . .					
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7b	Less: cost or other basis and sales expenses . . . . .					
	7c	Gain or (loss) . . . . .					
	d	Net gain or (loss) . . . . .					
8a	Gross income from fundraising events (not including \$ 302,665. of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a					
8b	Less: direct expenses . . . . .	8b					
c	Net income or (loss) from fundraising events . . . . .						
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a					
9b	Less: direct expenses . . . . .	9b					
c	Net income or (loss) from gaming activities . . . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .	10a					
10b	Less: cost of goods sold . . . . .	10b					
c	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d	All other revenue . . . . .		0.	0.	0.	
	e	<b>Total.</b> Add lines 11a-11d . . . . .		0.			
12	<b>Total revenue.</b> See instructions . . . . .		454,801.	0.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,651.	19,651.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	48,000.	48,000.		
<b>b</b> Legal				
<b>c</b> Accounting	750.		750.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	143,693.	143,693.		
<b>13</b> Office expenses	1,011.		1,011.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	12,775.		12,775.	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	8,027.	8,027.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> POSTAGE	293.		293.	
<b>b</b> EQUIPMENT	51.		51.	
<b>c</b> WEBSITE MAINTENANCE	1,362.		1,362.	
<b>d</b> FESTIVAL PRODUCTION COST	201,910.	201,910.		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	437,523.	421,281.	16,242.	
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	229,637.	<b>1</b>	262,290.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	28,472.	<b>4</b>	13,097.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 658.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	658.	<b>10c</b> 658.
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	258,767.	<b>16</b>	276,045.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		<b>26</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions		<b>27</b>	
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	258,767.	<b>31</b>	276,045.
<b>32</b> Total net assets or fund balances	258,767.	<b>32</b>	276,045.	
<b>33</b> Total liabilities and net assets/fund balances	258,767.	<b>33</b>	276,045.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	454,801.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	437,523.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,278.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	258,767.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	276,045.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: HILTON HEAD AREA HOSPITALITY ASSOCIATION; Employer identification number: 57-0798565

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

**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    |
|----------------------------------------|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> 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 |
|---------------------------------------------------------------------------------------------------|---------------|----|
| <b>(i)</b> Unrelated organizations                                                                | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations                                                                 | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization'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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment	658.			658.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				658.

**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) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**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) _____	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**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.

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**Part XIII** Supplemental Information *(continued)*

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Dotted lines for supplemental information.

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization HILTON HEAD AREA HOSPITALITY ASSOCIATION	Employer identification number 57-0798565
----------------------------------------------------------------------	----------------------------------------------

Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BOARD MEMBER  
 Pt VI, Line 11b: FOR REVIEW PRIOR TO BEING APPROVED BY THE BOARD AND FILING  
 OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

Pt VI, Line 19: A COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZATION'S OFFICE  
 FOR ANYONE REQUESTING TO VIEW A COPY OF THE FORM 990 AND THE FORM 990 IS AVAILABLE  
 FOR VIEWING ON THE WEBSITE OF GUIDESTAR.

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning Jul 1, 2022, and ending Jun 30, 2023

**2022**

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>HILTON HEAD AREA HOSPITALITY ASSOCIATION</b>	EIN or SSN <b>57-0798565</b>
Name and title of officer or person subject to tax <b>JEFF GERBER, EXECUTIVE DIRECTOR</b>	

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	454,801.
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b	
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN      as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 10/31/2023

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	7	0	4	1	2	5	1	3	5	5
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 10/31/2023

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning Jul 1, 2021, and ending Jun 30, 2022

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>HILTON HEAD AREA HOSPITALITY ASSOCIATION</b>	EIN or SSN <b>57-0798565</b>
Name and title of officer or person subject to tax <b>JEFF GERBER, EXECUTIVE DIRECTOR</b>	

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b _____
2a Form 990-EZ check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b _____
5a Form 8868 check here . . . ▶ <input checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b <u>0.</u>
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b _____
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b _____
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b _____
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b _____
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize HUBERT L. BERNHEIM, CPA to enter my PIN 

5	1	3	5	5
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 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date ▶ 09/14/2022

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 09/16/2022

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**



**Return of Organization Exempt From Income Tax**

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **Jul 1**, 2021, and ending **Jun 30**, 2022

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

**C** Name of organization **HILTON HEAD AREA HOSPITALITY ASSOCIATION**  
 Doing business as **HILTON HEAD ISLAND WINE & FOOD, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**POST OFFICE BOX 5097**  
 City or town, state or province, country, and ZIP or foreign postal code  
**HILTON HEAD ISLAND, SC 29938**

**D** Employer identification number  
**57-0798565**

**E** Telephone number  
**(843) 441-9633**

**F** Name and address of principal officer:  
**SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938**

**G** Gross receipts \$ **640,684.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c)( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ [www.hiltonheadhospitalityassociation.com](http://www.hiltonheadhospitalityassociation.com)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1995** **M** State of legal domicile: **SC**

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	0
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	200
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 133,628.	Current Year 640,684.
	<b>9</b>	Program service revenue (Part VIII, line 2g)		
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,628.	640,684.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,000.	6,000.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	111,564.	525,412.
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	115,564.	531,412.
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	18,064.	109,272.
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 149,495.	End of Year 258,767.
	<b>21</b>	Total liabilities (Part X, line 26)	0.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	149,495.	258,767.

**Part II Signature Block**

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: \_\_\_\_\_  
**JEFF GERBER, EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **HUBERT L BERNHEIM** Preparer's signature: \_\_\_\_\_ Date: **09/16/2022** Check  if self-employed PTIN: **P01284405**

Firm's name ▶ **HUBERT L. BERNHEIM, CPA** Firm's EIN ▶ **36-2750133**

Firm's address ▶ **POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938** Phone no. **(843) 671-6005**

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 514,523. including grants of \$ 6,000.) (Revenue \$ \_\_\_\_\_)  
PRODUCTION OF WINE AND FOOD FESTIVAL

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 514,523.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</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)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1a</b>	10		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>1b</b>	10		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>7b</b>			X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>8a</b>		X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>8b</b>		X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		X
<b>9</b>			X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . .		
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .		X
<b>15a</b>			X
<b>b</b>	Other officers or key employees of the organization . . . . .		X
<b>15b</b>			X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16a</b>			X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► SC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843) 686-4944

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT ENTRUP PRESIDENT & DIRECTOR	8.00	X		X						
(2) SARAH MORGOT SECRETARY & DIRECTOR	4.00	X		X						
(3) GARY WHITEHEAD TREASURER & DIRECTOR	4.00	X		X						
(4) MIKE KAUP VICE PRESIDENT & DIRECTOR	4.00	X		X						
(5) ED BROWN DIRECTOR	4.00	X								
(6) CHRISTOPHER TASSONE DIRECTOR	4.00	X								
(7) MIKE KAUP DIRECTOR	4.00	X								
(8) JAMES HILL DIRECTOR	4.00	X								
(9) ROBERT HOHMAN DIRECTOR EMERITUS	4.00	X								
(10) DREW LAUGHLIN DIRECTOR	4.00	X								
(11) JEFF GERBER EXECUTIVE DIRECTOR	4.00	X								
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns . . . . .					
	1b	Membership dues . . . . .					
	1c	Fundraising events . . . . .					449,702.
	1d	Related organizations . . . . .					
	1e	Government grants (contributions)					190,982.
	1f	All other contributions, gifts, grants, and similar amounts not included above					
	1g	Noncash contributions included in lines 1a-1f . . . . .					\$
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶					640,684.
Program Service Revenue	2a	Business Code					
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶					
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties . . . . . ▶					
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			6a				
	6b	Less: rental expenses	6b				
	6c	Rental income or (loss)	6c				
	d	Net rental income or (loss) . . . . . ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	7b	Less: cost or other basis and sales expenses . . . . .	7b				
	7c	Gain or (loss) . . . . .	7c				
	d	Net gain or (loss) . . . . . ▶					
8a	Gross income from fundraising events (not including \$ 449,702. of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a					
		8b					
		8b					
c	Net income or (loss) from fundraising events . . . ▶						
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a					
		9b					
		9b					
c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances . . . . .	10a					
		10b					
		10b					
c	Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	11a	Business Code					
	b	-----					
	c	-----					
	d	All other revenue . . . . .					
	e	<b>Total.</b> Add lines 11a-11d . . . . . ▶					
12	<b>Total revenue.</b> See instructions . . . . . ▶		640,684.				

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	6,000.	6,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .				
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	700.		700.	
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .				
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	2,140.		2,140.	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	11,400.		11,400.	
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .				
23	Insurance . . . . .				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	POSTAGE . . . . .	259.		259.	
b	EQUIPMENT . . . . .	390.		390.	
c	WEBSITE MAINTENANCE . . . . .	2,000.		2,000.	
d	FESTIVAL PRODUCTION COST . . . . .	508,523.	508,523.		
e	All other expenses . . . . .				
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	531,412.	514,523.	16,889.	
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	119,240.	<b>1</b>	229,637.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	30,255.	<b>4</b>	28,472.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 658.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	658.
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	149,495.	<b>16</b>	258,767.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	0.	<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	0.	<b>26</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	149,495.	<b>31</b>	258,767.
<b>32</b> Total net assets or fund balances . . . . .	149,495.	<b>32</b>	258,767.	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	149,495.	<b>33</b>	258,767.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	640,684.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	531,412.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	109,272.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	149,495.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	258,767.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: HILTON HEAD AREA HOSPITALITY ASSOCIATION; Employer identification number: 57-0798565

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Questions 1-9 regarding conservation easements, including a table for lines 2a-2d (Held at the End of the Tax Year).

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.

Questions 1a-2 regarding collections of art, historical treasures, or other similar assets, including revenue and asset reporting.

**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 organization'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	0.			0.
b Buildings				
c Leasehold improvements				
d Equipment		658.		658.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				658.

**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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**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)	
<b>Total.</b> (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:			
	<b>a</b> Net unrealized gains (losses) on investments . . . . .	2a		
	<b>b</b> Donated services and use of facilities . . . . .	2b		
	<b>c</b> Recoveries of prior year grants . . . . .	2c		
	<b>d</b> Other (Describe in Part XIII.) . . . . .	2d		
	<b>e</b> 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:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
	<b>b</b> Other (Describe in Part XIII.) . . . . .	4b		
	<b>c</b> Add lines 4a and 4b . . . . .		4c	
5	Total revenue. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 12.)</i> . . . . .		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:			
	<b>a</b> Donated services and use of facilities . . . . .	2a		
	<b>b</b> Prior year adjustments . . . . .	2b		
	<b>c</b> Other losses . . . . .	2c		
	<b>d</b> Other (Describe in Part XIII.) . . . . .	2d		
	<b>e</b> 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:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
	<b>b</b> Other (Describe in Part XIII.) . . . . .	4b		
	<b>c</b> Add lines 4a and 4b . . . . .		4c	
5	Total expenses. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 18.)</i> . . . . .		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.

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**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2020, or fiscal year beginning Jul 1, 2020, and ending Jun 30, 2021

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization or person subject to tax: HILTON HEAD AREA HOSPITALITY ASSOCIATION Taxpayer identification number: 57-0798565

Name and title of officer or person subject to tax: SCOTT ENTRUP, PRESIDENT

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>133,628.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN       as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ *Scott Entrup* Date ▶ 11.03.2021

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.              
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Scott Entrup* Date ▶ 11/02/2021

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning Jul 1, 2020, and ending Jun 30, 2021

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

**C** Name of organization HILTON HEAD AREA HOSPITALITY ASSOCIATION  
 Doing business as HILTON HEAD ISLAND WINE & FOOD, INC.  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
POST OFFICE BOX 5097  
 City or town, state or province, country, and ZIP or foreign postal code  
HILTON HEAD ISLAND, SC 29938

**D** Employer identification number  
57-0798565

**E** Telephone number  
(843) 686-4944

**F** Name and address of principal officer:  
SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938

**G** Gross receipts \$ 133,628.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c)( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.hiltonheadhospitalityassociation.com

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1995 **M** State of legal domicile: SC

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>10</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>10</u>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<u>0</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>150</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0.</u>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>0.</u>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>352,326.</u>	<u>133,628.</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>0.</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>352,326.</u>	<u>133,628.</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>28,000.</u>	<u>4,000.</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>0.</u>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>326,663.</u>	<u>111,564.</u>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>354,663.</u>	<u>115,564.</u>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>-2,337.</u>	<u>18,064.</u>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>131,931.</u>	<u>149,495.</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>500.</u>	<u>0.</u>
			<u>131,431.</u>	<u>149,495.</u>

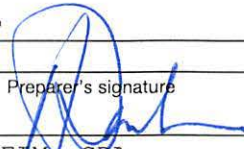
**Part II Signature Block**

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: SCOTT ENTRUP, PRESIDENT Date: 11/04/2021  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: HUBERT L BERNHEIM Prepare's signature:  Date: 11/04/2021 Check  if self-employed PTIN: P01284405  
 Firm's name ▶ HUBERT L. BERNHEIM, CPA Firm's EIN ▶ 36-2750133  
 Firm's address ▶ POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938 Phone no. (843) 671-6005

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
PRODUCTION OF WINE AND FOOD FESTIVAL

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ▶

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float:right">2a</span> <span style="float:right">0</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	
<b>4a</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)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px dashed black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	



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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		X
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		X
<b>15b</b>	Other officers or key employees of the organization . . . . .		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► SC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843) 686-4944

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT ENTRUP PRESIDENT & DIRECTOR	4.00	X		X				0.	0.	0.
(2) SANDRA BENSON VICE PRES & DIRECTOR	3.00	X		X				0.	0.	0.
(3) SARAH MORGOT SECRETARY	2.00	X		X				0.	0.	0.
(4) GARY WHITEHEAD DIRECTOR	2.00	X						0.	0.	0.
(5) DREW LAUGHLIN DIRECTOR	2.00	X						0.	0.	0.
(6) ED BROWN DIRECTOR	2.00	X						0.	0.	0.
(7) CHRISTOPHER TASSONE DIRECTOR	2.00	X						0.	0.	0.
(8) MIKE KAUP DIRECTOR	2.00	X						0.	0.	0.
(9) JAMES HILL DIRECTOR	2.00	X						0.	0.	0.
(10) ROBERT HOHMAN DIRECTOR	2.00	X						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							0.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	70,175.			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	63,453.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		133,628.			
Program Service Revenue	2a	Business Code					
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . .					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties . . . . .					
	6a	Gross rents . . . . .	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses . . . . .	7b				
c	Gain or (loss) . . . . .	7c					
d	Net gain or (loss) . . . . .						
8a	Gross income from fundraising events (not including \$ <u>70,175.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a					
b	Less: direct expenses . . . . .	8b					
c	Net income or (loss) from fundraising events . . . . .						
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a					
b	Less: direct expenses . . . . .	9b					
c	Net income or (loss) from gaming activities . . . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .	10a					
b	Less: cost of goods sold . . . . .	10b					
c	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	11a	Business Code					
	b	-----					
	c	-----					
	d	All other revenue . . . . .		0.	0.	0.	
	e	<b>Total.</b> Add lines 11a-11d . . . . .		0.			
12	<b>Total revenue.</b> See instructions . . . . .		133,628.	0.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,000.	4,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	1,000.		1,000.	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	2,077.		2,077.	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	11,400.		11,400.	
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .	1,606.		1,606.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> POSTAGE . . . . .	254.		254.	0.
<b>b</b> TELEPHONE . . . . .	295.		295.	
<b>c</b> WEBSITE MAINTENANCE . . . . .	481.		481.	
<b>d</b> FESTIVAL PRODUCTION COST . . . . .	94,451.	94,451.		
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e	115,564.	98,451.	17,113.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	108,789.	1	119,240.
	2	Savings and temporary cash investments . . . . .		2	
	3	Pledges and grants receivable, net . . . . .		3	
	4	Accounts receivable, net . . . . .	23,142.	4	30,255.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .		10a	
	b	Less: accumulated depreciation . . . . .		10b	10c
	11	Investments—publicly traded securities . . . . .		11	
	12	Investments—other securities. See Part IV, line 11 . . . . .		12	
	13	Investments—program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets. See Part IV, line 11 . . . . .		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	131,931.	16	149,495.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	500.	17	0.
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .		19	
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	500.	26	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions . . . . .		27	
	28	Net assets with donor restrictions . . . . .		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds . . . . .		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		30	
	31	Retained earnings, endowment, accumulated income, or other funds . . . . .	131,431.	31	149,495.
32	<b>Total net assets or fund balances</b> . . . . .	131,431.	32	149,495.	
33	<b>Total liabilities and net assets/fund balances</b> . . . . .	131,931.	33	149,495.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	133,628.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	115,564.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	18,064.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	131,431.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	149,495.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization HILTON HEAD AREA HOSPITALITY ASSOCIATION	Employer identification number 57-0798565
----------------------------------------------------------------------	----------------------------------------------

Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BOARD MEMBER

Pt VI, Line 11b: FOR REVIEW PRIOR TO BEING APPROVED BY THE BOARD AND FILING  
OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

Pt VI, Line 19: A COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZATION'S OFFICE  
FOR ANYONE REQUESTING TO VIEW A COPY OF THE FORM 990 AND THE FORM 990 IS AVAILABLE  
FOR VIEWING ON THE WEBSITE OF GUIDESTAR.



STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
RECEIVED FROM THE CORPORATION AND THE  
ORIGINAL OF THIS STATE

ARTICLES OF INCORPORATION  
Nonprofit Corporation - Domestic  
Filing Fee \$25.00

**TYPE OR PRINT CLEARLY IN BLACK INK**

Pursuant to S.C. Code of Laws §33-31-202, the undersigned corporation submits the following information:

1. The name of the nonprofit corporation is Hilton Head Island Wine and Food Inc.

2. The initial registered office (registered agent's address in SC) of the nonprofit corporation is  
1591 Savannah Highway, Suite 201

Charleston	Charleston	South Carolina	29407
City	County	State	Zip Code

The name of the registered agent of the nonprofit corporation at that office is  
United States Corporation Agents, Inc.

Print Name

I hereby consent to the appointment as registered agent of the corporation.

Agent's Signature Jacob Varghese, Assistant Secretary

3. Check "a", "b", or "c" whichever is applicable. Check only one box.

- a.  The nonprofit corporation is a public benefit corporation.
- b.  The nonprofit corporation is a religious corporation.
- c.  The nonprofit corporation is a mutual benefit corporation.

4. Check "a" or "b", whichever is applicable.

- a.  This corporation will have members.
- b.  This corporation will not have members.

5. The address of the principal office of the nonprofit corporation is

40 Pond Drive

Hilton Head	Beaufort	SC	29926
City	County	State	Zip Code

111207-0201 FILED: 11/30/2011  
HILTON HEAD ISLAND WINE AND FOOD INC.  
Filing Fee: \$25.00 ORIG



6. If this nonprofit corporation is either a **public benefit** or **religious corporation** complete either "a" or "b", whichever is applicable, to describe how the remaining assets of the corporation will be distributed upon dissolution of the corporation. **If you are going to apply for 501(c)(3) status, you must complete section "a."**

a.  Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

If you choose to name a specific 501(c)(3) entity to which the assets should be distributed, please indicate the name of the selected entity.

---

**OR**

b.  If the dissolved corporation is not described in Section 501(c)(3) of the Internal Code, upon dissolution of the corporation, the assets shall be distributed to one or more public benefit or religious corporations or to one or more of the entities described in (i) above.

If you chose to name a specific public benefit, religious corporation or 501(c)(3) entity to which the assets should be distributed, please indicate the name of the selected entity.

---

7. If the corporation is a **mutual benefit corporation** complete either "a" or "b", whichever is applicable, to describe how the (remaining) assets of the corporation will be distributed upon dissolution of the corporation.

a.  Upon dissolution of the mutual benefit corporation, the (remaining) assets shall be distributed to its members, or if it has no members, to those persons to whom the corporation holds itself out as benefiting or serving.

b.  Upon dissolution of the mutual benefit corporation, the (remaining) assets, consistent with the law, shall be distributed to

---

8. The optional provisions which the nonprofit corporation elects to include in the articles of incorporation are as follows (See S.C. Code of Laws §33-31-202(c)).

Please see attachment



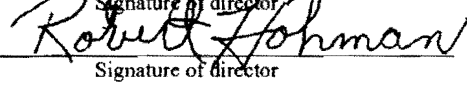
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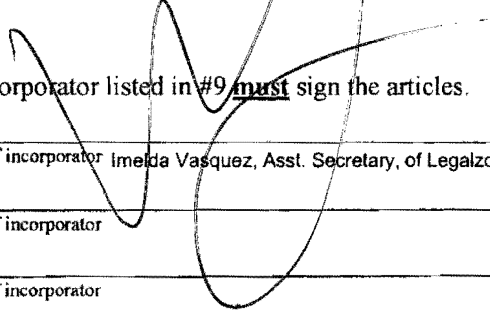
9. The name and address of each incorporator is as follows (**only one is required, but you may have more than one**).

Legalzoom.com, Inc.	101 N. Brand Blvd., 10th Floor Glendale, CA	91203
Name	Address	Zip Code
Name	Address	Zip Code
Name	Address	Zip Code

10. Each original director of the nonprofit corporation must sign the articles but only if the directors are named in these articles.

Tamara Bream	
Name (only if named in articles)	Signature of director
Jeffrey Gerber	
Name (only if named in articles)	Signature of director
Robert Hohman	
Name (only if named in articles)	Signature of director

11. Each incorporator listed in #9 **must** sign the articles.

Signature of incorporator	
Imelda Vasquez, Asst. Secretary, of Legalzoom.com, Inc. (Incorporator)	
Signature of incorporator	
Signature of incorporator	

12. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is \_\_\_\_\_

**Filing Checklist**

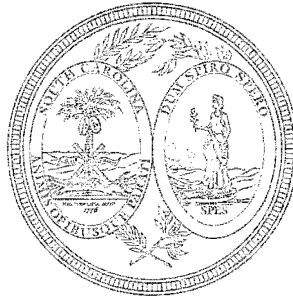
- Articles of Incorporation (in duplicate)
- \$25.00 made payable to the South Carolina Secretary of State
- Political Associations must submit a CL-1 Form and an additional \$25 fee
- Self-Addressed, Stamped Return Envelope
- Return all documents to: South Carolina Secretary of State's Office  
Attn: Corporate Filings  
P.O. Box 11350  
Columbia, SC 29211

**Attachment to**  
**Articles of Incorporation of**  
**Hilton Head Island Wine and Food Inc.**

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under the section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The business activity for said organization is as follows: **To promote the development of the culinary arts and educate the public on wine as it relates to food. The event encourages the public to visit the Town of Hilton Head and promote it as a culinary destination.**

No part of the net earnings of this organization shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of this organization shall be the carrying on propaganda, or otherwise attempting to influence legislation, and this organization shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the corporation shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

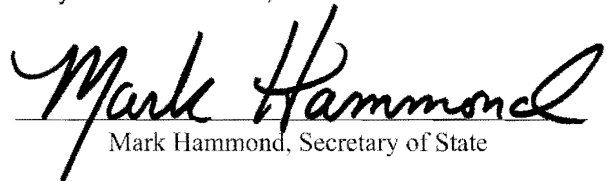
## **Certificate of Incorporation, Nonprofit Corporation**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HILTON HEAD ISLAND WINE AND FOOD INC.,  
a nonprofit corporation duly organized under the laws of the State of South Carolina on November 30th, 2011, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed a Declaration and Petition for Incorporation of a nonprofit corporation for Religious, Educational, Social, Fraternal, Charitable, or other eleemosynary purpose.

Now, therefore, I Mark Hammond, Secretary of State, by virtue of the authority in me vested by Chapter 31, Title 33, Code of 1976 and Acts amendatory thereto, do hereby declare the organization to be a body politic and corporate, with all the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by Chapter 31, Title 33, Code of 1976 and Acts amendatory thereto.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
7th day of December, 2011.

  
Mark Hammond, Secretary of State