2025

Accommodations Tax Funds Request Application

Organization Name: Hilton Head Island Wine and Food Inc

Project/Event Name: Hilton Head Island Wine and Food Festival

Executive Summary

The move into the new Celebration Park continues to be a huge success for us and this has a couple of positive effects. We think that when the festival ends at 3 pm, many of our patrons are likely to wander across the street and spend money at those local businesses. We know Rockfish restaurant had an after-party event outside in their parking lot and Sand Bar's patio was full while we were tearing down after Saturday's event. And there may be others that we are not aware of. We also suspect, that when people are in the Coligny area and see the tenting, etc. going up, if they were not aware of the festival, that might increase day of ticket sales.

We also are continuing to cultivate partnerships with USCB and TCL. Students from both institutions gain valuable experience by working on events. We had students at the Stay Gold on Thursday night, the Grand Tasting on Friday night and the Public Tasting on Saturday. They also wear uniforms or school shirts, as appropriate, to each of these events to help boost exposure for the HRMT program at USCB and Culinary program at TCL. Students from the LTRI program also gain practical work experience taking surveys.

Adding craft beer to the events continues to help draw more people to the festival. During the September 2021 event we were finally able to have the beer garden area. This was extremely well received, and led to adding another large event at the Westin on Sunday to help kick off the festival. This is called Beers at the Beach and has added an additional 400 people to the week for the last three years.

Regarding our budgets and P&L statements you will see our revenue increased, yet our profitablity diecreased. The increase in revenue is attributed to the first Rhythm & Brews event and increased sponsorship numbers this year. We also increased ticket prices slightly which helped also. The reason profitablity didn't increase is that like many first time events, Rhythm & Brews was not profitable (aka lost money). But since that happened early in our fiscal year, we were extra vigilant in trying to control costs for the wine and food festival. That allowed us to basically break even for the year. (Net profit = \$1422).

This year we saw a decrease in attendance of about 8%. We knew that the festival was going to be held over Easter Weekend and did reach out to our hotel partners to see if this would affect them, and the response we recieved back was "Easter happens during Heritage sometimes and we can handle that, so we are fine". How this did impact attendance wasn't to strain our hotel partners, but it did strain our festival partners (wine, craft beer and spirits,etc) in two ways. #1 - Some of them didn't want to travel and be away from their family for the holiday. #2 - Basic economics is supply vs. demand equals price. On a high demand weekend prices for flights and hotel rooms go up (as they should), but this pushed rates above what some of them are allowed on a per diem basis. This also had an impact on visitors. While we still sold out the events early in the week, it took longer than in years past. And many people reached out to us expressing they were not going to be able to attend for the same reasons above. Looking back this all makes sense. The solution for when this happens again in about 4 years is to look to move the week of the festival. We have tenatively talked to Wingfest as the same reasons that make Easter week more challenging for us actually would probably benefit them.

Key Demographics:

Female - 75% Male - 23%

84% are 40 years of age or older

77% have no children living at home

74% have a 4-year degree or higher and it moves to 81% with associates degree

Household income - 28% > \$200,000, 64% > \$100,000 or retired

64% from 50 miles away or further

Total budget vs. actual – \$130,000 vs. \$135,000

Results - Total Impressions over 12M

Marketing & PR:

The plan – Work with media outlets in local and drive markets for earned media

Budget vs. actual - \$30,000 vs. \$24,000

Results – Because of the success of social media we cut back here and moved that money elsewhere. Saw well over \$20,000 in free media and over 1,000,000 impressions. We also were able to trade tickets for additional placements. We rolled the savings here into more social media advertising.

Print:

The plan – We have cut back on our print marketing to just Southern Living because it covers the South and part of the Atlantic coastal regions and Atlanta Magazine which is a key marketing area for us. Then we used Local Life because they not only reach the local market but also have many followers who own a second residence in the area.

Budget vs. actual - \$10,000 vs. \$14,500

Results - 1.75M Print Impressions (not including earned)

Digital & Social Media:

The plan for digital - Focus on drive markets w/ focus on Columbia, CLT, Savannah, ATL and northern Florida.

Results - 3.1M

Social media plan – 2x/week during the off season and 5x/week starting 3 months out. Focus on selling tickets, especially for new events. This is also supplemented with ad buys on Facebook and Instagram.

Results – We felt this was our strongest area. We ran many ticket sales posts and saw immediate results after many of those. We saw over 1.1 M impressions

Budget vs. actual - \$40,000 vs. \$45,000

Television:

Budget vs. actual - \$10,000 vs \$0

Results – It honestly became too expensive in addition to not having enough tracking data from TV to justify this expense. So we moved the money budgeted for here into digital and e-mail marketing.

Viewership Impressions - n/a

Radio:

The plan – Use radio to drive the local market + Savannah and Charleston

Budget vs. actual - \$3,000 vs. \$3,500

Results – Provided a local voice, but we receive 3-4x number of spots paid for and a couple free on-air promotions. 120 k unique listeners.

Fly Market:

The plan – Target markets suggested by Sav-HHI airport. Was executed with HHI Chamber. Targeted Boston, Philly, Cleveland, Chicago and DC. With the delay in approving the Chamber's additional funds we did not implement this on scale as in years past. But we did run a smaller version and did run a contest in conjuctions with local hotels and the Sav-HHI airport. We didn't have to pay the Chamber this year and rolled that money into more digital ads.

Budget vs. actual - \$5,000 vs. \$5,000

Results - 2M impressions

Email:

The plan - Target higher net worth individuals. Focused on women from \$200 k households with interests in travel, food, wine, decor.

Budget vs. actual - \$10,000 vs. \$9750

Results – We saw about a 18% open rate on our email campaigns. This is one of our most expensive areas on a cost per unit basis. We sent custom emails and targeted Greenville to Asheville, Augusta to Aiken, Columbia, Charlotte, the Jacksonville/North Florida area and Columbus, Ohio.

Results - 580,000 Impressions

This year, we moved a substantial amount of our marketing budget to McClatchy because they can handle digital, email, social media marketing in addition to owning the Island Packet, The State and the Charlotte Observer. Because of our large purchase, they gave us an additional \$32,000 of in-kind advertising.

We recognize that we are one of the highest cost per person events supported by ATAX, but some ATAX sponsored event enhance visitors experiences and other drive visitors to the island. We feel we are the later. We also attract a high quality visitor where 29% have a >\$200 k household income and 75%

are >100 K or retired. Also the average stay is 4 days with >25% of visitors staying for a week or longer.

Last, this is an event our accomodation partners use to market the island to increase the number of guests that visit their properties. This summer Wayne from the Sonesta told me they had just signed a contract with a group they hosted in 2021 for 300 +/- room nights. So the investment can continue to generate ROI well past the year of investment.

Thank you for your time and as you consider our request, we ask you to consider the results and not just the costs.?

2025

Accommodations Tax Funds Request Application

Date Received: 09/05/2024 Time Received: 04:06 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 Wine and Food Festival

Contact Name: Jeffrey R Gerber Title: Executive Director

Address: 1620 Crestwood Drive, Columbia, SC 29205

Email Address: circlemstr@gmail.com Contact Phone: 843-301-9256

Event Date: March 23rd-29th Event Location: Lowcountry Celebration Park

Total Budget: \$462,600.00 Grant Requested: \$130,000.00

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

The money will be used to market the 40th year of the Hilton Head Wine and Food Festival with the goal of bringing even more visitors to the island. And to continue to increase the quality of the demographics we are experiencing.

We will look to market visiting the island in regional drive markets (FL, GA, TN, KY, NC, OH, and SC). With recent travel numbers showing car trips great than 500 miles increasing greatly. The plan will include use of large amounts of digital, email & social media.

We will also run a fly campaign with the Chamber.

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 HHWFF 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 a comprehensive traditional and digital marketing campaign we bring visitors from far and near. The impact is measured through surveys w/ USCB, talking with our hotel and restaurant partners, the Sav-HHI airport and communications with the Chamber.

The Sonesta & Westin use it to sell large groups on booking events. The Westin also uses us as a FAM event to increase room bookings throughout the year.

MVC uses the event to sell initial or additional time at their properties.

The Courtyard & Beach House are also partners.

- A. Total Number of Physical Tourists Served: 2659
 - 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: 250
 - 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: 637
 - 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): 3546

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.

- 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 2% international visitors
- From other parts of the US USCB 29% and Eventbrite 58%
- From other parts of SC USCB 10% and Eventbrite 7%
- Live with in a 50-mile radius USCB 27% and Eventbrite 9%
- Live in the HHI area USCB 32% and Eventbrite 24%

We *think* we can explain the disparity and contradicting data. We give away a wine glass holder to people who fill out the survey. And we order 400 every year and we end up giving away 360-380. And this has been fairly steady to trending lower. But this year USCB called me about 75 minutes after the gates opened and asked if we had more wine yokes because they had already had over 400 surveys completed. They also said they had a line from right after we opened admissions. So the guess is that the locals and return attendees went straight to the survey tent because they wanted the wine yokes.

So while you can't complain about 400 surveys filled out from a crowd of 2300-2500 people, the popularity of the giveaway gift is probably skewing the surveys to read more local than the actual crowd. This is also a self serving hypothesis, since we are graded on driving tourism to the island, but I hope the ticket sales data shows it is likely.

We attached the survey from USB to our application.

If I can figure out how to attach a second survey, I will also provide the ticketing data. You will notice a large block of UNKOWN for location (843). These are sponsor tickets and they skew heavily towards out of town/state visitors. It was the guests for Westin, Sonesta, MVC. It also included sponsors, like Publix and all of the Wine, craft beer and spirits vendors from out of town. But since we do not have a break down, those 843 attendees were not used in the Eventbrite percentages. Meaning we used 2703 (3546-843=2703) as the denominator instead of 3546. Ex: There were 180 SC visitors from >50 miles away. 180/2703 = 6.7% (rounded to 7%)

This is probably confusing, please ask me at our presentation if there are any questions.

We did not have any virtual events.

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. It's sponsored by local and regional businesses ranging from Sav-HHI Airport to accommodations (Sonesta, Westin, Marriott Courtyard and MVC), to grocery stores (Publix, our presenting sponsor), to realtors and many local restaurants. The International Wine Judging starts off the festival by introducing wine professionals to our area as they evaluate wines from all over the world. These wines are then showcased during the week's events, to include many wine dinners throughout the week, with the culmination of events being the Grand Tasting on Friday and the Public Tasting on Saturday.

The festival is a non-profit event that has contributed over \$145,000 in hospitality scholarship support to USCB and the TCL over the past nine years. 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 TCL to help start their new culinary program.

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

2025 Objectives of the festival's grant-funded marketing plan:

- Continue the momentum that has been generated since 2021
- Implement targeted interactive 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.
- Continue to utilize regional lifestyle publications with an emphasis on Northern Atlanta, Columbia, Charlotte and identified additional markets.
- Execute behavioral re-targeting campaigns and contextual re-targeting campaigns in both the drive and fly markets for high income households
- Use a very targeted e-mail advertising program once again focusing on high income households. This has been very effective for us.
- We will run a targeted fly campaign with the Chamber that has been very successful for the last 6 years.
- We are also starting to work towards having additional events 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. (Rhythm & Brews)
- We are looking to host an event or two where we can work with USCB &/or TCL.
- We also run promotions with the Chamber, Sonesta, Westin and many local media partners.

If you want a specific marketing plan, I can send the 2024 marketing plan for your reference.

Other sources of funding include proceeds from the International Wine Judging, event admissions, event vendors and corporate sponsors.

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)

100% of our marketing comes from ATAX funds, so we would have to scale back marketing efforts in a direct relation to a lower funding level.

29% of our attendees have a household income >\$200k & 68% are >\$100k with an additional 7% retired. 25% stay 7 days or longer and almost 50% stay aminimum of 4 days. These are high quality visitors who spend money in the local economy. Due to the quality of the visitors, the expense of marketing to them is higher than average, but is justified by number of rooms nights, dining out, etc. We might have to consider lower cost/quality options with lower funding.

Also, even though expenses have increased for marketing each year, we have not asked for more money for 8 years.

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

The Hilton Head Wine & Food Festival hosted roughly 3546 people in 2024.

- 58% of them were visitors from out of state
- 67% of them were from 50 miles away or further
- \bullet We also saw the average stay continue to be about 4 days

When combining the average length of stay, plus the daily spending of visitors for food, recreation and gifts, the total direct economic impact of the 2024 festival is estimated to be around \$4,000,000.

This does not include the additional economic benefits from:

- The Westin using this as a FAM event
- The Sonesta & Westin using it to book large groups at their property
- MVC using the festival to sell additional or new memberships

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

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

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

A) The HHI Wine and Food Festival collaborates with the Chamber to create a fly marketing event every year. This was the 6th year in a row for this successful campaign.

The festival is also one of 4 larger events the Chamber uses to help promote other smaller events on the island (Heritage, Concours & Seafood being the others)

We are trying to create an additional event with the Coastal Discovery Museum in May or June.

We work with the Concours, HHSO and the Arts Center to help each other promote the island and each other's events and auctions.

B) The HHI Wine and Food Festival provides a unique opportunity for guests from all over the country to experience the island's finest culinary, resort and recreational resources all at once during the festival.

The collaborative efforts of renowned vineyards, local restaurants, visual and performing arts partners as well as destination amenity partners (golf, boating and beaches) yield a week-long celebration that is so enjoyable and memorable for guests that 79% of them stated they are extremely likely or very likely to attend next year's festival. Those same people also stated they were 90% extremely likely or very likely to recommend to their friends and/or family to attend next year's festival.

The festival itinerary is exceptional in its diversity and appeal to guests. Rarely does such a wide range of opportunities to sample Hilton Head living come together simultaneously and seamlessly in one week-long event.

7. Additional comments. (250 words or less)

With increased, strategic public relations and marketing efforts we hope to reach and convince travelers that Hilton Head Island is home to the one of the country's top wine and food festivals. By aligning the island's remarkable chefs with world-renowned vintners and powerful national brands, the festival is attempting to lure new visitors, leverage more dollars and benefit the industry that drives our island, tourism.

Continued growth and success of the HHI Wine and Food Festival has given us the opportunity to better fund our priority cause, hospitality and culinary scholarships for students at USCB and TCL. Through these scholarships another aspect of island tourism is advanced, creating a well-qualified work force. Local leadership is also created from college degrees in HRT and culinary studies.

There are additional economic impacts that we are aware of that are **NOT** included in the numbers above, but we feel should be mentioned:

MVC uses the festival to showcase the island to sell new/longer visiting times to their guests for the last four years. There is no way to measure the impact from these visitors when they return year after year after their purchases.

The Sonesta uses the festival to invite potential large group clients. Wayne said they booked a large group for 375 room nights from someone they hosted a couple of years ago.

The Westin continues to do FAM (familiarization) events and brought 40+ reservation specialists to show case the island and its many appeals over three days. In 2023, Steve French said "Since 2019 we have hosted over 100 clients at Wine & Food Festival and secured just shy of \$1million of business for our resort and the island".

As we see business travel finally returning, this is a great use of ATAX funds.

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.

Private Contributions Denetions

\$5,600.00

\$30,000.00

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

Then festival & off cycle events generate admissions from tickets and revenue from participating vendors.

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.

3	Government Sources	and Grants
1	1 Corporate Support, Sponsors	Membership, Dues, Subscriptions
58	Ticket Sales, or Sales and Services	Other
3. Has th Yes	,	r funding from other public sources or organizations?
If so, p	olease list top 3 sources and amounts.	
В		\$10.000.00

D. FINANCIAL INFORMATION:

SCPRT

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

HHI ATAX for Rhythm & Brews

Financial Statement Requirements:

1. The <u>upcoming fiscal year's</u> **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 Balanace 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:

FY 2020 (Ends June 2021) - Previous FY 1

FY 2021 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 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 fundsused? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. (200 words or less)

The majority of the 2024 funds were used for advertising mainly in drive markets. We used funds for social media, email, print, digital, and radio. We had exposure to well over 7.5 million people.

Categories that did best in our digital marketing were Ages 35-65, wives, \$150k-\$250k income w/ home values of \$300-\$399k.

With help on our social media marketing, we have seen much stronger numbers, especially in the interaction areas.

We feel the efforts by both our Ad Agency and Social Media firm have allowed us to better focus in on bringing a high-quality visitor

to the island.

The money spent to create videos seems to be very effective and we are planning on creating more content like that this year. People seem to react more favorably to that form of media and with adding video, we sold out of events faster than before.

Objectives were hit as shown by good demographic numbers:

- Income 7% = retired, 68% = \$100 k or higher, 29% = \$200 k or higher
- Education > 73% have a four-year degree or higher (with an additional 21% having a 2-year degree or some college)
- Household > 84% have no children living at home

They have a good education, household income & no children at home, which leaves more disposable income to spend on travel.

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

The real measure of effectiveness is ticket sales. We sold out all the events again this year even after adding additional tickets to many events except for Saturday. Saturday was the day before Easter and led to some challenges.

Community benefits:

By targeting higher income attendees, we once again saw an average stay of 4 nights in 2024 from tourists.

Because the festival's target audience places such a high value on food and wine, not only do attendees place "heads in beds" for businesses around the island, but they are dining out, visiting stores and spending money on experiences in our community.

We also have many people tell us they are coming to the event to celebrate special occasions.

- Birthdays
- Anniversaries
- Friends and/or family get togethers
- Bachelorette Parties

(People tend to spend more money on special occasions)

The better demographic nature of the attendees comes directly from advertising and social media. This 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. > 87% said they were likely/very likely to return to Hilton Head Island when the festival was NOT occurring.

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

With online tickets sales, we now can see the zip code location counts and directly correlate this to analytics gathered by our advertising firm. We receive a summary showing who, what, when, and where. This allows us to see what is working and what is less effective on a region-by-region basis when compared to the ticket sales data.

We also look to compare the data from the USCB survey versus areas we advertised in.

We also track tickets sales from year to year and compare the speed tickets for each event are selling in seven (7) day intervals. We pay particular attention to if ticket sales for each event are ahead of the same time the previous year.

Last, we track the demographics of the attendees. Are they improving? Staying even? Or Declining? We do this on an event-by-event basis first, and then we compare how the entire year compared to the previous year.

G. **EXECUTIVE SUMMARY**

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If 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)

The move into the new Celebration Park continues to be a huge success for us and this has a couple of positive effects. We think that when the festival ends at 3 pm, many of our patrons are likely to wander across the street and spend money at those local businesses. We know Rockfish restaurant had an after-party event outside in their parking lot and Sand Bar's patio was full while we were tearing down after Saturday's event. And there may be others that we are not aware of. We also suspect, that when people are in the Coligny area and see the tenting, etc. going up, if they were not aware of the festival, that might increase day of ticket sales.

We also are continuing to cultivate partnerships with USCB and TCL. Students from both institutions gain valuable experience by working on events. We had students at the Stay Gold on Thursday night, the Grand Tasting on Friday night and the Public Tasting on Saturday. They also wear uniforms or school shirts, as appropriate, to each of these events to help boost exposure for the HRMT program at USCB and Culinary program at TCL. Students from the LTRI program also gain practical work experience taking surveys.

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Results - Total Impressions over 12M

Marketing & PR:

The plan – Work with media outlets in local and drive markets for earned media

Budget vs. actual - \$30,000 vs. \$24,000

Results – Because of the success of social media we cut back here and moved that money elsewhere. Saw well over \$20,000 in free media and over 1,000,000 impressions. We also were able to trade tickets for additional placements. We rolled the savings here into more social media advertising.

Print:

The plan – We have cut back on our print marketing to just Southern Living because it covers the South and part of the Atlantic coastal regions and Atlanta Magazine which is a key marketing area for us. Then we used Local Life because they not only reach the local market but also have many followers who own a second residence in the area.

Budget vs. actual - \$10,000 vs. \$14,500

Results - 1.75M Print Impressions (not including earned)

Digital & Social Media:

The plan for digital – Focus on drive markets w/ focus on Columbia, CLT, Savannah, ATL and northern Florida.

Results - 3.1M

Social media plan – 2x/week during the off season and 5x/week starting 3 months out. Focus on selling tickets, especially for new events. This is also supplemented with ad buys on Facebook and Instagram.

Results – We felt this was our strongest area. We ran many ticket sales posts and saw immediate results after many of those. We saw over 1.1 M impressions

Budget vs. actual - \$40,000 vs. \$45,000

Television:

Budget vs. actual - \$10,000 vs \$0

Results – It honestly became too expensive in addition to not having enough tracking data from TV to justify this expense. So we moved the money budgeted for here into digital and e-mail marketing.

Viewership Impressions - n/a

Radio:

The plan – Use radio to drive the local market + Savannah and Charleston

Budget vs. actual - \$3,000 vs. \$3,500

Results – Provided a local voice, but we receive 3-4x number of spots paid for and a couple free on-air promotions. 120 k unique listeners.

Fly Market:

The plan – Target markets suggested by Sav-HHI airport. Was executed with HHI Chamber. Targeted Boston, Philly, Cleveland, Chicago and DC. With the delay in approving the Chamber's additional funds we did not implement this on scale as in years past. But we did run a smaller version and did run a contest in conjuctions with local hotels and the Sav-HHI airport. We didn't have to pay the Chamber this year and rolled that money into more digital ads.

Budget vs. actual - \$5,000 vs. \$5,000

Results - 2M impressions

Email:

The plan - Target higher net worth individuals. Focused on women from \$200 k households with interests in travel, food, wine, decor.

Budget vs. actual - \$10,000 vs. \$9750

Results – We saw about a 18% open rate on our email campaigns. This is one of our most expensive areas on a cost per unit basis. We sent custom emails and targeted Greenville to Asheville, Augusta to Aiken, Columbia, Charlotte, the Jacksonville/North Florida area and Columbus, Ohio.

Results - 580,000 Impressions

This year, we moved a substantial amount of our marketing budget to McClatchy because they can handle digital, email, social media marketing in addition to owning the Island Packet, The State and the Charlotte Observer. Because of our large purchase, they gave us an additional \$32,000 of in-kind advertising.

We recognize that we are one of the highest cost per person events supported by ATAX, but some ATAX sponsored event enhance visitors experiences and other drive visitors to the island. We feel we are the later. We also attract a high quality visitor where 29% have a >\$200 k household income and 75% are >100 K or retired. Also the average stay is 4 days with >25% of visitors staying for a week or longer.

Last, this is an event our accomodation partners use to market the island to increase the number of guests that visit their properties. This summer Wayne from the Sonesta told me they had just signed a contract with a group they hosted in 2021 for 300 +/- room nights. So the investment can continue to generate ROI well past the year of investment.

Thank you for your time and as you consider our request, we ask you to consider the results and not just the costs.?

Signature: Jeffrey Gerber

Title/Position:

Mailing Address: 1620 Crestwood Drive, Columbia, SC 29205

Email Address: circlemstr@gmail.com Office Phone Number: 843-301-9256 Home Phone Number: 843-301-9256



Hilton Head Island Food & Wine Festival



CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

EXECUTIVE SUMMARY

At the request of festival organizers, the University of South Carolina Beaufort (USCB) conducted an on-site survey at the 2024 Hilton Head Island Food & Wine Festival on March 30, 2024. 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 from festival goers via requesting attendees to answer question about the festival. The 32-question survey was administered digitally, via iPads, which were provided to attendees to answer the survey. Attendees could also take the survey via provided QR Codes on their own personal device. At the conclusion of the survey, participants were offered a wine yoke. For this event, survey attendants were proved 400 of these wine yokes, of which all of them were given away.

Overall, many participants had a great time at this year's Food and Wine Festival. This is supported by the percentage of attendees who plan to return to the festival (60.48% extremely likely, 26.05% very likely) and recommend the festival to friends (64.59% extremely likely, 27.21% very likely). Following are a few key data points worthy of acknowledgment at this time as they may be helpful when preparing future events:

- Word of Mouth (mainly friends and family) was the number one method of first learning about the festival at 29.81%. Following Word of Mouth was online advertisements (20.61%) and social media (18.94%). For social media, Facebook accounted for 80% of all responses.
- The largest group of attendees (31.19%) live primarily on Hilton Head Island with an additional 26.88% living within 50 miles of Hilton Head. 164 respondents came from places over 50 miles from Hilton Head Island.
- 60-64 years of age was the largest group of attendees this year, with 56 taking the survey. The plurality (29.07% *) of participants' annual household fell within the \$200,000+/year group. The next highest group earned between \$100,000-149,999/year and consisted of 22.49%* of guests surveyed attendees.
- Respondents were 64% Women, while anecdotally the split was closer to 50/50, with several husbands not wanting to take the survey.
- Most attendees did not plan on attending any of the other Food & Wine festival events. However, the Sip and Stroll event was the most popular of the events on offer.
- There were 9 international respondents: 5 from Canada, and 4 from Australia.

In the attached report, some questions contain asterisk (*), as well as being a grey color. This represents that those who did not wish to respond to the question were removed from the final data collection. This was done at the request of the festival organizers.

425

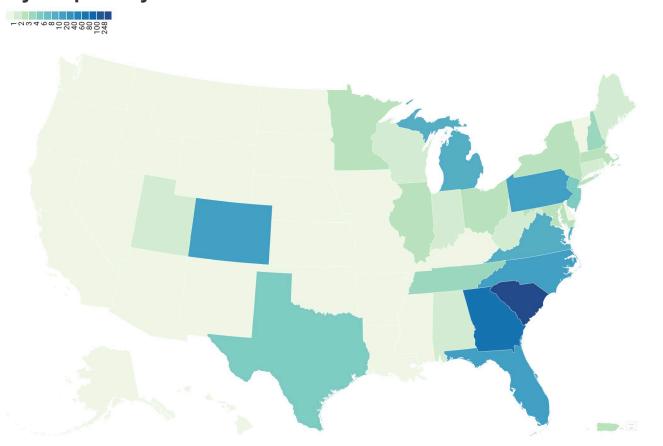
Total Responses



102 iPad Responses

323 QR Code Responses

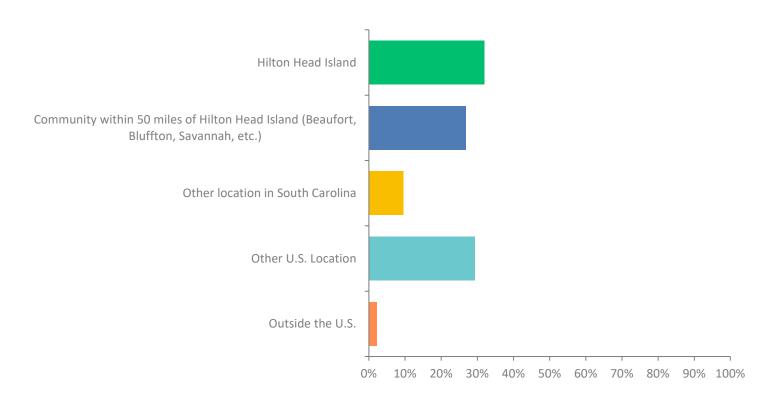
Q1: Tap on the zip code box and use the keypad to enter your 5-digit zip code of your primary residence. Then touch the NEXT button.



SOUTH CAROLINA	248
GEORGIA	65
FLORIDA	13
NORTH CAROLINA	13
COLORADO	11
PENNSYLVANIA	10
MICHIGAN	9
VIRGINIA	9
NEW JERSEY	5
TEXAS	4
NEW HAMPSHIRE	3
TENNESSEE	3
ILLINOIS	2
MARYLAND	2
MASSACHUSETTS	2
MINNESOTA	2
NEW YORK	2
OHIO	2
PUERTO RICO	2
ALABAMA	1
CONNECTICUT	1
INDIANA	1
MAINE	1
RHODE ISLAND	1
UTAH	1
VIRGIN ISLANDS	1
WEST VIRGINIA	1
WISCONSIN	1

Q2: Where is your primary residence?

Answered: 398 Skipped: 27



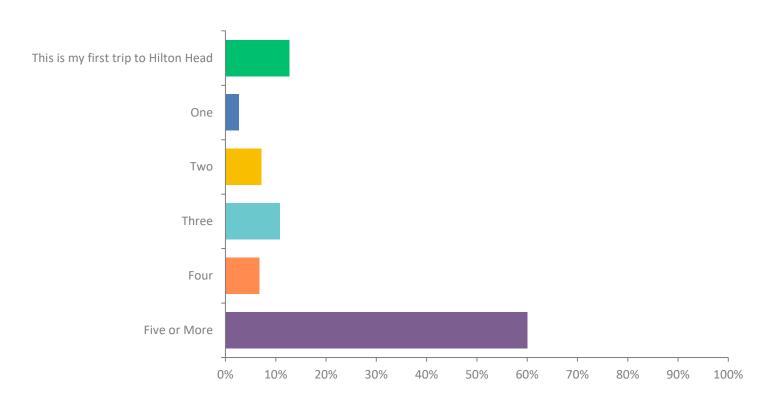
Q2: Where is your primary residence?

Answered: 398 Skipped: 27

ANSWER CHOICES	RESPONSES	
Hilton Head Island	31.91%	127
Community within 50 miles of Hilton Head Island (Beaufort, Bluffton, Savannah, etc.)	26.88%	107
Other location in South Carolina	9.55%	38
Other U.S. Location	29.40%	117
Outside the U.S.	2.26%	9
TOTAL		398

Q3: Including this visit, HOW MANY trips have you taken to Hilton Head Island?

Answered: 268 Skipped: 157



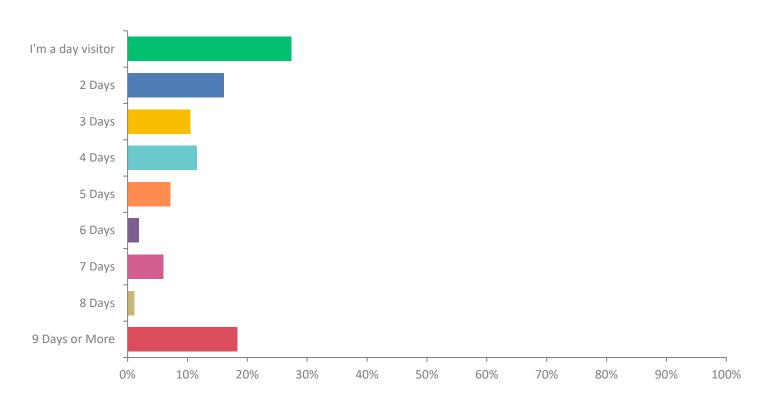
Q3: Including this visit, HOW MANY trips have you taken to Hilton Head Island?

Answered: 268 Skipped: 157

ANSWER CHOICES	RESPONSES	
This is my first trip to Hilton Head	12.69%	34
One	2.61%	7
Two	7.09%	19
Three	10.82%	29
Four	6.72%	18
Five or More	60.07%	161
TOTAL		268

Q4: How many days to you intend to stay in Hilton Head?

Answered: 267 Skipped: 158



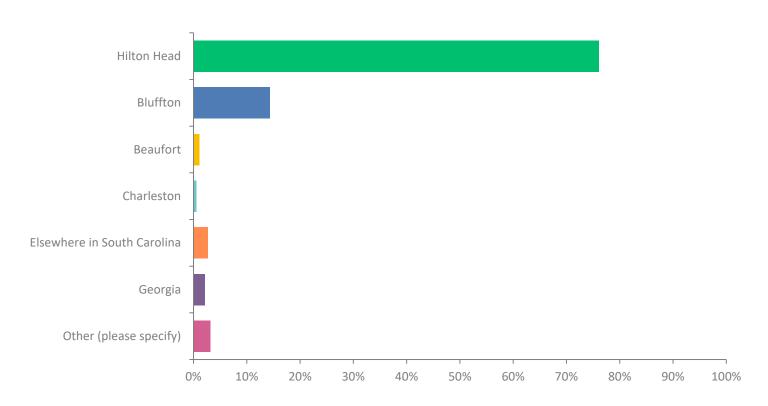
Q4: How many days to you intend to stay in Hilton Head?

Answered: 267 Skipped: 158

ANSWER CHOICES	RESPONSES	
I'm a day visitor	27.34%	73
2 Days	16.10%	43
3 Days	10.49%	28
4 Days	11.61%	31
5 Days	7.12%	19
6 Days	1.87%	5
7 Days	5.99%	16
8 Days	1.12%	3
9 Days or More	18.35%	49
TOTAL		267

Q5: Where are you staying overnight on this trip?

Answered: 188 Skipped: 237



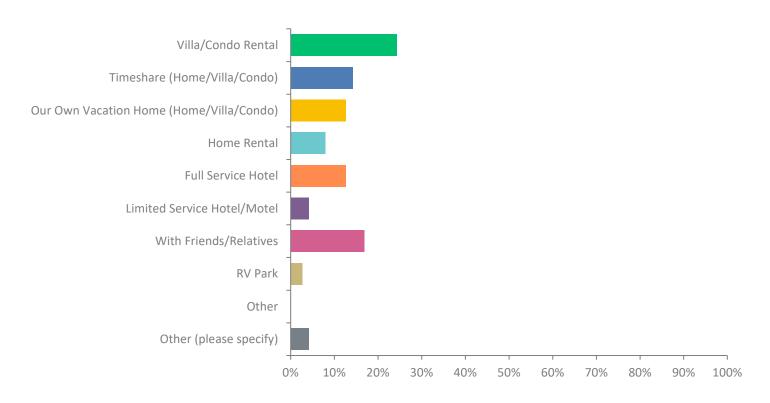
Q5: Where are you staying overnight on this trip?

Answered: 188 Skipped: 237

ANSWER CHOICES	RESPONSES	
Hilton Head	76.06%	143
Bluffton	14.36%	27
Beaufort	1.06%	2
Charleston	0.53%	1
Elsewhere in South Carolina	2.66%	5
Georgia	2.13%	4
Other (please specify)	3.19%	6
TOTAL		188

Q6: What type of accommodations will you be using while visiting Hilton Head Island?

Answered: 189 Skipped: 236



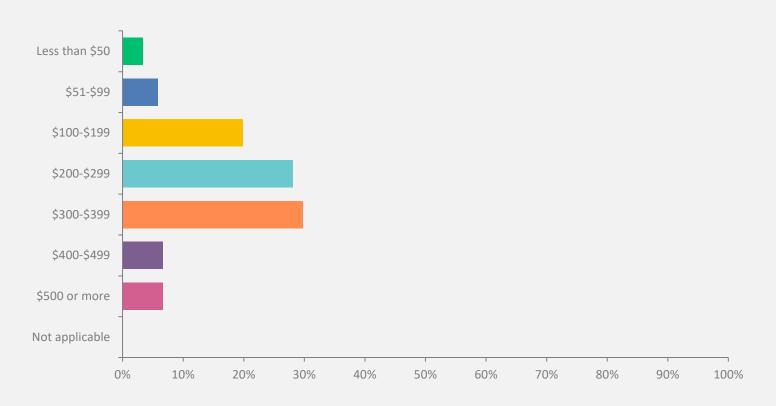
Q6: What type of accommodations will you be using while visiting Hilton Head Island?

Answered: 189 Skipped: 236

ANSWER CHOICES	RESPONSES	
Villa/Condo Rental	24.34%	46
Timeshare (Home/Villa/Condo)	14.29%	27
Our Own Vacation Home (Home/Villa/Condo)	12.70%	24
Home Rental	7.94%	15
Full Service Hotel	12.70%	24
Limited Service Hotel/Motel	4.23%	8
With Friends/Relatives	16.93%	32
RV Park	2.65%	5
Other	0%	0
Other (please specify)	4.23%	8
TOTAL		189

Q7: Approximately, how much will your travel party spend on lodging PER NIGHT? *

Answered: 121 Skipped: 0



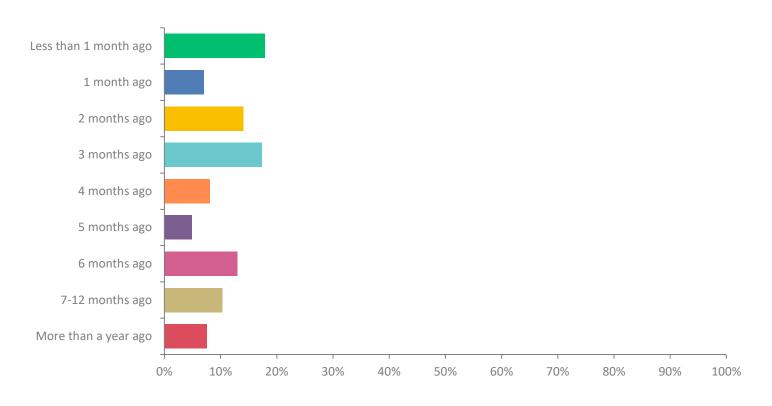
Q7: Approximately, how much will your travel party spend on lodging PER NIGHT? *

Answered: 121 Skipped: 0

ANSWER CHOICES	RESPONSES	
Less than \$50	3.31%	4
\$51-\$99	5.79%	7
\$100-\$199	19.83%	24
\$200-\$299	28.10%	34
\$300-\$399	29.75%	36
\$400-\$499	6.61%	8
\$500 or more	6.61%	8
Not applicable	0% *	0 *
TOTAL		121

Q8: How many months in advance did you book this trip?

Answered: 185 Skipped: 240



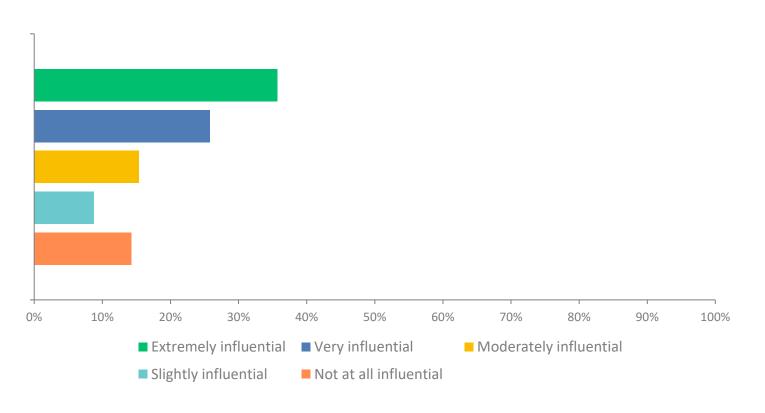
Q8: How many months in advance did you book this trip?

Answered: 185 Skipped: 240

ANSWER CHOICES	RESPONSES	
Less than 1 month ago	17.84%	33
1 month ago	7.03%	13
2 months ago	14.05%	26
3 months ago	17.30%	32
4 months ago	8.11%	15
5 months ago	4.86%	9
6 months ago	12.97%	24
7-12 months ago	10.27%	19
More than a year ago	7.57%	14
TOTAL		185

Q9: How influential was the 2024 Hilton Head Wine and Food Festival when initially planning your trip to Hilton Head Island?

Answered: 182 Skipped: 243



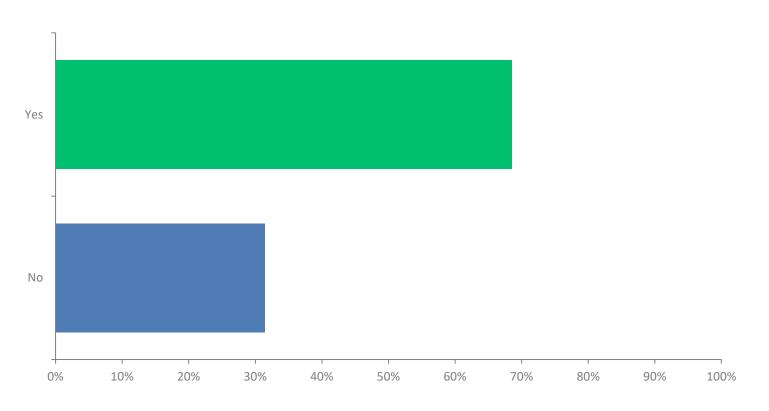
Q9: How influential was the 2024 Hilton Head Wine and Food Festival when initially planning your trip to Hilton Head Island?

Answered: 182 Skipped: 243

EXTREMELY INFLUENTIAL	VERY INFLUENTIAL	MODERATELY INFLUENTIAL	SLIGHTLY INFLUENTIAL	NOT AT ALL	TOTAL	WEIGHTED AVERAGE
35.71% 65	25.82% 47	15.38% 28	8.79% 16	14.29% 26	182	3.60

Q10: Would you have visited the Hilton Head area AT THIS TIME even if this festival had not been held?

Answered: 178 Skipped: 247



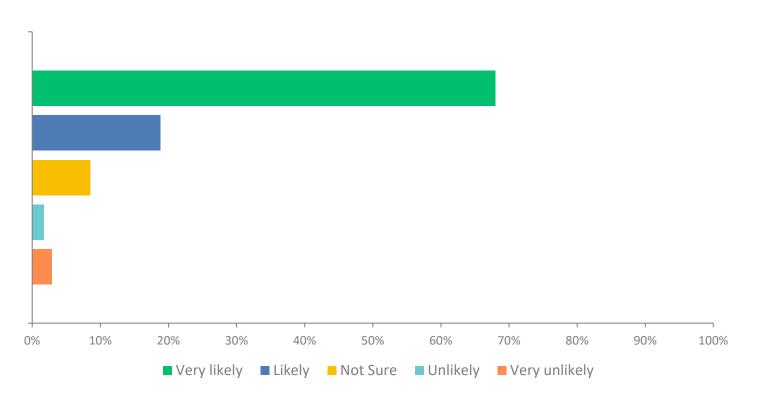
Q10: Would you have visited the Hilton Head area AT THIS TIME even if this festival had not been held?

Answered: 178 Skipped: 247

ANSWER CHOICES	RESPONSES	
Yes	68.54%	122
No	31.46%	56
TOTAL		178

Q11: How likely are you to return to the Hilton Head area when the Hilton Head Wine and Food Festival is NOT OCCURRING?

Answered: 175 Skipped: 250

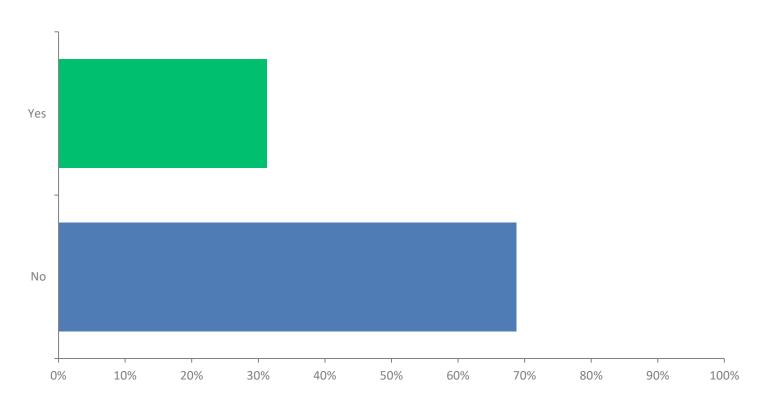


Q11: How likely are you to return to the Hilton Head area when the Hilton Head Wine and Food Festival is NOT OCCURRING?

Answered: 175 Skipped: 250

VERY LIKELY	LIKELY	NOT SURE	UNLIKELY	VERY UNLIKELY	TOTAL	WEIGHTED AVERAGE
68.00% 119	18.86% 33	8.57% 15	1.71% 3	2.86% 5	175	4.47

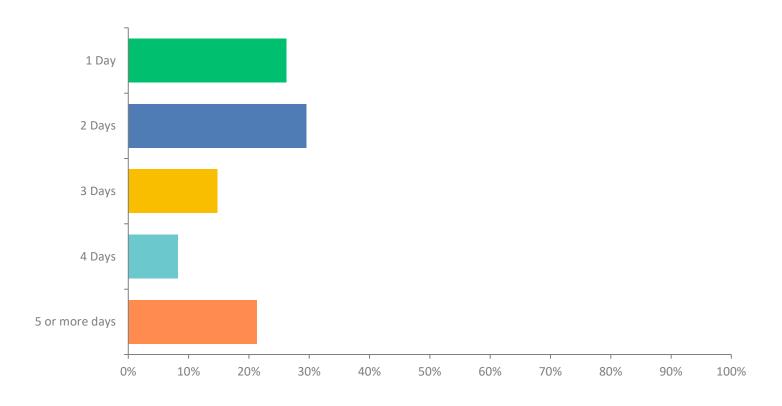
Q12: Did you extend your stay in the Hilton Head area because you wanted to attend this festival?



Q12: Did you extend your stay in the Hilton Head area because you wanted to attend this festival?

ANSWER CHOICES	RESPONSES	
Yes	31.25%	55
No	68.75%	121
TOTAL		176

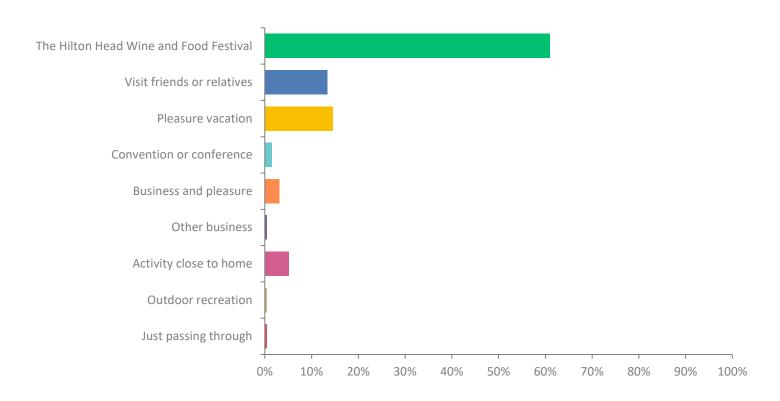
Q13: How many additional days are you staying because you wanted to attend this festival?



Q13: How many additional days are you staying because you wanted to attend this festival?

ANSWER CHOICES	RESPONSES	
1 Day	26.23%	16
2 Days	29.51%	18
3 Days	14.75%	9
4 Days	8.20%	5
5 or more days	21.31%	13
TOTAL		61

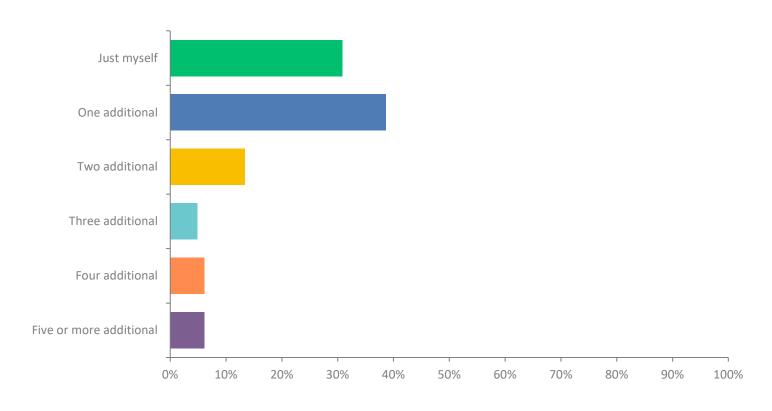
Q14: What was the primary reason for this visit to Hilton Head Island?



Q14: What was the primary reason for this visit to Hilton Head Island?

ANSWER CHOICES	RESPONSES	
The Hilton Head Wine and Food Festival	61.02%	155
Visit friends or relatives	13.39%	34
Pleasure vacation	14.57%	37
Convention or conference	1.57%	4
Business and pleasure	3.15%	8
Other business	0.39%	1
Activity close to home	5.12%	13
Outdoor recreation	0.39%	1
Just passing through	0.39%	1
TOTAL		254

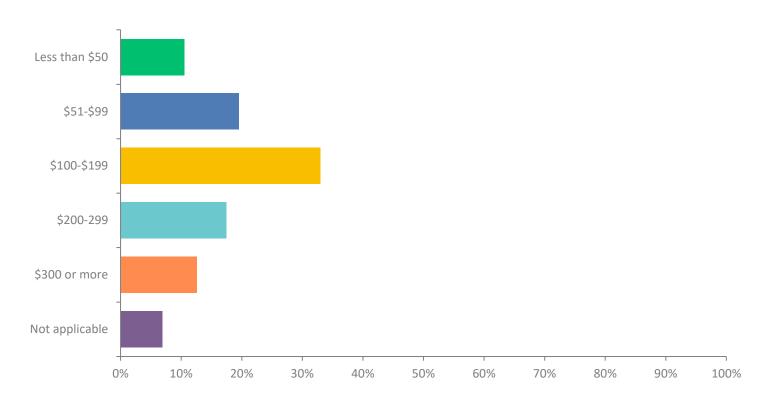
Q15: How many people are you financially responsible for during this trip?



Q15: How many people are you financially responsible for during this trip?

ANSWER CHOICES	RESPONSES	
Just myself	30.89%	76
One additional	38.62%	95
Two additional	13.41%	33
Three additional	4.88%	12
Four additional	6.10%	15
Five or more additional	6.10%	15
TOTAL		246

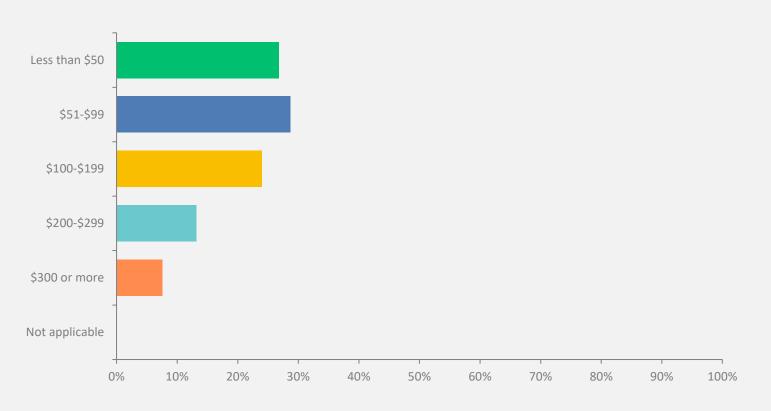
Q16: Approximately, how much will your travel party spend on restaurant dining PER DAY?



Q16: Approximately, how much will your travel party spend on restaurant dining PER DAY?

ANSWER CHOICES	RESPONSES	
Less than \$50	10.57%	26
\$51-\$99	19.51%	48
\$100-\$199	32.93%	81
\$200-299	17.48%	43
\$300 or more	12.60%	31
Not applicable	6.91%	17
TOTAL		246

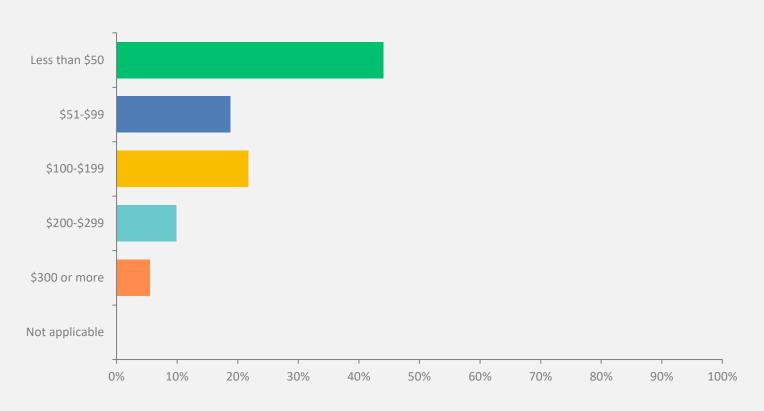
Q17: How much do you think your travel party will spend on retail purchases PER DAY (i.e. gifts, souvenirs, etc.?) *



Q17: How much do you think your travel party will spend on retail purchases PER DAY (i.e. gifts, souvenirs, etc.?) *

ANSWER CHOICES	RESPONSES	
Less than \$50	26.76%	57
\$51-\$99	28.64%	61
\$100-\$199	23.94%	51
\$200-\$299	13.15%	28
\$300 or more	7.51%	16
Not applicable	0% *	0 *
TOTAL		213

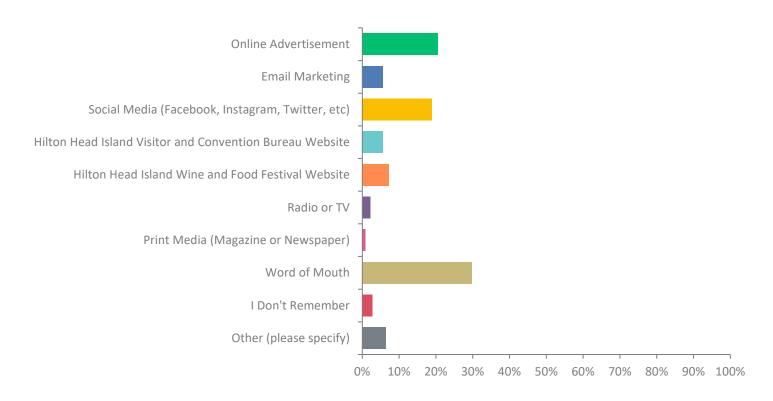
Q18: How much do you think your travel party will spend on recreation (i.e. golf, bicycling, etc.) PER DAY?



Q18: How much do you think your travel party will spend on recreation (i.e. golf, bicycling, etc.) PER DAY? *

ANSWER CHOICES	RESPONSES	
Less than \$50	44.06%	89
\$51-\$99	18.81%	38
\$100-\$199	21.78%	44
\$200-\$299	9.90%	20
\$300 or more	5.45%	11
Not applicable	0% *	0 *
TOTAL		202

Q19: How did you first learn of the Hilton Head Wine and Food Festival?

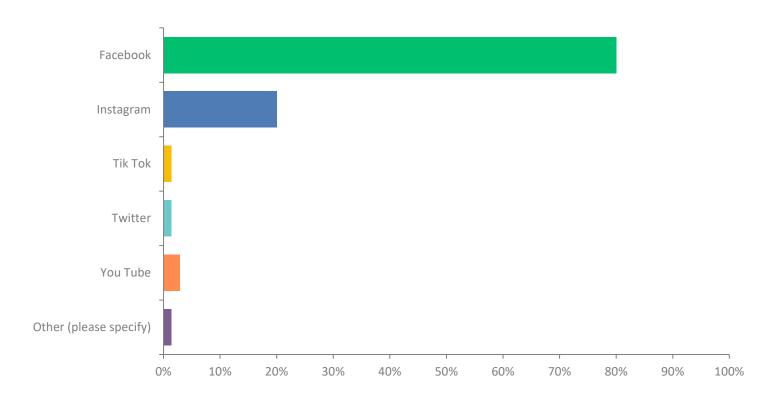


Q19: How did you first learn of the Hilton Head Wine and Food Festival?

ANSWER CHOICES	RESPONSES	
Online Advertisement	20.61%	74
Email Marketing	5.57%	20
Social Media (Facebook, Instagram, Twitter, etc)	18.94%	68
Hilton Head Island Visitor and Convention Bureau Website	5.57%	20
Hilton Head Island Wine and Food Festival Website	7.24%	26
Radio or TV	2.23%	8
Print Media (Magazine or Newspaper)	0.84%	3
Word of Mouth	29.81%	107
I Don't Remember	2.79%	10
Other (please specify)	6.41%	23
TOTAL		359

Q20: Which social media platform did you first learn of the Hilton Island Wine and Food Festival?

Answered: 70 Skipped: 355

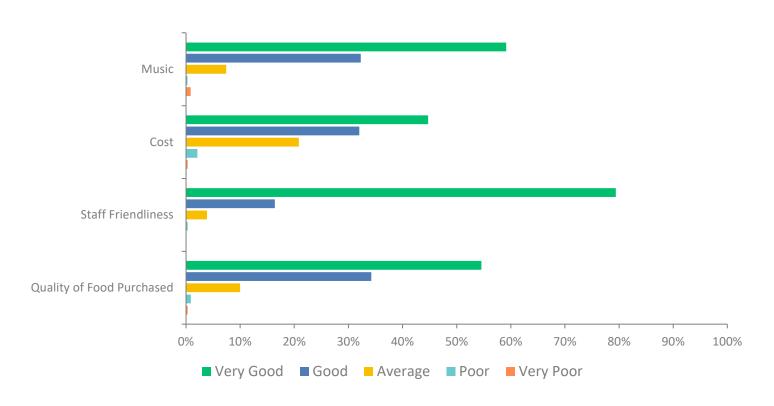


Q20: Which social media platform did you first learn of the Hilton Island Wine and Food Festival?

Answered: 70 Skipped: 355

ANSWER CHOICES	RESPONSES	
Facebook	80.0%	56
Instagram	20.0%	14
Tik Tok	1.43%	1
Twitter	1.43%	1
You Tube	2.86%	2
Other (please specify)	1.43%	1
TOTAL		75

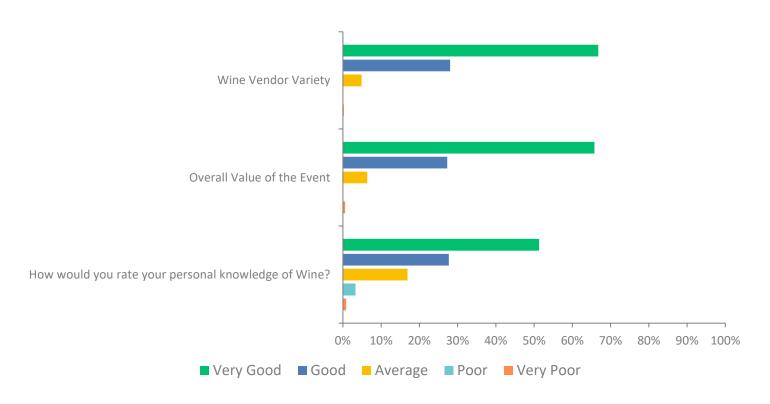
Q21: How would you rate the following festival characteristics?



Q21: How would you rate the following festival characteristics?

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	TOTAL	WEIGHTED AVERAGE
Music	59.14% 207	32.29% 113	7.43% 26	0.29% 1	0.86%	350	4.49
Cost	44.71% 148	32.02% 106	20.85% 69	2.11% 7	0.30%	331	4.19
Staff Friendliness	79.40% 266	16.42% 55	3.88% 13	0.30% 1	0% 0	335	4.75
Quality of Food Purchased	54.55% 180	34.24% 113	10.0% 33	0.91%	0.30% 1	330	4.42

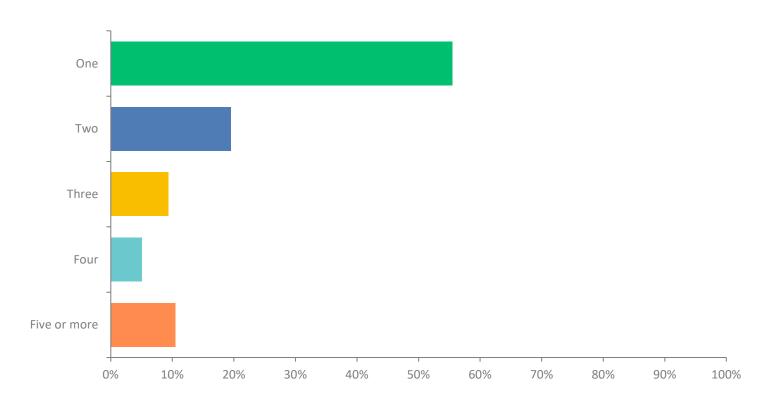
Q22: How would you rate the following festival characteristics?



Q22: How would you rate the following festival characteristics?

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	TOTAL	WEIGHTED AVERAGE
Wine Vendor Variety	66.76% 231	28.03% 97	4.91% 17	0% 0	0.29% 1	346	4.61
Overall Value of the Event	65.76% 217	27.27% 90	6.36% 21	0% 0	0.61%	330	4.58
How would you rate your personal knowledge of Wine?	51.31% 176	27.70% 95	16.91% 58	3.21% 11	0.87% 3	343	4.25

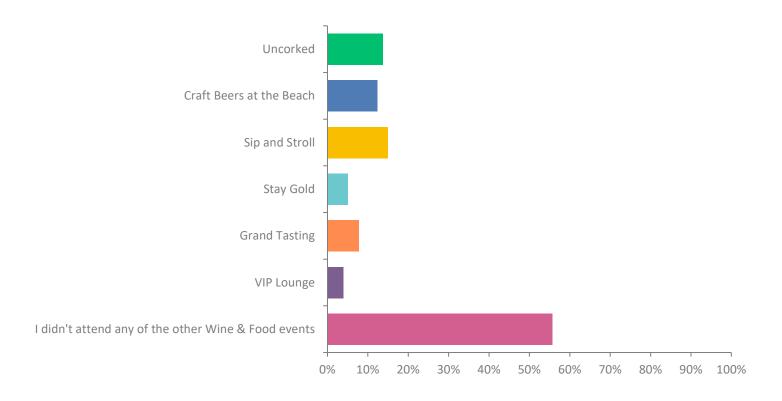
Q23: Including this visit, how many times have you attended this festival?



Q23: Including this visit, how many times have you attended this festival?

ANSWER CHOICES	RESPONSES	
One	55.52%	196
Two	19.55%	69
Three	9.35%	33
Four	5.10%	18
Five or more	10.48%	37
TOTAL		353

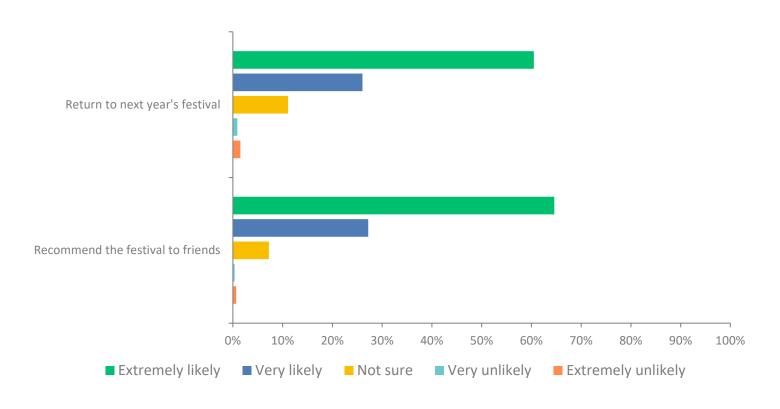
Q24: Which other Wine & Food events did you or will you attend this year? (Select all that apply)



Q24: Which other Wine & Food events did you or will you attend this year? (Select all that apply)

ANSWER CHOICES	RESPONSES	
Uncorked	13.77%	46
Craft Beers at the Beach	12.28%	41
Sip and Stroll	14.97%	50
Stay Gold	5.09%	17
Grand Tasting	7.78%	26
VIP Lounge	3.89%	13
I didn't attend any of the other Wine & Food events	55.69%	186
TOTAL		379

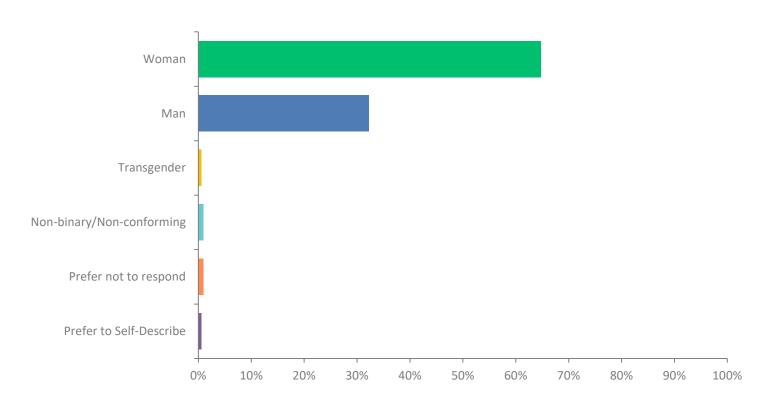
Q25: How likely are you to return to next year's festival and recommend the festival to friends?



Q25: How likely are you to return to next year's festival and recommend the festival to friends?

	EXTREMELY LIKELY	VERY LIKELY	NOT SURE	VERY UNLIKELY	EXTREMELY UNLIKELY	TOTAL	WEIGHTED AVERAGE
Return to next year's festival	60.48% 202	26.05% 87	11.08% 37	0.90%	1.50% 5	334	4.43
Recommend the festival to friends	64.59% 197	27.21% 83	7.21% 22	0.33% 1	0.66% 2	305	4.55

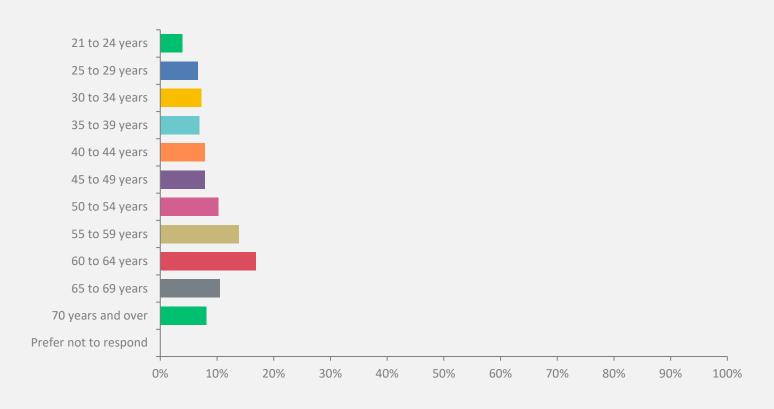
Q26: How do you identify?



Q26: How do you identify?

ANSWER CHOICES	RESPONSES	
Woman	64.76%	215
Man	32.23%	107
Transgender	0.60%	2
Non-binary/Non-conforming	0.90%	3
Prefer not to respond	0.90%	3
Prefer to Self-Describe	0.60%	2
TOTAL		332

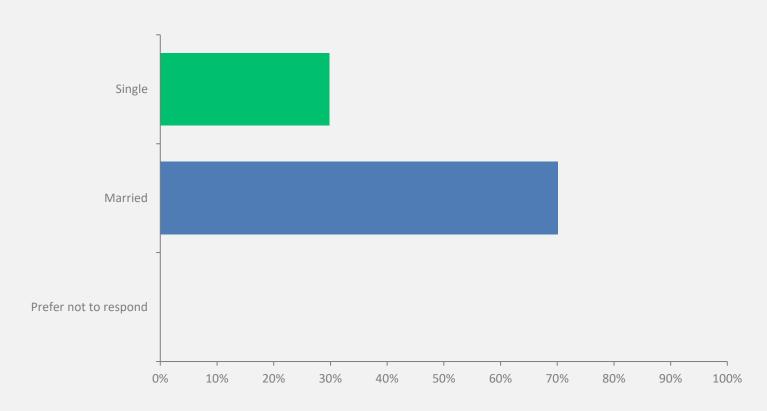
Q27: Please indicate your age below. *



Q27: Please indicate your age below. *

ANSWER CHOICES	RESPONSES	
21 to 24 years	3.92%	13
25 to 29 years	6.63%	22
30 to 34 years	7.23%	24
35 to 39 years	6.93%	23
40 to 44 years	7.83%	26
45 to 49 years	7.83%	26
50 to 54 years	10.24%	34
55 to 59 years	13.86%	46
60 to 64 years	16.87%	56
65 to 69 years	10.54%	35
70 years and over	8.13%	27
Prefer not to respond	0%*	0 *
TOTAL		332

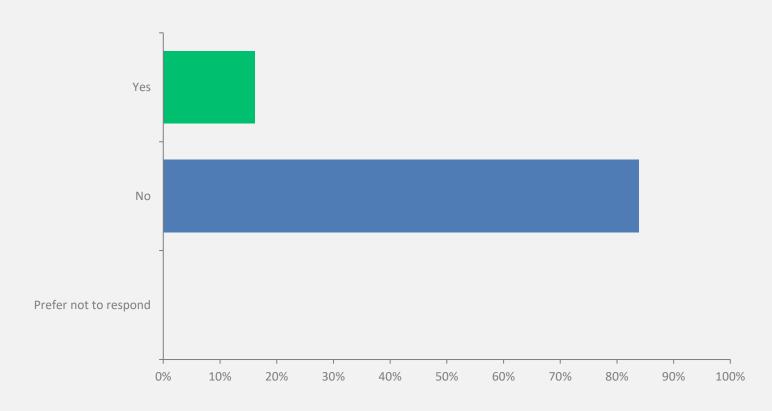
Q28: Please indicate your marital status. *



Q28: Please indicate your marital status. *

ANSWER CHOICES	RESPONSES	
Single	29.84%	94
Married	70.16%	221
Prefer not to respond	0%*	0 *
TOTAL		315

Q29: Do you have children under 18 living at home? *



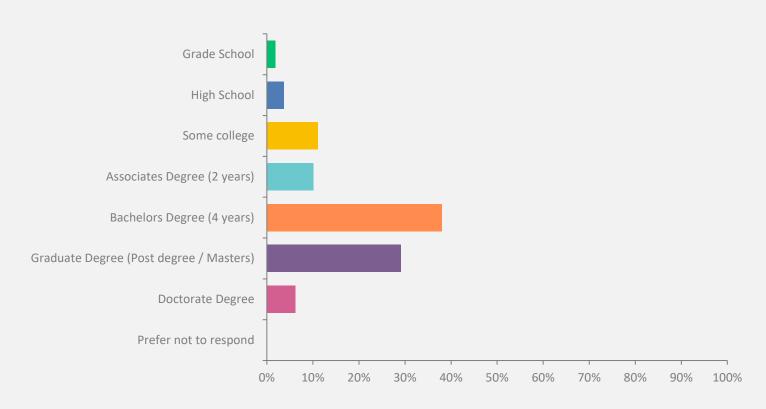
Q29: Do you have children under 18 living at home? *

Answered: 322 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	16.15%	52
No	83.85%	270
Prefer not to respond	0%*	0 *
TOTAL		322

Q30: Please indicate your highest level of education. *

Answered: 326 Skipped: 0



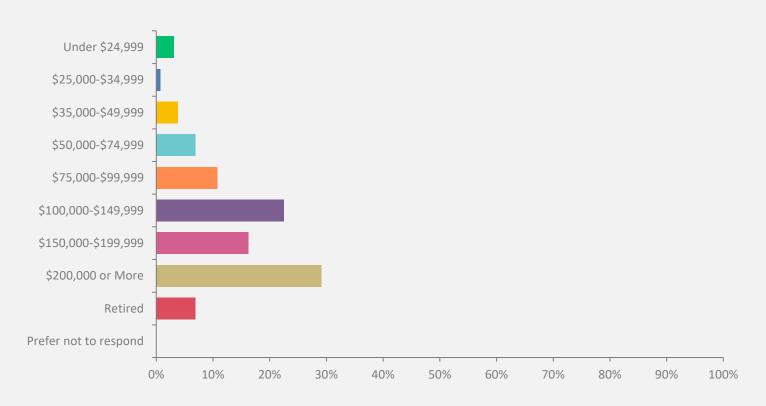
Q30: Please indicate your highest level of education. *

Answered: 326 Skipped: 0

ANSWER CHOICES	RESPONSES	
Grade School	1.84%	6
High School	3.68%	12
Some college	11.04%	36
Associates Degree (2 years)	10.12%	33
Bachelors Degree (4 years)	38.04%	124
Graduate Degree (Post degree / Masters)	29.14%	95
Doctorate Degree	6.13%	20
Prefer not to respond	0%*	0 *
TOTAL		326

Q31: Which of the following ranges includes your annual household income? *

Answered: 289 Skipped: 0



Q31: Which of the following ranges includes your annual household income? *

Answered: 289 Skipped: 0

ANSWER CHOICES	RESPONSES	
Under \$24,999	3.11%	9
\$25,000-\$34,999	0.69%	2
\$35,000-\$49,999	3.81%	11
\$50,000-\$74,999	6.92%	20
\$75,000-\$99,999	10.73%	31
\$100,000-\$149,999	22.49%	65
\$150,000-\$199,999	16.26%	47
\$200,000 or More	29.07%	84
Retired	6.92%	20
Prefer not to respond	0%*	0 *
TOTAL		289



Contact Us:

Sarah Beachkofsky sbeach@uscb.edu 843-540-8504

Trey Ramsey wjramsey@uscb.edu 843-540-7320 THANK YOU!



CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

Name	Attendees
South Carolina	1067
Unknown	843
Georgia	472
Florida	229
North Carolina	197
Virginia	98
Illinois	63
Pennsylvania	59
Ohio	57
Michigan	53
New Jersey	44
New York	44
Texas	44
Ontario	36
Colorado	27
Tennessee	27
Massachusetts	22
California	18
Kentucky	15
Alabama	13
Missouri	13
Maryland	11
Maine	10
Wisconsin	10
Arizona	6
District of Columbia	6
Iowa	6
Kansas	6
Minnesota	6
Panamá	5
Firenze	4
Connecticut	4
Oklahoma	4
New Hampshire	3
West Virginia	3
South Australia	2
Valais	2
Distrito Capital de Bogotá	2
Arkansas	2
Delaware	2
Hawaii	2
Indiana	2
North Dakota	2

Washington	1
South Carolina	1067
Breakdown	
Hilton Head	637
Bluffton	250
SC > 50 mile away	180
	2134

2

2

Oregon

Utah



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)
 - 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 -

- 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^{-year} 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.
 - 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.
 - 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 27th. 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.
- I. 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
 - 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 5th or 26th. 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 23rd-29th 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 23rd.
- **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.

	Hilto	n Head Wine and Food Fes	tival	
		Wine and Food Festival Budget for March 2025	Budget	
Revenue		Budget for March 2025		
Revenue	Wine Entries		\$15,000	
	Festival Events		\$225,000	
			Ψ==0,000	
	Off Cycle Events		\$2,000	
	Sub Total for Events		\$242,000	0.566364
			1	2.40000
	Sponsorships		\$50,000	0.108085
	Auction		\$10,000	
	Food/Wine/Retail Vendor Booth		\$15,000	
	Sub Total Revenue		\$75,000	
	ATAX Town of HHI		\$130,000	
	ATAX Beaufort County		\$10,000	
	SCPRT		\$5,600	
	Sub Total Grants		\$145,600	0.314743
	Total Revenue		\$462,600	
Scholarsh			¢20.000	
	Scholarship Expenses		\$20,000	
Administr	ration			
7 (4111111111111111111111111111111111111	Direct Administrative Expenses		\$56,000	
			755,555	
Marketing	g & PR			
	Marketing and PR		\$30,000	
Advertisir				
	Print - Magazine/News Paper		\$10,000	
	Digital		\$15,000	
	TV		\$10,000	
	Radio/Broadcast Media		\$3,000	
	Contextual/Re-Direct		\$2,000	
	Social Media		\$25,000	
	Email / Eblasts		\$10,000	
	Other Advertising		\$3,500	
	Sav-HHI Fly Marketing Campaign		\$5,000	
	Advertising Creative		\$5,500	
	Advertising Management		\$6,000	
	Subtotal-Marketing & Advertising		\$95,00	0

Event Expenses				
Ticketing Fees		\$8,000		
Logistics		\$15,000		
Trash & Recycling		\$3,300		
Audio & Visual Equipment		\$3,500		
Photography		\$1,000		
Rentals - Tables, Chairs, Furniture	, etc	\$10,000		
Tents		\$35,000		
Restroom Services		\$6,500		
Transportation - Trolleys, Busses,	etc	\$1,000		
Valet Services		\$0		
Fencing		\$6,000		
Glassware		\$15,000		
Live Entertainment		\$2,500		
Facility Rental Fees		\$2,000		
Insurance		\$10,000		
Travel		\$2,000		
Ice		\$3,000		
Survey of Attendees		\$2,500		
Printing - Programs				
Printing - Maps		\$1,000		
Printing - Signs		\$5,000		
Printing - Other		\$1,500		
Security		\$3,000		
Wine for Retail Tent		\$0		
Merchandise for Retail Tent		\$3,000		
Licenses		\$1,000		
Food for Events		\$25,000		
Wine for events		\$10,000		
Volunter T-Shirts		\$1,500		
Misc Event Expenses		\$5,000		
Subtotal for Event Expenses			\$182,300	
udging Expenses				
Lodging		\$2,500		
Per Diem		72,300		
Reception & Food for Weekend		\$800		
Awards/Medals		\$2,000		
Enofile Expenses		\$1,800		
Postage for Medals		\$300		
Office Supplies - Judging		\$750		
Facility Rental for Judging		\$750		
Travel to Increase entries		\$1,250		
Subtotal for Judging Expenses		71,230	\$10,150	
Sasteral for Saabilib Experises			7-0,100	

Other Expenses	
Bank and Credit Card Fees	\$6,500
Equipment	\$1,500
Postage	\$500
Professional Fees	\$1,000
Supplies & Misc Expenses	\$2,500
Website Maintenance	\$3,000
Telephone	\$0
Office & Storage Facility Rent	\$12,900
D&O Insurance	\$800
Unexpected Expenses	\$5,000
Stay Gold Event	\$18,750
Off Cycle Events	\$2,000
Subtotal for Other Expenses	\$54,450
Total Expenses	\$447,900
NET Profit (Loss)	\$14,700

Hilton Head Hospitality Association Balance Sheet

As of August 31, 2024

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

Hilton Head Hospitality Association Balance Sheet As of June 30, 2024

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

Hilton Head Hospitality Association Balance Sheet

As of June 30, 2023

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

July through August 2024

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

July 2023 through June 2024

	Jul '23 - Jun 24
Income	
4100 · Programs and Festivals	
4600 · WineFestival Income 4605 · Intrn'l Wine Judging Entries 4606 · Admissions	12,920.00
4606.1 · Uncorked	2,969.07
4607 · Grand Tasting	28,025.93
4608 · Public Tasting	122,065.12
4611 · Other Events	10 200 44
4611.11 · Sip & Stroll 4611.22 · Craft Beer Event	18,298.44 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 4618 · Food Vendor Booths	7,125.00 1,250.00
4619 · Retail Vendor Booths	1,230.00
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	440,000,00
4656 · Town of HHI ATAX 4657 · Beaufort County ATAX	119,230.22 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
Expense	
6100 · Program and Festivals Expense	44 000 00
6500 · Scholarship Expense 6600 · WineFestival Production Costs	11,000.00
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

July 2023 through June 2024

	Jul '23 - Jun 24
6610 · Advertising - ATAX Elgible	
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 Elgible - Other	57,183.99
Total 6610 · Advertising - ATAX Elgible	149,095.21
6630 · Wine & Food Fest Expenses	
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 2,388.00
6649 · Beaufort County Sheriff 6652 · Ice	3,855.93
6653 · Survey	1,500.00
6654 · Printing	1,000.00
6655 · Programs	750.00
6656 · Maps	709.00
6657 · Signs	3,140.89
6658 · Other Printing	279.99
Total 6654 · Printing	4,879.88
	4.544.00
6659 · Security	1,511.62
6660 · Retail Tent Expenses	0.400.40
6661 · Retail Wine Cost	2,409.10
6662 · Merchandise For Sale	2,451.57 221.88
6660 · Retail Tent Expenses - Other	
Total 6660 · Retail Tent Expenses	5,082.55
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 6676 · Awards / Medals	1,545.23 2,013.75
6679 · Enofile Expenses	1,405.00
6680 · Office Expenses	522.15
6681 · Other Event Expenses	22,895.27
Total 6630 · Wine & Food Fest Expenses	184,691.07
6666 · Judging Expenses	6,711.63
Total 6600 · WineFestival Production Costs	431,526.41
	·
6682 Bank & Credit Card Fees	5,225.49
6683 · Special Events Expense	10.000.00
6654.01 · Stay Gold Event Expense	10,220.88
6683 · Special Events Expense - Other	4,050.58
Total 6683 · Special Events Expense	14,271.46
. C.a. C.C. Openia Eronio Expenso	17,211.70

3:27 PM 08/18/24 Accrual Basis

Hilton Head Hospitality Association **Profit & Loss**

July 2023 through June 2024

_	Jul '23 - Jun 24
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
Total 6100 · Program and Festivals Expense	502,134.89
9999 · 9999 Unknown	0.03
Total Expense	502,134.92
Net Income	1,422.48

July 2022 through June 2023

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

July 2022 through June 2023

	Jul '22 - Jun 23
6630 · Wine & Food Fest Expenses	
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 6642 · Food & Beverage	720.00 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
Total 6654 · Printing	5,716.75
6659 · Security 6660 · Retail Tent Expenses	2,135.00
6661 · Retail Wine Cost	3,797.37
Total 6660 · Retail Tent Expenses	3,797.37
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 6681 · Other Event Expenses	1,010.97 9,836.52
Total 6630 · Wine & Food Fest Expenses	139,346.75
6666 · Judging Expenses	4,004.32
Total 6600 · WineFestival Production Costs	355,013.41
6682 · Bank & Credit Card Fees 6683 · Special Events Expense	6,136.85
Rhytm & Brews	3,500.00
6654.01 · Stay Gold Event Expense	14,644.62
6683 · Special Events Expense - Other	1,250.00
Total 6683 · Special Events Expense	19,394.62
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
Total 6100 · Program and Festivals Expense	437,523.24

1:07 PM 08/31/23 Accrual Basis

Hilton Head Hospitality Association **Profit & Loss**

July 2022 through June 2023

	Jul '22 - Jun 23
9999 · 9999 Unknown	0.02
Total Expense	437,523.26
Net Income	17,278.21



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

Ouick 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.
- 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 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 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 www.sos.sc.gov

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

nter	rnal Reveni	ue Service	Go to www.irs.gov/Form990 for instructions and the latest			Inspection		
A	For the	2022 calend	dar year, or tax year beginning ${ m Jul} \ 1$, 2022, and endir	ng Ju	n 30	, 20 23		
В	Check if a	applicable: C Name of organization HILTON HEAD AREA HOSPITALITY ASSOCIATION D Employer identification number						
	Address	change	Doing business as HILTON HEAD ISLAND WINE & FOOD, IN	toppe "Button a report of				
\Box	Name cha	ange						
	Initial retu		POST OFFICE BOX 5097		(843)	441-9633		
Ħ		n/terminated	City or town, state or province, country, and ZIP or foreign postal code					
\exists	Amended		HILTON HEAD ISLAND, SC 29938		G Gross re	eceipts \$ 454,801.		
Ħ			F Name and address of principal officer:	H(a) Is this a gro		subordinates? Yes No		
	принаме	on ponding	SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29					
	Tax-exem	npt status:	501(c)(3) × 501(c) (6) (insert no.) 4947(a)(1) or 527			. See instructions.		
1	Website:		iltonheadhospitalityassociation.com	H(c) Group ex	kemption n	umber		
κ			Corporation Trust Association Other L Year of form			f legal domicile: SC		
_	art I	Summa		4.0	iii olalo o	- regar commence 5 0		
	The second second	CONTRACTOR OF THE PROPERTY OF	cribe the organization's mission or most significant activities: TO PROM	חשב שעם עדו שראו עב	AD TSLAND	SC HOSDITALITY INDUSTRY		
ь	1 3 1	1.50						
nc								
Governance		Ob - 4 - -	Law Diff the agree institute dispersion and its expectations by dispersed	of mare than 25	0/ of ita	not accots		
ove	1		box if the organization discontinued its operations or disposed of		3			
Ö			voting members of the governing body (Part VI, line 1a)			9		
SS	10000		independent voting members of the governing body (Part VI, line 1b		4	0		
/itie	1000		per of individuals employed in calendar year 2022 (Part V, line 2a)		5			
Activities &			per of volunteers (estimate if necessary)		6	200		
V			and an experimental comparison of the comparison		7a	0.		
_	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year		Current Year		
e			ons and grants (Part VIII, line 1h)	640,	684.	454,801.		
enr	9	Program se	ervice revenue (Part VIII, line 2g)					
Revenue	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)					
ш	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.		
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	640,	684.	454,801.		
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	6,	000.	19,651.		
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)					
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)					
cbe	b	Total fundr	raising expenses (Part IX, column (D), line 25)					
ŵ	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	525,	412.	417,872.		
	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	531,	412.	437,523.		
	19	Revenue le	ess expenses. Subtract line 18 from line 12	109,	272.	17,278.		
or	3)	Beginning of Curr	ent Year	End of Year		
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	258,	767.	276,045.		
Ass 1 Ba	21		ties (Part X, line 26)					
Net Fun	22		or fund balances. Subtract line 21 from line 20	258,	767.	276,045.		
P	art II	77.50	re Block					
			I declare that I have examined this return, including accompanying schedules and sta	tements, and to the	e best of m	y knowledge and belief, it is		
			e. Declaration of preparer (other than officer) is based on all information of which prepare			F		
				110	/31/20	123		
Sig	gn	Signature of	officer	Date		,20		
	ere	TET	F GERBER, EXECUTIVE DIRECTOR					
			F GERBER, EXECUTIVE DIRECTOR name and title					
	120 0		The state of the s	Date	Check X	7 : PTIN		
	aid	HIDDDO		10/31/2023	self-emple	5 H		
	epare					1101201100		
Us	se Only	Firm's nar		Firm's		6-2750133		
11-	w the ID	Firm's add		C 29938 Phone	eno. (84	3) 671-6005		
ivia	y the IR	o discuss :	this return with the preparer shown above? See instructions			. X Yes No		

Part	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
	District the state of the state
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$)
70	/ (Expenses \$) (Expenses \$) (Nevertie \$)
	······
	······································
	•
	······································
	
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	Checklist of Required Schedules		937	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			×
9	complete Schedule D, Part III	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		×
-	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			7000
00	Did the exemination veneral mass than \$5,000 of exerts or other assistance to or for democtic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			P0071
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		_ ×
2-ra	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	21		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	200		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		×
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×
31	conservation contributions? If "Yes," complete Schedule M	30	-	×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part				
	Check in Confedence of Containing a response of note to any into in tills fact v	•••	Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
•	reportable gaming (gambling) winnings to prize winners?	10	×	

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 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		×
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		×
b	If "Yes," enter the name of the foreign country	40	Tank!	
U	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	DESCRIPTION OF THE	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			A STATE
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			and S.
	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		_
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		fierral A
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	14-		~
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		×
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	SER MALE	thic seed
	If "Yes," complete Form 4720, Schedule O.			175(0)
17	Section 501(c)(21) organizations. 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?	17		
	If "Yes," complete Form 6069.			

Part VI

Part '	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struci	tions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			~
3	any other officer, director, trustee, or key employee?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71.		
8	stockholders, or persons other than the governing body?	7b	015	×
	the year by the following:	0-		
a b	The governing body?	8a 8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	1000	
72727		40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b		×
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	(Hamus)	×
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		×
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion t	501(c)
19	Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rescort ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843) 686-			

D	- 4

01111 550 (2021	<u> </u>	· ago
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	. \square

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.

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

		DON, dilicos porson is com an		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
(A)	(B)									
Name and title	Average hours									
	per week	officer and a director/trustee)								
	(list any hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
	below dotted line)	Jstee	trustee		ee	pensated				
(1) SCOTT ENTRUP	5.00									
PRESIDENT & DIRECTOR		×		×					- · · · · · · · · · · · · · · · · · · ·	
(2) SARAH MORGOT SECRETARY & DIRECTOR	2.00	 ×_		×						
(3) GARY WHITEHEAD	3.00								· 	
TREASURER & DIRECTOR		×		×		ļ				·
(4) MIKE KAUP VICE PRESIDENT & DIRECTOR	2.00	×		×						
(5) ED BROWN DIRECTOR	2.00	×								
(6) CHRISTOPHER TASSONE DIRECTOR	2.00	×								
(7) JAMES HILL DIRECTOR	2.00	×								
(8) ROBERT HOHMAN DIRECTOR EMERITUS	2.00	×								
(9) HEATHER MASTROPOLE DIRECTOR	3.00	×								
(10) JEFF GERBER EXECUTIVE DIRECTOR	40.00	×						72,000.		
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (contin	ued)
	(A) Name and title	(B) Position (do not check more than box, unless person is bot officer and a director/trus per week			is both or/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amo			
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	and the second s	2	and
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)				_								
(24)												
(25)												
1b	Subtotal			_				_	72,000.			
c d 2	Total from continuation sheets to Part Total (add lines 1b and 1c). Total number of individuals (including but reportable compensation from the organical contents).	VII, Section		nose	e lis	ted	above	e) w	72,000. The received more	e than \$100,000	O of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete to For any individual listed on line 1a, is the	officer, dire Schedule J	for su	uch	ind	ivid	ual	*	6 X X X X X		3	No X
~ 	organization and related organizations individual	greater th	an \$	150,	,000)? /	f "Ye	s, "	complete Schei			×
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompe	nsa	tion	fro	m any	/ un	related organiza			×
Secti 1	on B. Independent Contractors Complete this table for your five high compensation from the organization. Report	nest comp	ensat	ed	ind	epe	ndent	CC	ontractors that	received more	than \$100,00)0 o
	(A) Name and business add	ress							(B) Description of sen	vices	(C) Compensation	
5												
·												
2	Total number of independent contractor received more than \$100,000 of compens						ted to	o th	nose listed abov	ve) who		

Part	VIII	Check if Schedule O contains a respor	se or note to an	v line in this Pa	art VIII		
		Chick ii Conodalo o Comanio a respon		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c	302,665.				
fts,	d	Related organizations 1d					
<u>ia</u> ia	е	Government grants (contributions) 1e	152,136.				
Sir	f	All other contributions, gifts, grants,					
ie Lti		and similar amounts not included above 1f					
ē ₹	g	Noncash contributions included in					
nd pl		lines 1a-1f 1g					
a Ö	h	Total. Add lines 1a-1f		454,801.			
			Business Code				
Program Service Revenue	2a						
le en	b		``				
gram Sen Revenue	С						
ev an	d						
og F	е	***************************************					
<u>م</u> ا	f	All other program service revenue					
	g	Total. Add lines 2a-2f				EEG GOTIVLOT	
	3	Investment income (including dividend					
		other similar amounts)	1				
	4	Income from investment of tax-exempt be	ona proceeas				
	5	Royalties					TOTAL TOTAL STATE
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d		(ii) Other				parameter de la companya de la comp
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
	h	other than inventory 7a Less: cost or other basis					
evenue	ь	and sales expenses . 7b					
Vel	_	Gain or (loss) 7c					
m I		200 April 190 Ap					W. B. C. L. Bernston
Jer				- way a special way	CONTRACTOR OF THE PARTY OF THE		
Other	ъа	Gross income from fundraising events (not including \$ 302, 665.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising eve	ents				
		Gross income from gaming		Navya sitti			
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	0.00	Net income or (loss) from gaming activiti	es				
		Gross sales of inventory, less					
		returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of invent	ory				
IS			Business Code				
e le	11a						
scellaneo Revenue	b						
eve	С						
Miscellaneous Revenue	d	All other revenue		0.	0.	0.	0.
2	е	Total. Add lines 11a-11d	10 F F F	0.		PROFILE CAME.	
	12	Total revenue. 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) Program service expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and general expenses 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 19,651. 19,651. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees 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 . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): 48,000. 48,000. 750. C Accounting 750. Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 143,693. 143,693. Office expenses 1,011. 1,011. 13 Information technology 14 15 16 12,775. 12,775. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 22 Depreciation, depletion, and amortization . 8,027. 23 8,027. 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.) 293. 293. POSTAGE 51. 51. b **EQUIPMENT** WEBSITE MAINTENANCE 1,362. 1,362. C 201,910. 201,910. FESTIVAL PRODUCTION COST d All other expenses 437,523. 421,281. 16,242. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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
	1	Cash-non-interest-bearing	229,637.	1	262,290.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28,472.	4	13,097.
	5	Loans and other receivables from any current or former officer, directo			
		trustee, key employee, creator or founder, substantial contributor, or 359	%		
	2.5	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define	d		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
V	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 658		In the second	65.0
	b	Less: accumulated depreciation	658.	10c	658.
	11	Investments—publicly traded securities	-	11	
	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14 15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	258,767.	16	276,045.
-	17	Accounts payable and accrued expenses	250/101.	17	2.0,0101
	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	
S	22	Loans and other payables to any current or former officer, directo	r,		
Iiie		trustee, key employee, creator or founder, substantial contributor, or 359	%		
Liabilities		controlled entity or family member of any of these persons		22	
Ξ	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 thin			
		parties, and other liabilities not included on lines 17-24). Complete Part	X		
		of Schedule D		25	
240	26	Total liabilities. Add lines 17 through 25		26	
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
au	07			27	
Bal	27 28	Net assets without donor restrictions		28	
þ	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here		20	
F		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .	258,767.	31	276,045.
et /	32	Total net assets or fund balances	258,767.	32	276,045.
ž	33	Total liabilities and net assets/fund balances	258,767.	33	276,045.

	4	2
Page	1	2

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	4	54,8	01.
2	Total expenses (must equal Part IX, column (A), line 25)	4	37,5	23.
3	Revenue less expenses. Subtract line 2 from line 1		17,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	2	58,7	67.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	2	76,0	45.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			Ш
		PRODUCTION OF THE PARTY OF THE	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
				~
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	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:			m, one
	TO STATE OF THE PARTY OF THE PA			
	Separate basis Consolidated basis Both consolidated and separate basis	2b		×
b	Were the organization's financial statements audited by an independent accountant?	20		^
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	SHIPPE	Bookilli a	
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	20		
	Schedule O.			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	- Cu		
J	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	and the second s		000	(2022)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Maine C	i die organization		E1110	noyer identification number
HIL	TON HEAD AREA HOSPITALITY ASSOCIATION	ON	57-	0798565
Par	Organizations Maintaining Donor Adv	sed Funds or Other Sim	ilar Funds or	Accounts.
	Complete if the organization answered "			
		(a) Donor advised fund		(b) Funds and other accounts
1	Total number at end of year	(4) 25/10/ 42/1002 10/10	<u> </u>	(0)
	· ·			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the	assets held in	donor advised
	funds are the organization's property, subject to the	organization's exclusive leg	gal control?.	· · · · · □ Yes □ No
6	Did the organization inform all grantees, donors, as	nd donor advisors in writing	that grant fund	ds can be used
	only for charitable purposes and not for the benefit	t of the donor or donor adv	isor, or for any	other purpose
	conferring impermissible private benefit?			· · · · · □ Yes □ No
Par		•		<u> </u>
r ai			/ lim = 7	
	Complete if the organization answered "			
1	Purpose(s) of conservation easements held by the	· ·	pply).	
	Preservation of land for public use (for example, recre	ation or education) 🔲 Pres	ervation of a hi	storically important land area
	☐ Protection of natural habitat	☐ Pres	ervation of a ce	ertified historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	d a qualified conservation c	ontribution in th	ne form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
_				
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified h			2c
d	Number of conservation easements included in (c)	•		
	3			2d
3	Number of conservation easements modified, trans	ferred, released, extinguish	ed, or terminate	ed by the organization during the
	tax year			
4	Number of states where property subject to conser	vation easement is located		
5	Does the organization have a written policy reg	arding the periodic monito	ring, inspectio	on, handling of
	violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, inspec	ting handling of violations an	d enforcing cons	servation easements during the year
_	The state of the s	ung, namanng or trolationo, an	a oo.og oo	jorranon casomonic camig me jour
7	Amount of expenses incurred in monitoring, inspectin	handling of violations, and	enforcing conse	envation easements during the year
•	Through or expenses meaned in monitoring, inspecting	g, narraning or violations, and	critorolling donie	orvation casements daming the year
8	Does each conservation easement reported on line	(d) above satisfy the require	monto of coatio	n 170(h)(4)(P)(i)
0	• • • • • • • • • • • • • • • • • • • •	• •	ments of section	· · · · · · · · · · · · · · · · · · ·
^				· · · · · · · · · · Yes · · No
9	In Part XIII, describe how the organization reports c			
	balance sheet, and include, if applicable, the text of	5	ation's financial	statements that describes the
	organization's accounting for conservation easeme			
Part	III Organizations Maintaining Collections	of Art, Historical Treas	ures, or Othe	er Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part I\	/, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in	its revenue sta	tement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition,	education, or r	esearch in furtherance of public
	service, provide in Part XIII the text of the footnote t	o its financial statements tha	at describes the	ese items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its	revenue staten	nent and balance sheet works of
_	art, historical treasures, or other similar assets held			
	provide the following amounts relating to these item		,	
				c
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art,			ts for financial gain, provide the
	following amounts required to be reported under FA	_		
а	Revenue included on Form 990, Part VIII, line 1 .			\$
b	Assets included in Form 990, Part X	. <u> </u>		\$

REV 05/17/23 PRO

Part								
3	Using the organization's acquisition, acce collection items (check all that apply):	ession, and oth	ner recor	ds, chec	k any of the	follow	ing that make sig	nificant use of its
8/8	and the same			Π.				
a	Public exhibition				or exchange	5		
b	Scholarly research		е	Other				
	Preservation for future generations	W		S 15	f 1111-			t - maria Dari
4	Provide a description of the organization's XIII.	s collections a	па ехріг	an now tr	ney turtner th	ie orga	anization's exemp	ot purpose in Part
5	During the year, did the organization solid	cit or receive o	donation	s of art,	historical trea	asures	, or other similar	
	assets to be sold to raise funds rather than	n to be maintai	ned as p	part of the	e organization	n's col	lection?	☐ Yes ☐ No
Part								
	Complete if the organization ans	swered "Yes"	on For	m 990, F	Part IV, line 9	9, or r	eported an amo	ount on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, cus							
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part X	III and comple	te the fo	llowing ta	able:			
							Am	ount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f	L	
2a	Did the organization include an amount or							
	If "Yes," explain the arrangement in Part X	III. Check here	if the ex	kplanation	n has been pi	rovide	d on Part XIII .	Ц
Part		8 172 5 92	_		E0 1001M2 in 144			
	Complete if the organization ans							
	(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							-
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the c			e (line 1g	, column (a))	held a	IS:	
а	Board designated or quasi-endowment		6					
b								
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c s	hould equal 10	00%.		5 7 7	4		
3a	Are there endowment funds not in the po	ssession of th	e organi	zation tha	at are neid ar	na aar	ministered for the	Yes No
	organization by:							
	(i) Unrelated organizations							3a(i)
327	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organ					39 38		3b
4	Describe in Part XIII the intended uses of t		n's endo	owment to	unas.			
Part			on For	1 000 cm	Dort IV line	110 (200 Form 900 F	Part V line 10
	Complete if the organization and							(d) Book value
	Description of property	(a) Cost or oth			or other basis other)		Accumulated preciation	(d) Book value
	M	Without		100				
1a	Land		The second second second			1		
b	Buildings							
C C	Leasehold improvements		658.					658.
d	Equipment		000.	-				030.
Total	Other	equal Form 00	90 Part	X column	1 (B) line 100	.)		658.
i otal.	rida intes la tillough le. (Oolullin (u) must	oqual i Olli oc	o, cuit	, Joinin	. 10/1	./	0 (16) 5) 5	, , , ,

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b. See Form 990, Part X, line	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial	derivatives	6		
	neld equity interests			
(3) Other				
(A)				
(B)	***************************************			
(C)				
(D)				
(E)	***************************************			
(H)	(L) 1 - 15 - 200 B - 17 - 1 (B) E - 10)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" on	Form 000 Part IV line	11a Saa Form 990 Part V line	13
				; 10.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			~ II ~ I	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4			
	mn (b) must equal Form 990, Part X, col. (B) line 13.)	*		
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 000 Part IV line	11d Soo Form 000 Part V line	a 15
At water a	(a) Description	ronn 330, Fan IV, inte	(b) Book value	
(4)	(a) Description		(b) Book value	
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.		(1	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 990, Part	tΧ,
	line 25.			
1.	(a) Description of liability		(b) Book value	a
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
		31100 31100 31100 31100	4	
(7)				
(7) (8)				
(7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)			

Part			Return.
	Complete if the organization answered "Yes" on Form 990,		
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:	0-1	
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b 2c	_
c	Recoveries of prior year grants	2d	
d	Other (Describe in Part XIII.)		2e
е 3	Subtract line 2e from line 1		3
4	Amounts included on Form 990. Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
HEAT POST OFFICE AND ADDRESS.	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4000	(6)
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4 1
b	Other (Describe in Part XIII.)	4b	2000.000
c	Add lines 4a and 4b		4c 5
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie ro.)	5
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV lines 1h and 2	b: Part V line 4: Part X line
2: Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.
	•••••		

Schedule D (Form 990) 2022								
Part XIII	Supplemental Information (continued)	<u> </u>						
-								
	······································							
	······································							

	1							
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SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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



Internal Revenue Service Employer identification number Name of the organization 57-0798565 HILTON HEAD AREA HOSPITALITY ASSOCIATION 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 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.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $\underbrace{Jul\ 1}$, 2022, and ending $\underbrace{Jun\ 30}$, 2023

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Internal Hevenue Service		ao a	www.ns.govn onnoors	L for the latest information.	•	
Name of filer					EIN or SSN	
HILTON HEAD ARE	EA HOSPITAI	LITY A	SSOCIATION		57-0798565	
Name and title of officer or p	person subject to ta	ıx				· · · · · · · · · · · · · · · · · · ·
JEFF GERBER, EX	KECUTIVE DI	RECTO	R			
Part I Type of	Return and F	Return	Information			
3038-CP and Form 53: 3a, 4a, 5a, 6a, 7a, 8a,	30 filers may en 9a , or 10a belov 9b , or 10b , whi	ter dolla w, and th chever is	rs and cents. For all other ne amount on that line for applicable, blank (do not	TE and enter the applical forms, enter whole dollars the return being filed with the enter -0-). But, if you enter	only. If you chec his form was blan	k the box on line 1a, 2a, k, then leave line 1b, 2b,
1a Form 990 chec	k here [X b	Total revenue, if any (For	m 990, Part VIII, column (A), line 12)	1b 454,801.
2a Form 990-EZ	heck here [_ b	Total revenue, if any (For	m 990-EZ, line 9)		2b
3a Form 1120-POL	check here [_ b	Total tax (Form 1120-PO	L, line 22)		3b
4a Form 990-PF o	heck here [□ b	Tax based on investmen	t income (Form 990-PF, P	art V, line 5) .	4b
5a Form 8868 che				, line 3c)		5b
6a Form 990-T ch	eck here [b	Total tax (Form 990-T, Pa	art III, line 4)		6b
7a Form 4720 che	ck here [b	Total tax (Form 4720, Par	t III, line 1)		7b
8a Form 5227 che	ck here [b	FMV of assets at end of	tax year (Form 5227, Item	D)	8b
9a Form 5330 che	ck here [b	Tax due (Form 5330, Part	: II, line 19)		9b
10a Form 8038-CP	heck here [b	Amount of credit paymen	t requested (Form 8038-CP	, Part III, line 22)	10b
Part II Declara	tion and Sigr	nature .	Authorization of Office	er or Person Subject	to Tax	
complete. I further decintermediate service pracknowledgement of rethe date of any refund. (direct debit) entry to the turn, and the financial 1-888-353-4537 no late processing of the elect	lare that the amo ovider, transmitte eceipt or reason If applicable, I a ne financial institual il institution to de er than 2 busines ronic payment of ected a persona awal.	ount in Pater, or eleter, or elet	dules and statements, and art I above is the amount sectronic return originator (letion of the transmission, (I the U.S. Treasury and its count indicated in the tax pentry to this account. To reprior to the payment (settle o receive confidential informatical inform	d, to the best of my knowled shown on the copy of the end of the reason for any delay designated Financial Agent preparation software for passevoke a payment, I must coment) date. I also authorize mation necessary to answer signature for the electronic	dge and belief, the lectronic return. I the IRS and to rec in processing the to initiate an electyment of the fede intact the U.S. Tree the financial inster inquiries and residents.	consent to allow my serve from the IRS (a) an a return or refund, and (c) stronic funds withdrawal and taxes owed on this easury Financial Agent at titutions involved in the solve issues related to
I authorize	niy			to enter my PIN		as my signature
	-	ERO	firm name		Enter five numbers,	_ · ·
					do not enter all zero	
agency(ies) regul return's disclosur	ating charities a e consent scree	s part o	f the IRS Fed/State progra	within this return that a co am, I also authorize the afo	prementioned ERC	to enter my PIN on the
filed return. If I ha	ive indicated wit	thin this		will enter my PIN as my sig eturn is being filed with a st closure consent screen.		
Signature of officer or perso					Date <u>10/31/</u>	/2023
Part III Certifica	ation and Aut	thentic	ation			
ERO's EFIN/PIN. Ente number (EFIN) followed				5 7 0 4 1 2 Do not enter	5 1 3 5 5 r all zeros	5
	urn in accordan			n the 2022 electronically fi 4163, Modernized e-File (
ERO's signature				Date	10/31/2023	
		FRO	Must Retain This Fo	rm - See Instructions	s	
					-	

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

internal Nevertue Service		do to www.ns.govn onnoon	37L for the latest informatio	I I -	
Name of filer				EIN or SSN	
HILTON HEAD AR		Y ASSOCIATION		57-0798565	
Name and title of officer or	person subject to tax				
JEFF GERBER, E					
Part I Type of	Return and Ret	urn Information			
CP and Form 5330 file 5a, 6a, 7a, 8a, 9a, or 1 5b, 6b, 7b, 8b, 9b, or	rs may enter dollars 10a below, and the a r 10b, whichever is	are using this Form 8879-T and cents. For all other form amount on that line for the re applicable, blank (do not e ore than one line in Part I.	ns, enter whole dollars only. I turn being filed with this form	If you check the bon was blank, then	ox on line 1a, 2a, 3a, 4a, leave line 1b, 2b, 3b, 4b,
1a Form 990 ched	k here ▶ □	b Total revenue, if any (F	orm 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ	check here . >	b Total revenue, if any (F	orm 990-EZ, line 9)		2b
3a Form 1120-PO	L check here ►	b Total tax (Form 1120-P	OL, line 22)		3b
4a Form 990-PF	check here . >	b Tax based on investme	ent income (Form 990-PF, P	art V, line 5) .	4b
5a Form 8868 che	eck here ▶ 🗵	b Balance due (Form 886	88, line 3c)		5b 0.
6a Form 990-T ch	leck here . ▶ □		Part III, line 4)		6b
	eck here ▶ 🗌	The property and the second of	Part III, line 1)		7b
	eck here ▶ 🗌		of tax year (Form 5227, Item	214 OF 10 10 10 10	8b
	eck here ▶ □		art II, line 19)		9b
	check here ▶ □		ent requested (Form 8038-CP		10b
		ure Authorization of Off I am an officer of the abo		1013/4/11 57/10/11/59	61 7 7
complete. I further decintermediate service processing of the electronic funds withdrawers. I have see electronic funds withdrawers. I authorize On the tax year 2 agency(ies) regular acknowledgement of the payment.	lare that the amount rovider, transmitter, eccipt or reason for If applicable, I author in the financial institution at institution to debit er than 2 business coronic payment of tallected a personal ideawal. Inly BERT L. BERNH	schedules and statements, a tin Part I above is the amour or electronic return originator rejection of the transmission, orize the U.S. Treasury and it in account indicated in the tathe entry to this account. To days prior to the payment (set it is to receive confidential intentification number (PIN) as resulting the EIM, CPA ERO firm name	nd, to the best of my knowle at shown on the copy of the error (ERO) to send the return to a (b) the reason for any delay as designated Financial Agent x preparation software for parevoke a payment, I must contide the company of the electronic to enter my PIN within this return that a copy	dge and belief, the electronic return. I the IRS and to rec in processing the to initiate an electronic return of the fede ontact the U.S. Tree the financial inster inquiries and recorder and, if appears to return and, if appears to not enter all zero of the return is be	consent to allow my eive from the IRS (a) an return or refund, and (c) tronic funds withdrawal ral taxes owed on this asury Financial Agent at itutions involved in the solve issues related to plicable, the consent to as my signature but os ing filed with a state
filed return. If I had of the IRS Fed/St	ave indicated within tate program, I will e	with respect to the entity, I we this return that a copy of the enter my PIN on the return's content of the enter my PIN on the return's content of the enter my PIN on the return's content of the enter my PIN on the return's content of the enter my PIN on the return's content of the entity, I we have a copy of the entity, I we have a copy of the entity of the entity of the entity of the entity of the entity.	return is being filed with a st		
Signature of officer or person				Date ► 09/14/	2022
	ation and Authe				
number (EFIN) followed		ronic filing identification elf-selected PIN.	Do not ente	r all zeros	
	rn in accordance wi	PIN, which is my signature of the the requirements of Pub. 4			
ERO's signature ►			Date ►	09/16/2022	
	F	RO Must Retain This F	orm - See Instructions	S	

Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

For the 2021 calendar year, or tax year beginning Jun 30 Jul 2021, and ending D Employer identification number Check if applicable: C Name of organization HILTON HEAD AREA HOSPITALITY ASSOCIATION Address change Doing business as HILTON HEAD ISLAND WINE & FOOD, INC. 57-0798565 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number POST OFFICE BOX 5097 (843) 441-9633 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29938 Amended return G Gross receipts \$ 640,684. H(a) Is this a group return for subordinates? Yes X No Application pending F Name and address of principal officer: SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 H(b) Are all subordinates included? Tyes No 6) **◄** (insert no.) Tax-exempt status: X 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions. Website: ► www.hiltonheadhospitalityassociation.com H(c) Group exemption number ▶ L Year of formation: 1995 M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 200 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h). 133,628 640,684. Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 640,684. 133,628 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,000 6,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 111,564. 525,412. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 115,564. 531,412. 19 Revenue less expenses. Subtract line 18 from line 12 109,272 18,064. Assets or **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 149,495. 258,767. 21 Total liabilities (Part X, line 26) 0. Net A 22 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 Signature of officer Date Here JEFF GERBER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date Preparer's signature Check X if Paid self-employed HUBERT L BERNHEIM 09/16/2022 P01284405 Preparer Firm's name ► HUBERT L. BERNHEIM, CPA Firm's EIN ▶ 36-2750133 Use Only Firm's address ▶ POST OFFICE DRAWER NINE, HILTON HEAD ISLAND Phone no. (843) 671-6005 May the IRS discuss this return with the preparer shown above? See instructions

Part	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?
	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?
	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.
- 42	(Code: \/Expenses \$ 514 522 including graphs of \$ 6 000 \/Payanus \$
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	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
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>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		×
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		V

Part	Checklist of Required Schedules (continued)		1	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
1012 ty.	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		×
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	l.		
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	Lou		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	••		
b	"Yes," complete Schedule L, Part IV	28a 28b		×
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	20		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u> </u>
	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
Ь	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		×
00	19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part				_
	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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Page 5

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 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b					
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	3a	Alternati	×			
3a							
b 4a	t de l'Art de les tout et le marque d'un seu le complète de la fin de la complete de l'art de l'art de l'art d						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×			
b	If "Yes," enter the name of the foreign country ▶						
EMA =	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
1727	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×			
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		×			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
J	required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	201010111111111111111111111111111111111				
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 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	Bullical	illuscoi.			
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	rayes	C de la				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12						
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
LOSSOS V	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	120					
а	Note: 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						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15					
	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?	16	NAME AND POST OF				
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		TAIL OF			
	If "Yes," complete Form 6069.		TIME THE				

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	(2021)			age o
Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
	. 2		Yes	No
1a	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 2	Enter the number of voting members included on line 1a, above, who are independent . 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?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		× ×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		٠,,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		×
а	The governing body?	8a	×	town dat to comme
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	D'Alles	40	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			613.6
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b		
13	Did the organization have a written whistleblower policy?	12c		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website ☒ Another's website ☒ Upon request □ Other (explain on Schedule O)	Γ (sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rescort ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843) 686-		>	

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

				(6	C)			1		
(A)	(B)	/do.n	at ch		ition	e than o		(D)	(E)	(F)
Name and title	Average					is both	-	Reportable	Reportable	Estimated amount
	hours per week			_	irect	or/trust		compensation from the	compensation from related	of other compensation
	(list any	유표	150	Officer	<u>s</u>	용물 장			organizations (W-2/	
	hours for	direc	Ē	Ger	en	Highest co	Former	1099-MISC/	1099-MISC/	organization and related organizations
	related organizations	항환	92		Key employee	88		1099-NEC)	1099-NEC)	related organizations
	below	Individual trustee or director	Institutional trustee		èe	npe				
	dotted line)	8	stee	l		Highest compensated employee				
(4) 0.00mm	2 22					8	_			
(1) SCOTT ENTRUP	8.00			×						
PRESIDENT & DIRECTOR		×	<u> </u>	^	_					
(2) SARAH MORGOT	4.00			×	İ					
SECRETARY & DIRECTOR		×		<u> ^</u>						
(3) GARY WHITEHEAD	4.00	×		×						
TREASURER & DIRECTOR				<u> ^</u>	<u> </u>	<u> </u>		<u></u>		
(4) MIKE KAUP	4.00	×		×		1		[
VICE PRESIDENT & DIRECTOR		^		^	_					
(5) ED BROWN	4.00	×								
DIRECTOR		-^-	├	├-		ļ		ļ		
(6) CHRISTOPHER TASSONE	4.00	×								
DIRECTOR	1 22			├	-					
(7) MIKE KAUP	4.00	×								
DIRECTOR				├-	<u> </u>					
(8) JAMES HILL	4.00	×								
DIRECTOR				-			_			
(9) ROBERT HOHMAN DIRECTOR EMERITUS	4.00	×								
	4 00	<u> </u>	-	⊢	\vdash	-	├			
(10) DREW LAUGHLIN DIRECTOR	4.00	×								
(11) JEFF GERBER	4.00	<u> </u>		 	-		_			
EXECUTIVE DIRECTOR	4.00	×								
(12)		- ' '		-	┢					
<u> </u>	 									
(13)				\vdash						
							L			
(14)										
						l				

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continued)
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/tru				is both or/trus	an tee)	Reportable	(E) Reportable compensation from related	tion	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		(W-2/	from the organization and related organizations
(15)												
(16)												<u> </u>
(17)												
(18)	***************************************											
(19)												
(20)												
(21)												
(22)												
(23)												,
(24)												
(25)												
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c). Total number of individuals (including but reportable compensation from the organi	VII, Sectio			· · ·		 	▶ ▶ e) w	ho received mor	e than \$10	0,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	ivid	ual				36	3 ×
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									tion or indi		
Secti 1	on B. Independent Contractors Complete this table for your five high compensation from the organization. Repo											han \$100,000 of
	(A) Name and business add	ress							(B) Description of serv	vices	((C) Compensation
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who		

Par	AVIII.	Check if Schedule O contains a response or note to ar	ov line in this Pa	ort VIII		
		Check if Schedule O contains a response of flote to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
•		F-161-1	name uncoen			sections 512-514
nts Ints	1a	Federated campaigns 1a				
3ra 10u	b	Membership dues 1b Fundraising events 1c 449,702.				
An An	G G	Fundraising events 1c 449,702. Related organizations 1d				
Contributions, Gifts, Grants, and Other Similar Amounts	d e	Government grants (contributions) 1e 190, 982.	The grant was been			
is,	f	All other contributions, gifts, grants,				
tior er S	3	and similar amounts not included above 1f				
ibr.	g	Noncash contributions included in				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f 1g \$				
a Co	h	Total. Add lines 1a-1f	640,684.			
		Business Code				
ice	2a					
Program Service Revenue	b					
gram Ser Revenue	С					
ran lev	d					
ogo F	е					
ď	f	All other program service revenue				
	g	Total. Add lines 2a–2f ▶				
	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				
	b	Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
e	b	Less: cost or other basis				
evenue		and sales expenses . 7b				
		Gain or (loss) 7c				
er H		Net gain or (loss)				
Other	8a	Gross income from fundraising				
O		events (not including \$ 449,702.				
		of contributions reported on line 1c). See Part IV, line 18 8a				
	h	Less: direct expenses 8a				
	b	Net income or (loss) from fundraising events			MORE BUILDING AND BUILDING	自己 中国 中国 (中国) (1) (1) (1) (1) (1) (1) (1) (1) (1) (
		Gross income from gaming				100
		activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory				
ns	1200	Business Code		E PROVIDENCE	医西瓜类的医鱼	
oer ue	11a					
Miscellaneous Revenue	b					
Sce	C	All other revenue				<u> </u>
ž	d e	Total. Add lines 11a-11d				A THE RESERVE OF THE PARTY OF T
	12	Total revenue. See instructions	640,684.			
	19.50		,			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All o	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response			(0)	
8b, 9l	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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 5	Benefits paid to or for members			A 是《金属集》(B A B A	
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (nonemployees):				
b	Management				
c	Accounting	700.		4 700.	
d	Lobbying	,,,,		700.	
е	Professional fundraising services. See Part IV, line 17		AND THE WALL		
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			201000	
16	Occupancy	11,400.		11,400.	
17 18	Travel				
10	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.)				
а	POSTACE	259.		259.	
b	EQUI PMENT	390.		390.	
С	WEBSITE MAINTENANCE	2,000.		2,000.	
d	FESTIVAL PRODUCTION COST	508,523.	508,523.		
е	All other expenses	Name of the last o			
25	Total functional expenses. Add lines 1 through 24e	531,412.	514,523.	16,889.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 15 Investments—Deficities 11 16 Intangible assets 16 Intangible assets 17 Intangible assets 18 Intangible assets 19 Intangible assets 10 Intangible assets 10 Intangible assets 10 Intangible assets 11 Intangible assets 11 Intangible assets 11 Intangible assets 12 Intangible assets 13 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Intangible assets 17 Intangible assets 18 Intangible assets 19 Intangible assets 19 Intangible assets 10 Intangible assets 11 Intangible assets 11 Intangible assets 12 Intangible assets 13 Intangible assets 14 Intangible assets			Check if Schedule O contains a response or note to any line in this Par	rt X		🗆
2 Savings and temporary cash investments 3 Pelgegs and grants receivable, net 3 Pelgegs and grants receivable, net 3 3 Capital Savings and their receivable, net 3 3 Capital Savings 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 Capital Savings and other preceivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Capital Savings and dependent cost or other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Capital Savings and dependent cost or other basis. Complete Part V of Schedule D 7 Capital Savings and dependent cost or other basis. Complete Part V of Schedule D 10 Capital Savings and C						
2 Savings and temporary cash investments 3 Pelgegs and grants receivable, net 3 Pelgegs and grants receivable, net 3 3 Capital Savings and their receivable, net 3 3 Capital Savings 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 Capital Savings and other preceivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Capital Savings and dependent cost or other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Capital Savings and dependent cost or other basis. Complete Part V of Schedule D 7 Capital Savings and dependent cost or other basis. Complete Part V of Schedule D 10 Capital Savings and C		1	Cash-non-interest-bearing	119,240.	1	229,637.
A Accounts receivable, net 30,255. 4 28,472.		2			2	
A Accounts receivable, net 30,255. 4 28,472.		3	Pledges and grants receivable, net		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(8)) 7 Notes and loans receivable, net 17 Notes and loans receivable, net 18 Inventories for sale or use 19 Prepaid expenses and deferred charges 10 Loans, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Investments—publicly traded securities 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 149,495. 16 258,767. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Tax-exempt bond liabilities 11 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 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Econo or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities not included on lines 17-24. Complete Part X of Schedule D 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Reta		4		30,255.	4	28,472.
controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 10 . 177 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 Usecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total Itabilities, and other liability of SSB, check here Imand complete lines 27, 28, 32, and 33. 27 Net assets with out donor restrictions 28 Net assets with onor restrictions 29 Capital stock or frust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total relabilities, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Total relabilities, fund building, or equipment fund 33 Paid-in or capital surplus, or land, building, or eq		5				
6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958(o)(3)(8) . 6 6 7 Notes and loans receivable, net						
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 658. 11 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 14 9,495, 16 258,767. 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Net assets with out donor restrictions 28 Total sessets without donor restrictions 29 Organizations that do not follow FASB ASC 958, check here 29 Total assets with donor restrictions 20 Cray and complete lines 29 through 33 21 Estance darnings, endowment, accumulated income, or other funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund ballances 149,495, 32 258,767.		4			5	
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 658. 10 Less: accumulated depreciation 10b 10c 658. 11 Investments — publicly traded securities 111 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15		6				
8	ets					
10a						
10a	SS					
b asis. Complete Part VI of Schedule D . 10a 658.	٩	2.			9	
b Less: accumulated depreciation 10b 10c 658.		10a				
11 Investments – publicly traded securities 12 Investments – other securities. See Part IV, line 11 12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 13 Intangible assets 14 Intangible assets 14 Intangible assets. See Part IV, line 11 15 Intended assets. Add lines 1 through 15 (must equal line 33) 149, 495 16 258, 767.		86	35 A C C C C C C C C C C C C C C C C C C		SOME	
12						658.
13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 149, 495 16 258, 767 17 Accounts payable and accrued expenses 0 17 18 18 19 Deferred revenue 19 19 19 19 19 19 19 1						
14			그 없는 어린다. 요요한 100년에는 이 마음에 열면 여러가입니다. 그리를 가면 되었습니다. 전쟁이 가입니다. 100년에 그리고 100년 11년 11년 11년 11년 11년 11년 11년 11년 1			
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33)			THE STATE OF THE S			
16 Total assets. Add lines 1 through 15 (must equal line 33) . 149, 495. 16 258, 767. 17 Accounts payable and accrued expenses . 0. 17 18 Grants payable						
17 Accounts payable and accrued expenses 0, 17 18 Grants payable 19 Deferred revenue 190 Tax-exempt bond liabilities 200 Tax-exempt bond liabilities and other payables to related third parties 200 Tax-exempt bond liabilities 200 Tax-exempt bond liabilities and other liabilities a			Total assets. Add lines 1 through 15 (must equal line 33)	149 495	55.50	258 767
18 Grants payable		19700		1000		230,707.
19 Deferred revenue				0.		
20 Tax-exempt bond liabilities						
21 Escrow or custodial account liability. Complete Part IV of Schedule D			그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그			
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						
Unsecured notes and loans payable to unrelated third parties	S	22				CHYCEUS SAN
Unsecured notes and loans payable to unrelated third parties	litie					
Unsecured notes and loans payable to unrelated third parties	abi		controlled entity or family member of any of these persons		22	
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	Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
of Schedule D		25				
26 Total liabilities. Add lines 17 through 25						
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Apaid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total net assets or fund balances 149,495. 32 258,767.						
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Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 34 258,767.	3al		- 1			
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	٦	28			28	
29 Capital stock or trust principal, or current funds	교					
Paid-in or capital surplus, or land, building, or equipment fund	ō	29			29	
31 Retained earnings, endowment, accumulated income, or other funds 149,495. 31 258,767. 32 Total net assets or fund balances 149,495. 32 258,767. 33 Total liabilities and net assets/fund balances 149,495. 33 258,767.	ets					
32 Total net assets or fund balances	SS			149.495		258.767
Z 33 Total liabilities and net assets/fund balances	t A		100 100 100 100 100 100 100 100 100 100			
	ž					

Page 12

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				×
1	Total revenue (must equal Part VIII, column (A), line 12)		6	40,6	84.
2	Total expenses (must equal Part IX, column (A), line 25)		5.	31,4	12.
3	Revenue less expenses. Subtract line 2 from line 1		1	09,2	72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		1	49,4	95.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		2.	58,7	67.
Part	XII Financial Statements and Reporting				22523
	Check if Schedule O contains a response or note to any line in this Part XII		•		
		_		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other	_ 8			
	If the organization changed its method of accounting from a prior year or checked "Other," explain of Schedule O.	on			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			195
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				ACTE:
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	а			
	separate basis, consolidated basis, or both:	100			No of the
	Separate basis Consolidated basis Both consolidated and separate basis	. 10		TOTAL STREET	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	4000400			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c	340000000	
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	on			
2-		. 10		是广	
sa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		.		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	100	3a		X_
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		
	required addit of addits, explain willy on sofiedule of and describe any steps taxen to undergo such addits.		ac	000	

REV 07/25/22 PRO Form **990** (2021)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name o	f the organization		Employer identification number
HIL	TON HEAD AREA HOSPITALITY ASSOCIATION	NO	57-0798565
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar F	unds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		s held in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that g	rant funds can be used
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recreation)	-	on of a historically important land area
	☐ Protection of natural habitat	•	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribu	ution in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		<u> </u>
d	Number of conservation easements included in (
	historic structure listed in the National Register .		2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or	
	tax year ▶		, ,
4	Number of states where property subject to conserv	vation easement is located ▶	
5	Does the organization have a written policy regi		inspection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enfor	cing conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enforci	ing conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · Yes 🗌 No
9	In Part XIII, describe how the organization reports co		
	balance sheet, and include, if applicable, the text of		financial statements that describes the
	organization's accounting for conservation easemer	nts. 	
Part	III Organizations Maintaining Collections	of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line	8.
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that desc	cribes these items.
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held provide the following amounts relating to these item	•	research in furtherance of public service,
	•		• •
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		· · · · · • • • • • • • • • • • • • • •
2	If the organization received or held works of art,	historical treasures or other simi	ilar assets for financial gain provide the
	following amounts required to be reported under FA	SB ASC 958 relating to these item	ns:
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		▶ \$ ▶ \$

chedule D (Form 990) 2021	_ (
Chequie I) (Form 990) 2021	Page

Part	Organizations Maintaining (Collections of	Art, His	torical 7	reasures,	or Ot	ner Similar Ass	sets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and ot	ther reco	rds, chec	k any of the	follow	ing that make si	gnificant use of its
а	Public exhibition				or exchange			
b	Scholarly research		е	Other				
С	☐ Preservation for future generations	A						
4	Provide a description of the organization XIII.	on's collections	and expla	ain how t	hey further to	he org	anization's exem	pt purpose in Part
5	During the year, did the organization sassets to be sold to raise funds rather t							
Part	IV Escrow and Custodial Arrar		allieu as p	Dart Of the	e organizatio	115 00	nection?	☐ Yes ☐ No
U CIL	Complete if the organization a	The state of the s	" on For	m 990, F	Part IV, line	9, or 1	reported an am	ount on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee,							t
12	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par	rt XIII and comple	ete the fo	llowing to	able:		т .	
								nount
C	Beginning balance					1c	-	
d	Additions during the year					1d		
e f	Distributions during the year Ending balance					1e		
2a	Did the organization include an amount						account liability?	□ Ves □ No
	If "Yes," explain the arrangement in Par							
	Endowment Funds.							
	Complete if the organization a	answered "Yes	" on For	m 990, F	Part IV, line	10.		
- D		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships		-					
е	Other expenditures for facilities and programs							
f	Administrative expenses							*
g	End of year balance							
2	Provide the estimated percentage of the			e (line 1g	, column (a))	held a	is:	
а	Board designated or quasi-endowment	· >	%					
b	Permanent endowment >	%						
С	Term endowment ▶ %	a cancerrar secretar	000/					
32	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			zation the	at are hold a	nd adr	ministered for the	
Ja	organization by:	possession or tr	ie organi.	zation the	at are rielu a	iiu aui	ministered for the	Yes No
	(i) Unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" on line 3a(ii), are the related org	ganizations listed	as requi	red on So	hedule R? .			3b
4	Describe in Part XIII the intended uses							
Part	가장 자연 2000 회사면 시대 (100km) 경우를 맞는데 100km - 100km 나이지 않는데 100km - 100km		W1 1894	V				
	Complete if the organization a	answered "Yes	" on For			11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or of (investment)			or other basis ther)		occumulated preciation	(d) Book value
1a	Land		0.				对总统是自身	0.
b	Buildings							
С	Leasehold improvements							
d	Equipment				658.			658.
	Other	int new -1 F	00 0-11	(!	(D) 11-1 10			(50
otal.	Add lines 1a through 1e. (Column (d) mu	ısı equal Form 9	SU, Part)	, column	i (b), line 100)		658.

Part VII	Investments - Other Securities.	descripto stanti de value anni	
	Complete if the organization answered "Yes" on For		
	(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			
	neld equity interests		
(3) Other			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	ne 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)			
THE RESERVE THE PROPERTY OF THE PARTY OF THE	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities. Complete if the organization answered "Yes" on For		
	line 25.		7 222 2
1.	(a) Description of liability		(b) Book value
(1) Federal in	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
	r uncertain tax positions. In Part XIII, provide the text of the footne		322 30 37 32 30 100 3
	s liability for uncertain tax positions under FASB ASC 740. Check		

Schedu	e D (Form 990) 2021		Page 4
Part		nts With Revenue per	
	Complete if the organization answered "Yes" on Form 990, Page 1	art IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements .		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	name and the same of the same and the same a	2a	
b	page to a second of financial angles.	2b	
С		2c	
d		2d	
е			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	we will be a first that the second process and the second process are the second process and the second process and the second process and the second process and the second process are the second process and the second process and the second process are the second process are the second process are the second process and the second process are the second process ar	4a	
b	record was and an experience of the second control of the second c	4b	
	A LOT W		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Part			
	Complete if the organization answered "Yes" on Form 990, Pa		or motarm.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	000 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2a	
b	37 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	2b	
С		2c	
d		2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	we will be a first to the second of the seco	4a	
b	The state of the s	4b	
C			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
	XIII Supplemental Information.	70.7	
The state of the s	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Part IV, lines 1b and 2b	p; Part V, line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		
-1. A 303	UNIA MEMBANTAN AMBANTAN TERPATAN PERSAMBAN BATAN MEMBANTAN TERMA MEMBANTAN TERPATAN PERSAMBAN TERPATAN PERSAMB		

Schedule D (For	m 990) 2021	Page 5
Part XIII	Supplemental Information (continued)	

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SCHEDULE 0 (Form 990)

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.

2021

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

HILTON HEAD AREA HOSPITALITY ASSOCIATION	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 ORGANIZ	ATION'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.					
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Form 8879-E0

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-0047

2020

Department of the Treasury Internal Revenue Service

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

Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax	Taxpayer identification number
HILTON HEAD AREA HOSPITALITY ASSOCIATION	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 application check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not return, then enter -0- on the applicable line below. Do not complete more than one line in Par	the return being filed with this form was enter -0-). But, if you entered -0- on the
1a Form 990 check here ► ☑ b Total revenue, if any (Form 990, Part VIII, column (A), line 2a Form 990-EZ check here ► □ b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here ► □ b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here ► □ b Tax based on investment income (Form 990-PF, Part	2b
5a Form 8868 check here ▶ □ b Balance due (Form 8868, line 3c)	Prince Pr
6a Form 990-T check here ▶ □ b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here ► □ b Total tax (Form 4720, Part III, line 1)	5307
Part II Declaration and Signature Authorization of Officer or Person Subject	
Under penalties of perjury, I declare that 🗵 I am an officer of the above organization or \square I are (name of organization)	and that I have examined a copy of my knowledge and belief, they are own on the copy of the electronic return. (ERO) to send the return to the IRS and mission, (b) the reason for any delay in .S. Treasury and its designated Financial count indicated in the tax preparation debit the entry to this account. To revoke 2 business days prior to the payment extronic payment of taxes to receive ent. I have selected a personal
on the tax year 2020 electronically filed return. If I have indicated within this return that a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author PIN on the return's disclosure consent screen.	a copy of the return is being filed with a ize the aforementioned ERO to enter my
As an officer or person subject to tax with respect to the organization, I will enter my PIN electronically filed return. If I have indicated within this return that a copy of the return is regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return that a copy of the return is regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return that a copy of the return is regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return that a copy	being filed with a state agency(ies) rn's disclosure consent screen.
Signature of officer or person subject to tax ► X NCOW EMPLY	Date ► X 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.	5 7 0 4 1 2 5 1 3 5 5 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

Date > 11/02/2021

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

990 **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2020 calendar year, or tax year beginning Jun 30 Jul 2020, and ending 2021 В Check if applicable: C Name of organization HILTON HEAD AREA HOSPITALITY ASSOCIATION D Employer identification number Address change Doing business as HILTON HEAD ISLAND WINE & FOOD, INC. 57-0798565 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number POST OFFICE BOX 5097 (843) 686-4944 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29938 G Gross receipts \$ Amended return 133,628. Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 H(b) Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) X 501(c) (6) **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions Website: ► www.hiltonheadhospitalityassociation.com H(c) Group exemption number ▶ Form of organization: X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1995 M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T. Part I. line 11 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 8 352,326 133,628. Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 352,326 133,628. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 28,000 4,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 326,663. 111,564. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 354,663. 115,564. 19 Revenue less expenses. Subtract line 18 from line 12 . -2,337.18,064. Assets or Balances Beginning of Current Year End of Year 20 Total assets (Part X. line 16) 149,495. 131,931 21 Total liabilities (Part X, line 26) 500. 0. Net A 22 Net assets or fund balances. Subtract line 21 from line 20 131,431. 149,495. 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. 11/04/2021 Sign Signature of officer Date Here SCOTT ENTRUP, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if Paid HUBERT L BERNHEIM self-employed 11/04/2021 P01284405 Preparer Firm's name ► HUBERT L. BERNHEIM Firm's EIN ► 36-2750133 Use Only Firm's address ▶ POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, Phone no. (843) 671-6005

May the IRS discuss this return with the preparer shown above? See instructions

Part	art III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any	line in this Part III
1		
	TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPI	TALITY INDUSTRY
	•	
	2 Did the organization undertake any circuitizant program continue	during the year which ware not listed on the
2	2 Did the organization undertake any significant program services prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3		changes in how it conducts, any program
	services?	
	If "Yes," describe these changes on Schedule O.	
4		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are requ	ired to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service	в геропеа.
4a	4a (Code:) (Expenses \$including grants	of \$\\(\(\(\)\(\)\(\)\(\)\(\)
	PRODUCTION OF WINE AND FOOD FESTIVAL	
4b	4b (Code:) (Expenses \$including grants	of \$) (Revenue \$)
	•••••	
4c	4c (Code:) (Expenses \$ including grants	of \$\) (Revenue \$\)
	(costs)	
4.1	Ad. Other measurement continue (Describer on Orbital CO	
4d	4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$
4e		Minoveride & 1

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	2		×
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			×
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			4030
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I. Parts Land II.	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38 Dort	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		124	
	Chock it deflectate of contains a response of flote to any line in this fact v	• •	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	×	

Part \	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		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
	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		×
	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		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	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			
е	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		_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
200	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	O TOTAL DESI	(51)52)(
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Transferred Control of			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	Wyjik.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	Y		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		10000000
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) Page 6 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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 × 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 × × 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: × 8a 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a × b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 × 13 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b × If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × 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 16b Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ► SC
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website X 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

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 r	or any relate	d org	aniz	-		ompe	ensa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SCOTT ENTRUP PRESIDENT & DIRECTOR	4.00	×		×				0.	0.	0.
(2) SANDRA BENSON VICE PRES & DIRECTOR	3.00	×		×				0.	0.	0.
(3) SARAH MORGOT SECRETARY	2.00	×		×				0.	0.	0.
(4) GARY WHITEHEAD DIRECTOR	2.00	×						0.	0.	0.
(5) DREW LAUGHLIN DIRECTOR	2.00	×						0.	0.	0.
(6) ED BROWN DIRECTOR	2.00	×						0.	0.	0.
(7) CHRISTOPHER TASSONE DIRECTOR	2.00	×						0.	0.	0.
(8) MIKE KAUP DIRECTOR	2.00	×						0.	0.	0.
(9) JAMES HILL DIRECTOR	2.00	×						0.	0.	0.
(10) ROBERT HOHMAN DIRECTOR	2.00	×						0.	0.	0.
(11)										
(12)										
(13)										
(14)		·								

Part	VII Section A. Officers, Directors, 7	Γrustees, I	Key I	Ξm	ploy	yee	s, an	d F	lighest Compe	nsated En	nplo	yees (cor	ntinued)
					(0	C)							
	(A)	(B)	/da m	at ab		ition			(D)	(E)		(F	ļ
	Name and title	Average					e than o		Reportable	Reportabl		Estimated	
		hours per week					or/trus		compensation from the	compensat from relate		of ot compen	
		(list any	or c	Inst	Officer	Key	Hig	Former	organization	organizatio		from	the
		hours for	dividual t	ituti	cer	em	hest	mer	(W-2/1099-MISC)	(W-2/1099-M	IISC)	organizat related orga	
		related organizations	al to	ona		Key employee	ee					related orga	inzations
		below	Individual trustee or director	Institutional trustee		/ee	nper						
		dotted line)	ĕ	stee			Highest compensated employee						
-				5500			g.	_					
(15)													
(4.0)				-101		-		-					
(16)													
(17)	(_					-					
(17)													
(18)				-	-	\vdash		-					
(10)													
(19)			_										
<u> </u>													
(20)													
22													
(21)													
(22)													
(23)													
CONTRACTOR STATE													
(24)													
						_							
(25)													
						<u> </u>					-		
	Subtotal								0.		0.		0.
C	Total from continuation sheets to Part				ň				0.		0.		0.
d	Total (add lines 1b and 1c)							<u> </u>		o than \$100		of	<u> </u>
2	Total number of individuals (including bu reportable compensation from the organ		ז נס נו	1056	e iis	tea	abov	e) w	mo received mor	e man \$100	,000	OI .	
-	reportable compensation from the organ	ization					U					Y	es No
3	Did the organization list any former	officer dir	actor	tri	icto	0	(0)/ (mn	loves or higher	et company	hates		MI MA
3	employee on line 1a? If "Yes," complete											3	×
4	For any individual listed on line 1a, is the										n the	FILE	
-	organization and related organizations	areater th	an \$	150	,000)? /	f "Ye	s,"	complete Sche	dule J for	such		
												4	×
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m an	y ur	related organiza	tion or indiv	ridual		
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hed	ule J	fors	such person .		- 9-	5	×
Secti	on B. Independent Contractors												
1	Complete this table for your five high	hest comp	ensat	ed	ind	epe	ndent	c	ontractors that	received m	ore	than \$10	0,000 of
	compensation from the organization. Rep	ort comper	satio	n fo	r the	e ca	lenda	r ye	ear ending with or	within the	organ	ization's t	ax year.
	(A)	March 1874							(B)			(C)	
	Name and business add	dress						-	Description of ser	vices		Compensati	on
								-					
y 								-					
								-			_		
			_					-					
	Total number of independent contractor	are (includi	na h	ıt n	10 ⁺	limi	tod t	0 +4	nose listed abov	(a) who	72586		
2	received more than \$100,000 of compens							U II	nose listed abov	C) WIIO			
	13331734 more than \$100,000 or compens	24.011 110111		341			(8).		<u> </u>		THE RES		THE PERSON NAMED IN COLUMN TWO

	90 (202	1201								Page \$
Part	VIII	Statement of Rev Check if Schedule			onas	so or note to a	ov lina in thia Da	ort \/III		
N 2		Check if Schedule	O cor	itains a re	spon	ise or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a					
ran	b	Membership dues			1b					
s, G	С	Fundraising events			1c	70,175.				
Sifts lar /	d	Related organization			1d	50 450				
imil	e	Government grants			1e	63,453.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution and similar amounts no			1f					
ribu Othe	g	Noncash contribution								
onti		lines 1a-1f			1g					
ā Č	h	Total. Add lines 1a-	-1f .	e e e		>	133,628.			
Φ	_					Business Code				
Program Service Revenue	2a									
gram Ser Revenue	b									
am	d									
ogra Re	е									
Pro	f	All other program se	ervice	revenue						
	g	Total. Add lines 2a-								
	3	Investment income								
	4	other similar amount income from investr								
	5	Royalties						-		
		noyamoo	ĊΠ	(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)								
	d	Net rental income o	r (loss							
	7a	Gross amount from sales of assets		(i) Securit	ies	(ii) Other				
		sales of assets other than inventory	7a							
e	b	Less: cost or other basis								
		and sales expenses .	7b							
3ev	С	Gain or (loss)	7c							
erF	d	Net gain or (loss)				>				
Other Reven	8a	Gross income from								
·		events (not including of contributions rep								
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	С	Net income or (loss)) from	fundraisin	g eve	nts >		在中国的		
	9a	Gross income f								
	L .	activities. See Part I			9a					
	b	Less: direct expension Net income or (loss)			9b	es >			MED PUREL PURE SA	
		Gross sales of in			, civitie	, , , ,			KASI SATANJAN	He IT WE STATE
	.04	returns and allowan			10a					
	b	Less: cost of goods	sold		10b					AND AND STREET
	С	Net income or (loss)) from	sales of ir	vento					
sno	44					Business Code		Experience Test		
nec	11a b									
iscellaneous Revenue	C									
lisc	d	All other revenue					0.	0.	0.	0.

0.

0.

Total. Add lines 11a-11d .

Total revenue. See instructions

0.

	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	4,000.	4,000.		
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 5	Benefits paid to or for members				
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
		1,000.		1,000.	
C	Accounting	1,000.		1,000.	
d	Lobbying			CHENTING SELECTION	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	2,077.		2,077.	
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				1
22	Depreciation, depletion, and amortization .				*
23	Insurance	1,606.		1,606.	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,000.			
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.)				
_		254.	Carrier Barrate Harving Science And	254.	0.
a	POSTAGE	295.		295.	0.
b	TELEPHONE MAINTENANCE				
C	WEBSITE MAINTENANCE	481.	04 454	481.	
d	FESTIVAL PRODUCTION COST	94,451.	94,451.		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	115,564.	98,451.	17,113.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 23,142. 4 30,255 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(r)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 77 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and eferred charges 9 Prepaid expenses and eferred charges 9 Prepaid expenses 10a 10a 10c 10c 10c 10c 11 Investments Publicity traded securities 11a 10a 10c 10c 10c 11a 11a 11a 11a 11a 11a 11a 11a 11a 11			Check if Schedule O contains a response or note to any line in this Par	tX		📙
2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 3 3 Pledges and grants 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(n)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 11a 10c 11c 11c 11c 11c 11c 11c 11c 11c 11c						
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4 Accounts receivable, net 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 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 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D . 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 . 14 Intangible assets 15 Other assets. See Part IV, line 11 . 15 Other assets. See Part IV, line 11 . 16 Total assets. Add lines 1 through 15 (must equal line 33) . 131, 931 . 16 149, 495 17 Accounts payable and accrued expenses . 500 . 17 0 18 Grants payable . 19 Deferred revenue . 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 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 Cother liabilities (including federal income tax, payables to related third parties . 24 Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities (including federal income tax, payables to related third parties . 26 Total liabilities. Add lines 17 through 25 . 36 Total liabilities. Add lines 17 through 25 . 37 Soc. 26 . 38 Soc. 26 Soc. 26 .		2	Savings and temporary cash investments	MD	2	
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		26	Total liabilities. Add lines 17 through 25	500.	26	0.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	S					
Property 27 Net assets without donor restrictions	ü					
28 Net assets with donor restrictions	ala	27	Net assets without donor restrictions		27	
TO I	d B	28	Net assets with donor restrictions		28	
Organizations that do not follow FASB ASC 958, check here ► ⊠ and complete lines 29 through 33.	Fun					
29 Capital stock or trust principal, or current funds	ō	29			29	
30 Paid-in or capital surplus, or land, building, or equipment fund	sets	30			30	
31 Retained earnings, endowment, accumulated income, or other funds	Ass	31	Retained earnings, endowment, accumulated income, or other funds	131,431.	31	149,495.
32 Total net assets or fund balances	et,				32	149,495.
Z 33 Total liabilities and net assets/fund balances	Z	33	Total liabilities and net assets/fund balances	131,931.	33	149,495.

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Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,6	28.
2	Total expenses (must equal Part IX, column (A), line 25)	1	15,5	64.
3	Revenue less expenses. Subtract line 2 from line 1		18,0	64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1	31,4	31.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1	49,4	95.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			Ш
		The second	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			4,818.46
	reviewed on a separate basis, consolidated basis, or both:			
780	Separate basis Consolidated basis Both consolidated and separate basis	01		
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	i Wante	diashy	Sim (i)
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2c		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	20		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
0-				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ju		
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	required dadit of daditio, explain why of correduce of and december any crops later to difference to	40000	000	

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 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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ARTICLES OF INCORPORATION

Nonprofit Corporation - Domestic Filing Fee \$25.00

TYPE OR PRINT CLEARLY IN BLACK INK

	e nonprofit corporation is Hilton Head Islan		
_	stered office (registered agent's address in S h Highway, Suite 201	SC) of the nonprofit corporate	ion is
Charleston	Street Address Charleston	South Carolina	29407
City	County	State	Zip Code
	ne registered agent of the nonprofit corporati Corporation Agents, Inc.	on at that office is	
	Print Name		
I he	ereby consent to the appointment as registere	12	
	Agent's Signature	Jacob Varghese, Assistant Secreta	У
		V	
Check "a", "b"	, or "c" whichever is applicable. Check only	y one box.	
a. 🔽	The nonprofit corporation is a public benefit	fit corporation.	
b.	The nonprofit corporation is a religious cor	rporation.	
с.	The nonprofit corporation is a mutual bene	efit corporation.	
Check "a" or "	b", whichever is applicable.		
a.	This corporation will have members.		
b. 🗸	This corporation will not have members.		
The address of	the principal office of the nonprofit corpora	tion is	
40 Pond Drive			
Hilton Head	Street Address Beaufort	SC	29926
i ilitori n e au	Deauloit	30	Zip Code

111207-0201 FILED: 11/30/2011

HILTON HEAD ISLAND WINE AND FOOD INC.
Filing Fee: \$25.00 ORIG

Mark Hammond South Carolina Secretary of State

profit corporation is either a <u>public benefit</u> or <u>religious corporation</u> complete either "a" or ever is applicable, to describe how the remaining assets of the corporation will be distributed ution of the corporation. If you are going to apply for 501(c)(3) status, you must complete "
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.
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.
ration is a <u>mutual benefit corporation</u> complete either "a" or 'b", whichever is applicable, how the (remaining) assets of the corporation will be distributed upon dissolution of the
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.
Upon dissolution of the mutual benefit corporation, the (remaining) assets, consistent with the law, shall be distributed to
al provisions which the nonprofit corporation elects to include in the articles of on are as follows (See S.C. Code of Laws §33-31-202(c)).
attachment
)1

Name Address Name Address Name Address Each original director of the nonprofit corporation must s directors are named in these articles. Tamara Bream Name (only if named in articles)	Zip Code Zip Code Zip Code Sign the articles but only if the
Name Address Each original director of the nonprofit corporation must s directors are named in these articles. Tamara Bream	Zip Code
Each original director of the nonprofit corporation must s directors are named in these articles. Tamara Bream	·
directors are named in these articles. Tamara Bream	sign the articles but only if the
Tamara Bream	
Name (only if named in articles)	
	Signature of director
Jeffrey Gerber	0./-/
Name (only if named in articles)	Signature () director
Robert Hohman	Karly Italy and
Name (only if named in articles)	Signature of director
Each incorporator listed in #9 must sign the articles.	
Signature of incorporator Imelia Vasquez, Asst. Secretary, of Legalzoom	n.com, Inc. (Incorporator)
	, , ,
Signature of incorporator	
Signature of incorporator	
If the document is not to be effective upon filing by the S	ecretary of State, the delayed effective

Filing Checklist

- Articles of Incorporation (in duplicate)
- \$25.00 made payable to the South Carolina Secretary of State
- Political Associations must submit a CL-1Form 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