2023 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

What a crazy and amazing year for us! Due to Covid we moved the 2021 festival from the traditional March time frame into the middle of September (12th-18th). And then we turned around and moved back to our traditional March time frame for 2022 (19th-26th). Tickets for 2022 went on sale October 14th, 26 days after the end of the 2021 event.

The move into the new Celebration Park was a huge success for us and we think this had 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. OLLI has developed into a wonderful partnership. We had two sellout events with them utilizing the new campus on the island last year and we had a cooking class with a wine pairing with them the Friday before the week of the festival which was another amazing event.

During the September event we were finally able to have the beer garden area that had been planned to debut in 2020. This was extremely well received, and we had tons of positive feedback on the addition. Because of the positive feedback, we added another large event at the Westin on Sunday March 19th to help kick off the festival. This was called Beers at the Beach and was on their phenomenal outdoor decks. The 300 tickets available for this event sold out and we saw another 150+ people sign up on the wait list hoping tickets would become available.

Regarding our budgets and P&L statements, and moving the dates, these are unique numbers in comparison to previous years with two events in one fiscal year. But it not roughly double because part of the ticket sales and part of the marketing expenses occurred in the end of FY 2020 with June 30th being our fiscal year end. Also, with two events in one year, it greatly increased the profitability for the year since we only had to pay one round of set costs (ex: salaries and rent), but those were spread across two events instead of just one event.

Key Demographics:
Female – 69% Male – 29%
73% are 40 years of age or older
79% have no children living at home
70% have a 4-year degree or higher and it moves to 81% with associates degree
Household income – 25% > \$200,000, 65% > \$100,000 or retired
70% from 50 miles away or further
The numbers below are for the 2021 & 2022 festivals.
Total budget vs. actual – \$155,500 vs. \$152,250
Results – Total Impressions over 22M

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.

Print:

The plan – Look to own our base which runs from N. FL to ATL to Aiken to Greenville to Asheville to Charlotte (including Columbia). Also look to use markets to access high net worth markets neighborhoods in usually expensive print markets.

Budget vs. actual - \$55,000 vs. \$21,624

Results - 7.28M Print Impressions (not including earned)

Digital:

The plan - Focus on drive markets w/ focus on Columbia, CLT, Savannah, ATL

Budget vs. actual - \$28,000 vs. \$31,700

Results – 2.5M impressions++

Television:

The plan - Focus on 3 markets. Columbia, Greenville-Spartanburg-Asheville, and a new market for us Raleigh - Durham

Budget vs. actual – \$15,000 vs \$13,875

Results -

Asheville-Greenville-Spartanburg -1785 spots

Raleigh-Durham - 1295 spots

Columbia - 1353 spots

Viewership Impressions - 670,510

We also received a bunch of free commercials on HGTV, Travel Channel & the Food Network.

Radio:

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

Budget vs. actual - \$6,000 vs. \$7500

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

Fly Market:

The plan - Target markets suggested by Sav-HHI airport. Was executed with HHI Chamber. Targeted Boston, Philly, Cleveland, Chicago and DC

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

Results – 9.7M impressions

Social Media:

The 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.

Budget vs. actual - \$30,000 vs. \$25,855

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 1M 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 - \$7,500 vs. \$10,065

Results – We saw about a 15.5% open rate on our email campaigns. This is one of our most expensive areas on a cost per unit basis. We sent over 500,000 custom emails and targeted Greenville to Asheville, Augusta to Aiken, Columbia, Charlotte, the Jacksonville/North Florida area and Columbus, Ohio.

Other:

The plan – We worked with Crescent Moon to create stunning video footage to use for years to come.

Budget vs. actual - \$7,000 vs. \$17,180

Results – It looks amazing & we are excited to use it. They gave us a hometown non-profit discount as we usually could not afford them. Will film new locations this year.

The extra \$10,000 came from bills that were not broken down by category.

We recognize that we are one of the highest cost per person events supported by ATAX and instead of trying to reduce costs, we tried to increase visitors to lower that number since we attract high quality tourists. We attracted another 500 people this year, without seeing a major shift downward in our demographics. We still saw 25% of attendees report a household income >\$200,000 per year and still average just over 4 nights on the island all while continuing to draw 70% from 50 miles away or further. (58% from out of state)

Some events enhance people's experience on the island, while a few of the ATAX supported events drive visitors to the island. We feel we are the later and information from the survey and the fact that local lodging partners use the event to promote people staying at their properties supports this idea. Also, the results that the Sonesta and the Westin shared with us support this thesis.

Page 2 of 10

Last the festival gives back to the community by supporting UCSB and TCL in their HRT and culinary programs. And with the need for *qualified* workers on the island, this financial support could pay dividends for many years to come.

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

- The Westin sold a \$200,000 booking, and another group booking we do not know the value of. (from a 2019 visit)
- The Sonesta sold at least 1100 RN's from hosting people at the festival
- We increased attendance by approximately 16% with little or no change to demographics
- With our increased success, we are donating \$10,000 to both USCB (for scholarships) and TCL (for their culinary program) this year.

Cheers!

2023 Accommodations Tax Funds Request Application

	Date Received: 09/02/2022	Time Received: 10:36 AM	By: Online Submittal	
	Applications w	ill not be accepted if submitted after 4 pm on Septembe	er 2, 2022	
A. SI	JMMARY OF GRANT REQUEST:			
0	RGANIZATION NAME: Hilton Head Island Wine	and Food Inc		
Project/Event Name: Hilton Head Island Wine and Food Festival				
C	ontact Name: Jeffrey R Gerber	Title: Executive Director		
Ad	ddress: 1620 Crestwood Drive, Columbia, SC 29205			
Er	mail Address: circlemstr@gmail.com	Contact Phone: 843-301-925	56	
E١	vent Date: March 19th - 25th	Event Location: Lowcountry	Celebration Park	
т	otal Budget: \$407,000.00	Grant Requested: \$130,00	00.00	

The money will be used to market the 38th 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. There will also be a fly marketing campaign run with the Chamber to 5 or 6 different markets.

The plan will include use of large amounts of digital, emai

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.

Also, MVC uses the event to sell initial or additional time at their properties. We also have partnered with the Marriott Courtyard and The Beach Ho

- A. Total Number of Physical Tourists Served: 2450 These number are ONLY for the 2022 event 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: 385 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: 665 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): 3500

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 2022 was:

- 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

We did not hold any virtual events. We did have two events for our fiscal year 2021. One in September and the other in March.

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 38th 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 \$97,000 in hospitality scholarship support to USCB and the TCL over the past eight 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)

2023 Objectives of the festival's grant-funded marketing plan:

- Continue the momentum that was generated in the 2021 & 2022 campaigns
- 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 4 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. We hosted a couple very successful events at USCB and will continue those and will look to add similar events at TCL once the new school year begins.
- We also run promotions with the Chamber, Sonesta, Westin and many local media partners.

If you want a specific marketing plan, I have sent the 2021 and 2022 plans 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.

1 in 4 of our attendees have a household income >\$200k & 65% are >\$100k or retired. With an average stay of 4.5 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 6 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 3500 people in 2022.

• 58% of them were visitors from out of state

- 70% of them were from 50 miles away or further
- We also saw the average stay continue to be 4 4.5 days (consistent since 2017)

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 2022 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 news time shares on th

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

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 5th 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 two years. There is no way to measure the impact from these visitors when they return year after year after their purchases.

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. Steve said this year they also booked a group that will be worth \$200k to them over two years from the festival & another group was booked by people who attended the 2019 festival with him.

The Sonesta uses the festival to invite potential large group clients. Wayne said in April that they had already booked 1100 RN's from people the Sonesta hosted at the 2022 festival.

C. FUNDING:

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

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

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

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

Then 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.

36	Government Sources	Private Contributions, Donations and Grants
12	Corporate Support, Sponsors	Membership, Dues, Subscriptions
52	Ticket Sales, or Sales and Services	Other

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

If so, please list top 3 sources and amounts.

SCPRT	\$5,500.00
Beaufort County ATAX	\$10,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Years Provided:

FY 2022 Buget (2023 Festival) 2023 Rhythm and Brews Budget

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

Profit and Loss Years Provided:

FY 2020 P & L (no festival occurred) FY 2021 P & L (two festivals)

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

Balance Sheet Years Provided:

Balance Sheet for FY 2021 (Ends June 30)

FY 2020 Balance Sheet (Ends June 30)

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

IRS Form 990 or 990T Years Provided:

FY 2018 (ends June 2019)

- FY 2020 (Ends June 2021)
- FY 2019 (Ends June 2020)

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.

2019	\$130,000.00	Hilton Head Wine & Food Festival
2020	\$125,000.00	Hilton Head Wine & Food Festival
2021	\$88,000.00	Hilton Head Wine & Food Festival
2022	\$130,000.00	Hilton Head Wine & Food Festival

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 2022 funds were used for advertising mainly in drive markets. We used funds for print, digital, email, TV, and radio. We had exposure to well over 13.5 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, 58% = \$100 k or higher, 25% = \$200 k or higher
- Education > 70% have a four-year degree or higher (with an additional 10% having a 2-year degree or some college)
- Household > 78% 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 this year including a new 300-person, craft beer event at the Westin. Events that had sold out in the past, sold out even sooner this year. And events that had not sold out in the past, sold out this year.

Community benefits:

By targeting higher income attendees, we once again saw an average stay of 4 - 4.5 nights in 2022 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

(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. > 89% 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.

Signature: Jeffrey Gerber Title/Position: Executive Director Mailing Address: 1620 Crestwood Drive, Columbia, SC 29205 Email Address: circlemstr@gmail.com Office Phone Number: 843-301-8256 Home Phone Number: 843-301-9256

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Advertising Medium	Туре	Plan	Cost	Final Impressions
Atlanta Magazine	Print	Custom e-blast January & February February Display Ads	\$3,000.00	279,00
	11110	November: Half page ad (\$587.50 reduced from \$775 for a \$187.50 in trade) & Newsletter ad (\$175)	\$3,000.00	277,00
		January: half page (\$587.50 reduced from \$775 for a \$187.50 in trade) & Newsletter ad (\$175)		
tlanta Jewish Times	Print	February 14 - 27, 2022 Asheville: 825 Commercials Raleigh: 602 Commercials Columbia: 633 Commercials	\$1,350.00	157,00
OX/Spectrum	Broadcast		\$5,615.15	294,02
ick Broadcasting	Broadcast	March 8-11, 2022 Radio spots for Rewind 107.9 and 100.1	\$1,999.74	
HI CVB & Airport	Digital	Co-opt direct flight marketing with Savannah/ Hilton Head International Airport, Hilton Head Island Chamber and CVB.	\$5,000.00	7,010,6
ocal Life	Print/Digital	February + March 2022 This year's media buy with Local Life included a print/digital issue ad, eBlast and digital display ad.	\$2,154.00	109,4
		December 2021 - Holidays edition - 1/6 page Travel Directory Ad to South Atlantic - Georgia, Florida, Carolinas	\$2,134.00	107,4
outhern Living	Print	Email Blasts:	\$3,774.00	3,800,0
he State (Columbia) Charlotte Observer/Island lacket	Print/Digital	 A. Geography-Greenville, Spartanburg and Anderson, South Carolina and-Asheville, North Carolina designated market area. Total of 64,236 email records. Investment: \$1,284.72 B. Geography-Augusta, Georgia, Aiken, South Carolina and Charlotte, North Carolina designated market areas. Total of 108,676 email records. Investment: \$2,173.52 C. Geography-Columbia designated market area Total of 67,556 email records. Investment: \$1,351.12 D. Geography-Jacksonville, Florida DMA to include Amelia Island, St. Augustine, Vilano Beach, Ponte Vedra Beach, Vilano Beach and the North Florida and Georgia Line. 82,123 email records. Investment: \$1,442.46 E. Geography-Columbus, Ohio designated market area. Total of 56,563 email blast records. Investment: \$1,131.26 F. 286,197 high impact billboard & standard banners ad on our owned and operated website, charlotteobserver.com. Total investment: \$3,434.36 G. 286,197 high impact billboard & standard banners ad on our owned and operated website, thestate. com. Total investment: \$3,434.36 H. Running 140,000 programmatic display digital banners to Women, ages 30-65 years of age with a household income of 75,000 and above who are interested in Home Decor, Food, Wine and Travel. Programmatic display represents the content these Women are searching for and articles they are reading to also include keywords related to Food, Wine and Travel. Programmatic display also includes site retrageting where we re-target folds digitally after they visit your website. Geographic: Columbia designated market area. Investment: \$1,000 I. 225,000 responsive billboards to run, run-of-site, on our owned and operated website, www.thestate.com Responsive Billboards are high-impact that will serve fully expanding, pushing content down. As the user scrolls down to view the site, the ad dissolves. It will fade in once again as the user scrolls up. Serves on all evickes to include desktop, tablet and phone and all pages to inclu		
		M. 60,000 digital banners to run on www.islandpacket.com . Total Investment \$600 N. 60,000 digital banners to run on www.charlotteobserver.com. Total investment-\$600	\$28,931.80	1,955,8
otal			\$51,824.69	13,606,0
0% Management Fee		Management fee for negotiating and placing ads for the Hilton Head Wine and Food Festival. All creative services are billed separately.	\$5,182.47	
Grand Total			\$57,007.16	

PREPARED BY

my

HILTON HEAD ISLAND WINE SPROOD

FESTIVAL

PRESENTED BY PUBLIX.

2022 MARKETING RESULTS

Atlanta Magazine

This year's media buy with Atlanta Magazine included the following:

- January eBlast
 - Impressions: 10,669
 - Clicks: 88
 - CTR: 4.6%
- February eBlast
 - Impressions: 10,574
 - Clicks: 255
 - CTR: 11.5%
- February Display Ads
 - Impressions: 49,965
 - Clicks: 91
 - CTR: 0.18%

Advertising Numbers:

Value of Paid Advertising: \$3,000 Total Impressions Number: 71,208





FESTIVAL PRESENTED BY PUBLIX.

MARCH 20-26





CHEERS TO THE LOVELIEST TIME OF THE YEAR IN THE LOWCOUNTRY! The Hilton Head Island Wine and Food Festival makes its return March 20-26, 2022, and with it beautiful weather, delicious sips and tasty bites from the region's culinary leaders.



SELECT EVENTS



2 Grasslawn Avenue, Hilton Head Island, SC 29928 Join us for this inaugural event on the exclusive Ocean Front Deck The twestin Hilton Head Island Risort and Spa with swenging bear through over 50 offerings from multiple local craft breweries to finyour new favorite beer to kick off the spring season on the Island. To BBQ and other favorites available for purchase provided by the

> years, so grab your tick they sell out!



Sip & Stroll MARCH 23, 2022 | 4:00-7:00 P.M. Shops at Sea Pines Center

The onset of Spring is the perfect time to stroll the Shops at Sea Pines Center with a glass in hand and friend by your side. A pop-up ant market will supplement the collection of shops with curated works of artists and artisans, and restaurants will have doors open to welcome you to stay for a bite post-shopping, all accompanied by live entertainment from local musicians. One of the most popular events of the week, our Sip & Stroll will sell our curcick, so reserve your ticks no nou



Public Tasting MARCH 26, 2022 | 12:00 - 3:00 P.M. Celebration Park 4 Pope Avenue, Hilton Head Island, SC 2992

Y4 Pope Avenue, Hitton Head Island, S.C. 27928 Cone ready to sip and sample to the feature largest event. celebrating our 37th anniversary at Celebration Park The Public Tastin features more than 250 world case wines sourced from across the globe, and chefs in action at the Sysco Outdoor Gournest Challenge. Don't miss our local Craft Beer Sarden, for an even larger variety of sipsi Before you leave be sure to place your bids on award winning bottles at the slient auction with proceeds to benefit the John F. &



HiltonHeadWineAndFood.com





Atlanta Jewish Times

Atlanta Jewish Times is a weekly newsletter distributed throughout the Atlanta, GA area.

This year's media buy with Atlanta Jewish Times included the following:

- 1/2 page in the November & January Issues
 - Readership: 150,000 est.
- Custom E-blast in November & January
 - Open Rate: 35%
 - CTR: 18 total clicks, 12 unique
 - Sent: 7,000

Advertising Numbers:

Value of Paid Advertising: \$1,350 Total Impressions Number: 157,000





Cox/Spectrum

Spectrum REACH

Spectrum Reach, the advertising sales and production services offered by Charter Communications, Inc., provides custom solutions for the modern media landscape.

This year's media buy with Spectrum ran February 14 - 27 and included the following markets:

- Asheville, NC: 825 spots
- Raleigh, NC: 602 spots
- Columbia, SC: 633 spots

TV Spots Ran: 2,060 Viewership/Impressions: 294,024 Total Value of Advertising: \$5,375.52





Dick Broadcasting

This year's media buy with Dick Broadcasting ran March 8 - 11 and included the following:

• Rewind 107.9 - 24 spots

• g100.1 - 30 spots

Radio Spots Ran: 54 Total Value of Advertising: \$1,999.74





Hilton Head CVB

The Hilton Head Island Wine + Food Festival ran from March 21 - 26, 2022. The Hilton Head Island Visitor and Convention Bureau supported the event with a landing page, paid initiatives, and organize social promotion and coverage for the event and sweepstakes.

Performance:

- Landing page: 21,619 sessions
- Sweepstakes: 1,558 submissions
- Organic Social:
 - Impressions: 113,568
 - Engagements: 4,820
 - Engagement Rate: 4.1%
 - Link Clicks: 1,631
- Paid Social:
 - Impressions: 2,570,285
 - Reach: 749,974
 - Clicks: 17,690
 - CTR: 0.69%
- Display:
 - Impressions: 2,866,198
 - Clicks: 6,378
 - CTR: 0.22%

Total Overall Impressions: 5,573,228 Total Paid: \$5,000







Hilton Head CVB

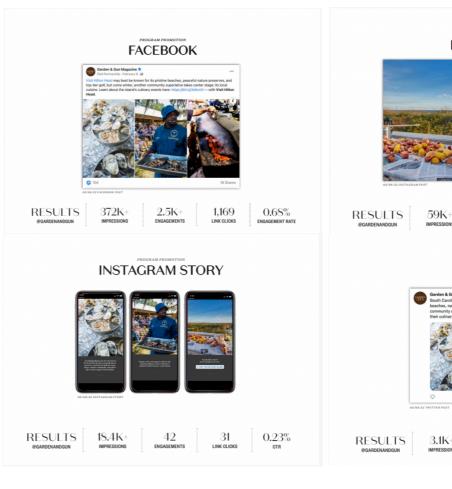
Garden & Gun Media Partnership

In partnership with Hilton Head Island, Garden & Gun produced a compelling digital campaign that showcased the island's vibrant culinary scene and linked back to the events calendar on HiltonHeadIsland.org. Multiple winter and early spring events were highlighted along with overall destination brand messaging. The program encouraged readers to plan a trip to America's Favorite Island® to experience all the destination has to offer.

- Campaign Run Dates: January 18 February 28, 2022
- Social media campaign on Garden & Gun Facebook, Instagram and Twitter platforms
- GardenandGun.com run of site banner ads

Performance:

- Total Reach: 1.4M+
- Engagements: 4K
- Link clicks: 1.8K







INSTAGRAM

1.4K+

TWITTER

53

85

21

3.15%

1.69%

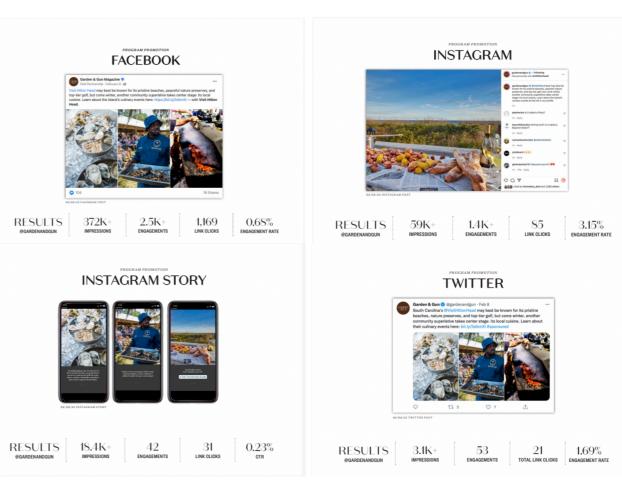
Hilton Head CVB



The Hilton Head Island-Bluffton Chamber supported the event with an eNews feature.

Performance:

- Total Email Recipients: 37,463
- Total Email Opens: 32,706
- Total Email Clicks: 104











0 Years of John Morris Russell as Music Dire during our 2021-2022 Seas HHSO MR'S GREATEST HITS SUNDAY, FEBRUARY 6, 2022 • 4:00 PM MONDAY, FEBRUARY 7, 2022 • 7:30 PM John Morris Russell, Conduc Michael Preacely, Barito o celebrate his Tenth An MR has put together a p BRAHMS' THIRD AND TESSA LARK SUNDAY, FEBRUARY 20, 2022 • 4:00 PM MONDAY, FEBRUARY 21, 2022 • 7:30 PM Iohn Morris Russell, Condu Aarriage of Figaro, K.492 Antonín Dvořák Violin ** The 2022 Ouilt Festival Hilton Head Wine and Food Festive

Local Life

A publication celebrating the stories, culture, and people that make Hilton Head & Bluffton unique. LIVE LIKE A LOCAL

This year's media buy with Local Life included a print/digital issue ad, eBlast and digital display ad.

Advertising Numbers:

Impressions

Print: 85,000 for the paid ad Digital Issue pop up ad: 2,580 E-blast: 3,870

Newsletter

The Dish - February 24, 2022 Sent: 9,002 Open Rate: 48.5% Click Rate: 4.2%

The Dish - March 10, 2022 Sent: 9,000 Open Rate: 49% Click Rate: 4.1%

Value of Paid Advertising: \$2,154





Southern Living

Southern Living is a lifestyle magazine curated for readers in the Southern United States featuring recipes, house plans, garden plans and information about Southern culture and travel.

This year's media buy with Southern Living included the following:

- Travel Directory Ad in the December 2021 Issue
- South Atlantic & Mid-Atlantic: GA, SC, FL, NC, VA, MD, DE, DC, PA, NJ, NY
- Bonus: Free January online Reader Service listing with descriptive, image and link to the festival website reaching 2.8MM+ distribution
- Received 1,401 leads from reader service

Print Advertising Numbers:

Value of Paid Advertising: \$3,774

Total Circulation: 3,800,000



McClatchy Print Ads The State & Island Packet

Front page strip ads were placed in The State (Columbia) and the Island Packet (Hilton Head Island).

- The State (Columbia)
 - February 6
 - February 20
 - March 6
 - Total readership: 80,400
- Island Packet (Hilton Head Island)
 - February 20
 - March 6
 - March 13
 - Total readership: 39,000

Total Readership: 119,400



McClatchy Email Blasts

The State, Charlotte Observer & Island Packet

E-mail blasts and digital high impact ads were served through McClatchy sites such as the Charlotte Observer, The State (Columbia) and Island Packet (Hilton Head).

E-mail blasts targeted women 25-70, who like to travel, food & wine, has a high income and are highly educated living in the following areas:

- Greenville, Spartanburg/Anderson, Asheville
 - List Size: 64,236
 - Views: 12,039 (18.74%)
 - Clicks: 1,040 (1.62%)
- Augusta/Aiken, Charlotte
 - List Size: 108,676
 - Views: 20,727 (19.07%)
 - Clicks: 1,829 (1.68%)
- Columbia, SC
 - List Size: 67,556
 - Views: 12,127 (17.95%)
 - Clicks: 1,221 (1.81%)
- Jacksonville DMA (GA/FL line)
 - List Size: 82,123
 - Views: 16,432 (20.01%)
 - Clicks: 1,329 (1.62%)
- Columbus, OH
 - List Size: 56,563
 - Views: 9,273 (16.39%)
 - Clicks: 1,088 (1.92%)



CHEERS TO THE LOVELIEST TIME OF THE YEAR IN THE LOWCOUNTRY! The Hilton Head Island Wine and Food Festival makes its return March 20-26, 2022, bringing with it beautiful weather, delicious sips and tasty bites from the region's culinary leade



SELECT EVENTS



Craft Beers at the Beach MARCH 20, 2022 | 1:00-4:00 P.M. The Westin Hilton Head Island Resort & Spa

Join us for this inaugural event on the exclusive Ocean Front Deck at The Westh Hitton Head Island Resort and Spa with sweeping Deach views of the Atlancic Ocean. Frigo Head Resort and Spain your way your new favorite beer to kick off the spring season on the Island. To sup our own favorite beer to kick off the spring season on the Island. To BBC and other favorites available for purchase provided by the Westh's cultures. This is sure to be one of our most popular



Sip & Stroll MARCH 23, 2022 | 4:00-7:00 P.M. Shops at Sea Pines Center

onset of spring is the perfect time to stroll the Shops at Sea Prines enter with a glass in hand and friend by your side. A pop-up at texi will supplement the collection of shops with curated works of ts and artisans, and restaurants will have doors open to welcome stay for a tilto post-shopping, all accompanied by the entertainent from local musicians. One of the most popular events of the our Sig & Strub will sell-out quickly, or serserve your tickets now!



Public Tasting MARCH 26, 2022 | 12:00 - 3:00 P.M. Celebration Park 94 Pope Avenue, Hilton Head Island, SC 29:

Come ready to sip and sample to the Festival's largest event, leberating our 37th anniversary at Celebration Park IT the Public Tasting features more than 250 world-class wines sourced from across the globe, and chefs in action at the Sysco Outdoor Goumet Challenge, Don't miss our local Craft Beer Garden, for an even larger variety of sipsil Before you leave be sure to place your bids on award winning bottles at the siltent auction with proceeds to benefit the John F. &



HiltonHeadWineAndFood.com



McClatchy Digital Advertising

Programmatic Display Details

Total Impressions: 450,595 Clicks: 750 CTR: .17%

McClatchy News Sites Details

- Columbia Standard O&O
 - Impressions: 201,215
 - Clicks: 268
 - CTR: .13%
- Columbia High Impact Display
 - Impressions: 157,787
 - Clicks: 226
 - CTR: .14%
- Charlotte Standard O&O
 - Impressions: 42,173
 - Clicks: 44
 - CTR: .10%
- Charlotte High Impact Display
 - Impressions: 200,679
 - Clicks: 255
 - CTR: .13%
- Hilton Head Standard O&O
 - Impressions: 42,208
 - Clicks: 32
 - CTR: .08%

Total Impressions: 1,576,714 Clicks: 2114 CTR: .14% Favel. Toast. Taste. WINE & FOOD MARCH 20.26, 2022











"Many a small thing has been made large by the right kind of advertising." - Mark Twain

Melissa Yao Hille

My Agency Savannah

912.373.8998 p 912.398.2882 m melissa@myagencysavannah.com



Wine + Food Festival: Wrap Up Report

Wine + Food Festival | Hilton Head Island

HILTON HEAD ISLAND

SOUTH CAROLINA

Wine + Food Festival Overview

The Wine + Food Festival ran from March 21-March 26, 2022. The Hilton Head Island Visitor and Convention Bureau supported the event with a landing page, paid initiatives, and organic social promotion and coverage for the event, and sweepstakes.

Promotional Tactics:

- Organic Social
- Paid Social
- Landing Page
- Featured Event Listing
- Blog Mention •
- eNews Inclusion (February)

Performance Highlights

- 21,619 Landing Page Sessions
- 2,570,285 Display Ad Impressions
- 113,568 Organic Social Impressions
- 1558 Sweepstakes Submissions

HILTON HEAD ISLAND

SOUTH CAROLINA



MARCH 21-27





Web Performance

VFR3

Campaign Page

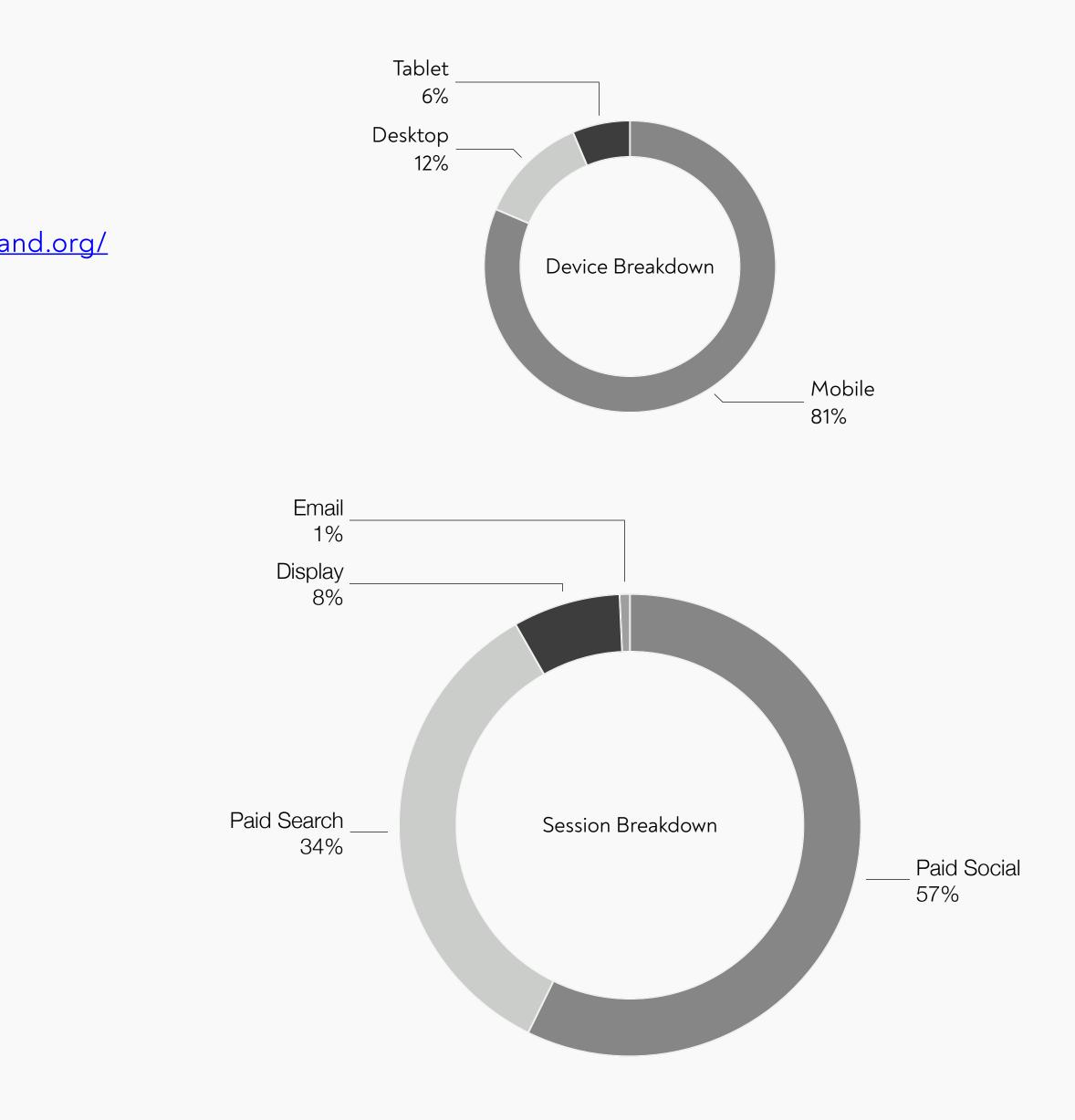
Landing Page (results from January 10-March 27)

There was one Wine + Food Festival landing page: <u>https://www.hiltonheadisland.org/</u> <u>wine-and-food-festival</u>

- Landing Page Sessions: 21,978
- Pageviews: 27,957
- Unique Pageviews: 24,664
- Avg. Time on Page: 00:03:02
- Landing Page Sessions: 21,619
- Bounce Rate: 74.42%

Highlights:

- Social drove the most users to the landing page
- User breakdown by device was heavily mobile driven
- User age breakdown was fairly evenly split, however the most users fell in the age range of 55-64
- The campaign landing page generated 3.9K partner referrals
- The sweepstakes had over 1.5K submissions and 4.9K landing page sessions



VFR3

Paid & Organic Social Performance

Paid Social Performance & Highlights

Timing: January 10 - March 27

Impressions: 2,570,285 Reach: 749,974 Clicks: 17,690 CTR: 0.69

Additional Insights:

- Philadelphia was the top market for social ads with 6.5K link clicks. Chicago and Cleveland followed with approx. 2.5K each. Philadelphia had the strongest CTR at 0.74%.
- Majority of traffic was 45+ and skewed slightly female
- Facebook continued to be the top performing platform with food shots driving the best success

HILTON HEAD ISLAND SOUTH CAROLINA





MARCH



Display Ad Performance & Highlights

Timing: January 10 - March 27

Impressions: 2,866,198 Clicks: 6,378 CTR: 0.22%

Additional Insights:

- Cleveland drove the most traffic in the campaign with the strongest CTR coming from Philadelphia
- Boston had the strongest referral rate at 2.28% ٠
- 35-44 was the top performing demo with family vacationers and luxury travel & food and dining being the top audiences
- 300x250 assets featuring wine drove the most volume of traffic

HILTON HEAD ISLAND SOUTH CAROLINA





MARCH





Organic Social Performance & Highlights

January 10th - March 27th

Channels Promoted To:

- Facebook
- Instagram
- Twitter

Organic Social Insights

We saw excellent engagement across all channels for the Wine + Food Festival.

Clicks through to the sweepstakes were down compared to the previous round, however, it's likely that we saw that decrease due to the fact that the 2021 festival was just a few months before. We'll monitor this moving forward and continue to push out more engaging content throughout the year, to keep the festival top of mind.

Total Organic Performance Stats

Impressions: 113,568 Engagements: 4,820 **Engagement Rate:** 4.1% Link Clicks: 1,631

Garden & Gun

VFR3

Garden & Gun Media Partnership

In partnership with Hilton Head Island, *Garden & Gun* produced a compelling digital campaign that showcased the island's vibrant culinary scene and linked back to the events calendar on HiltonHeadIsland.org. Multiple winter and early spring events were highlighted along with overall destination brand messaging. The program encouraged readers to plan a trip to America's Favorite Island® to experience all the destination has to offer.

Details:

- Campaign Run Dates: January 18 February 28, 2022
- Social media campaign on *Garden & Gun* Facebook, Instagram and Twitter platforms
- <u>GardenandGun.com</u> run of site banner ads

Results:

- Total Reach: 1.4M+
- Engagements: 4K
- Link clicks: 1.8K





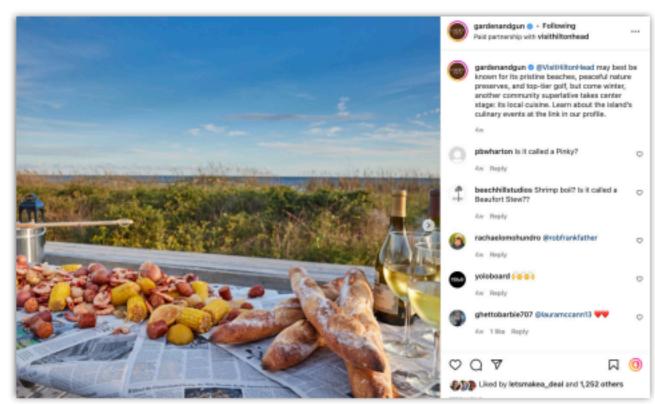


02/08/22 FACEBOOK POST

RESULTS @gardenandgun 872K+ impressions

2.5K+ Engagements 1,169 Link clicks

0.68% ENGAGEMENT RATE PROGRAM PROMOTION



02/08/22 INSTAGRAM POST

RESULTS @gardenandgun

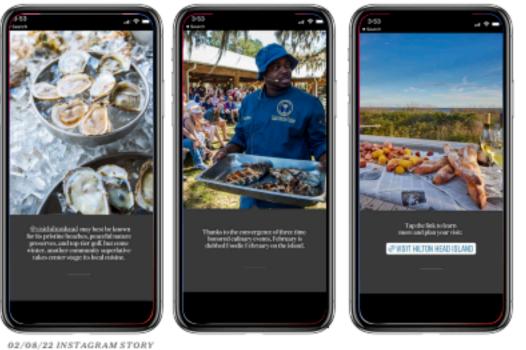


1.4K+ engagements 85 LINK CLICKS

3.15% Engagement rate

VFR3

PROGRAM PROMOTION **INSTAGRAM STORY**



RESULTS @GARDENANDGUN

 $18.4K^{+}$ IMPRESSIONS

42 ENGAGEMENTS

31 LINK CLICKS 0.23% CTR



02/08/22 TWITTER POST

2

GARDE

RESULTS @GARDENANDGUN



53 ENGAGEMENTS

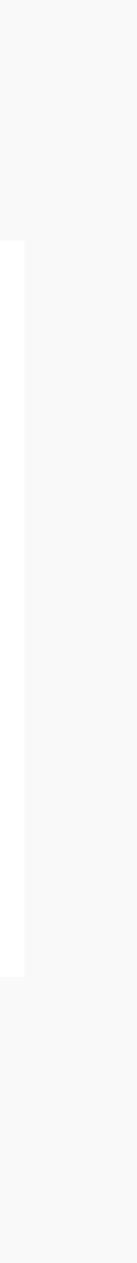
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21 TOTAL LINK CLICKS ENGAGEMENT RATE

Î

1.69%



Hilton Head Island-Bluffton Chamber of Commerce Insights

VFR3

Hilton Head Island-Bluffton Chamber of Commerce

Overview

The Hilton Head Island-Bluffton Chamber supported the event with an eNews feature.

Performance Highlights

- 37,463 Total Email Recipients
- 32,706 Total Email Opens
- 104 Total Email Clicks







THANK YOU

HILTON HEAD ISLAND

SOUTH CAROLINA



Hilton Head Island Wine and Food Inc.

Minutes

June 20th, 2022, 5:00 PM

Present – Chris Tassone, James Hill, Drew Laughlin, Sarah Morgret, Ed Brown, Scott Entrup, Rocky Whitehead, Dr. Bob Hohman, Mike Kaup

Absent – none

Others present – Jeff Gerber, Executive Director, Virginia Kavanaugh, Director

Motion to begin meeting – Scott Entrup, Dr. Bob Hohman Seconds - unanimous

Motion to accept the prior minutes – Scott Entrup, Ed Brown second – unanimous

Financials -

- a. Everyone should have received a copy of the May financials
- b. Questions -
- **c.** Some of the A/R money has been mailed. Jeff will give a verbal update on which funds have been received since May 31st.
- **d.** SCPRT We just awarded us \$5,505 for next year. Exact same amount as last year

2. Scholarships –

- **a.** Last month we agreed to giving \$10,000 to both USCB and TCL.
 - i. We still owed USCB \$4,000 from this year and I just sent the check. Just making sure everyone is aware of that before I send them a check for \$10,000.
 - 1. Anyone have a problem with that? NO
 - ii. I moved \$11,500 from the operating account to the scholarship fund which brings us to \$20,000 for this year.

3. TCL Update –

- **a.** I have been talking with TCL about how we continue to support their students. Here are some suggestions on their part:
 - i. COMPUTER/LAPTOP WORKSTATIONS (2) \$3,000
 - ii. REFERENCE MATERIALS COLLECTION: \$1,330
 - 1. "ON COOKING" PROGRAM TEXT 3 BOOKS AND ONE DIGITAL BOOK FOR EACH WORKSTATION
 - 2. "ON BAKING" PROGRAM TEXT 3 BOOKS AND ONE DIGITAL BOOK FOR EACH WORKSTATION
 - 3.

iii. MERCER CULINARY KNIFE KIT LOANER SETS: - \$3,950

- 1. (5) Culinary Knife Kits (\$365 each)
- 2. (3) Baking & Pastry Knife Kits
- 3. (2) Hospitality Knife Kits
- 4. These are loaner sets so students have the equipment they need for class until the kits they purchase arrive.
- 5. We can look at helping with uniforms also
- 6. Jeff to ask Tahoe Kitchen to sponsor

iv. Current Total is \$8280

4. Update on Events -

- a. Sip and Stroll -
 - **1.** We have confirmed being at the Shops at Sea Pines Center again
 - The wine shop will not be involved again this year
 a. Probably just a "bridge too far"
- b. Stay Gold -
 - Scott has confirmed that USCB could host the event.
 a. He is working on a proposal
 - 2. I had a couple more ideas this past month to consider helping control expenses
 - a. Could we work with TCL and/or USCB and have the students prepare the food?
 - b. Could we incorporate Gullah food into the menu? The ingredients tend to be less expensive and regional.
 - c. I have not talked to the Westin or the Sonesta yet. I wanted to see what Scott can do first so we have a cost basis to compare with what they might be able to do.
 - d.

5. Volunteers –

- a. Appreciation Party At the Rooftop bar. Tuesday June 28th
 - i. 6:30 9PM (Sunset at 8:30 i)

6. **Bylaws –**

- **a.** Need to elect officers for the coming fiscal year
 - i. Motion to move terms to 2 years no opposed, all in favor
- **b.** Officers:
 - i. Pres Scott Entrup motioned by Ed Brown seconded by Chris Tassone, unanimous
 - **ii.** VP Mike Bob Hohman motioned, Ed Brown seconded, unanimous
 - iii. Treasurer Rocky Whitehead motioned by Ed Brown, seconded as Ed Brown, unanimous
 - iv. Secretary Sarah Morgret, Scott Entrup motioned, Ed Brown seconded, unanimous

7. Potential New board Members -

- a. Are there areas we want covered with new board members?i. CPA, Hotels, Restaurants, Other?
- b. Discuss –

8. Meetings –

- **a.** July 18
- b. August 15
- **c.** Sept. 19
- **d.** Oct. 17
- e. Nov. 7
- f. Dec. 5
- 9. **MVC**
 - **a.** We increased the price 10% from \$8,000 to \$8,800
 - **b.** They went from 120 tickets to 60 for Saturday
 - **c.** They said as of now they want to purchase tickets to the Grand Tasting for 25-30 couples
 - **d.** They promised to stay in their area from 11 am to noon

- 10. Other business –
- 11. **Motion:**
 - **a.** Scott Entrup motioned for the festival to ask for \$130,000 from ATAX, Ed Brown seconded, unanimous.

Scott Entrup motioned for the meeting to adjourn, Ed Brown seconded, unanimous



HILTON HEAD WINE AND FOOD FESTIVAL

CENTER FOR EVENT MANAGEMENT

f

11

CENTER FOR EVENT MANAGEMENT AND HOSPITALITY TRAINING

RESEARCH METHODOLOGY

- Attendees completed a 34-question online survey
- QR Code directed respondents to survey
- An incentive was provided to completers
- iPads made available to respondents without mobile devices

RESPONSES

393

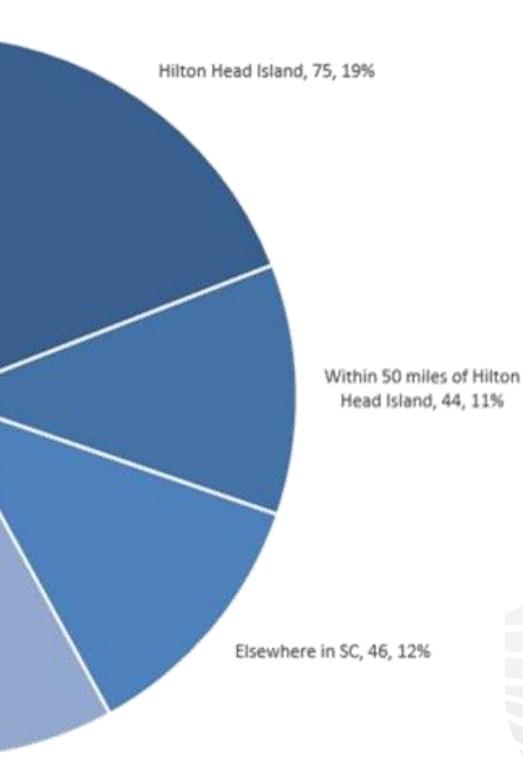


Answered: 393 Skipped: 0

International, 4, 1%

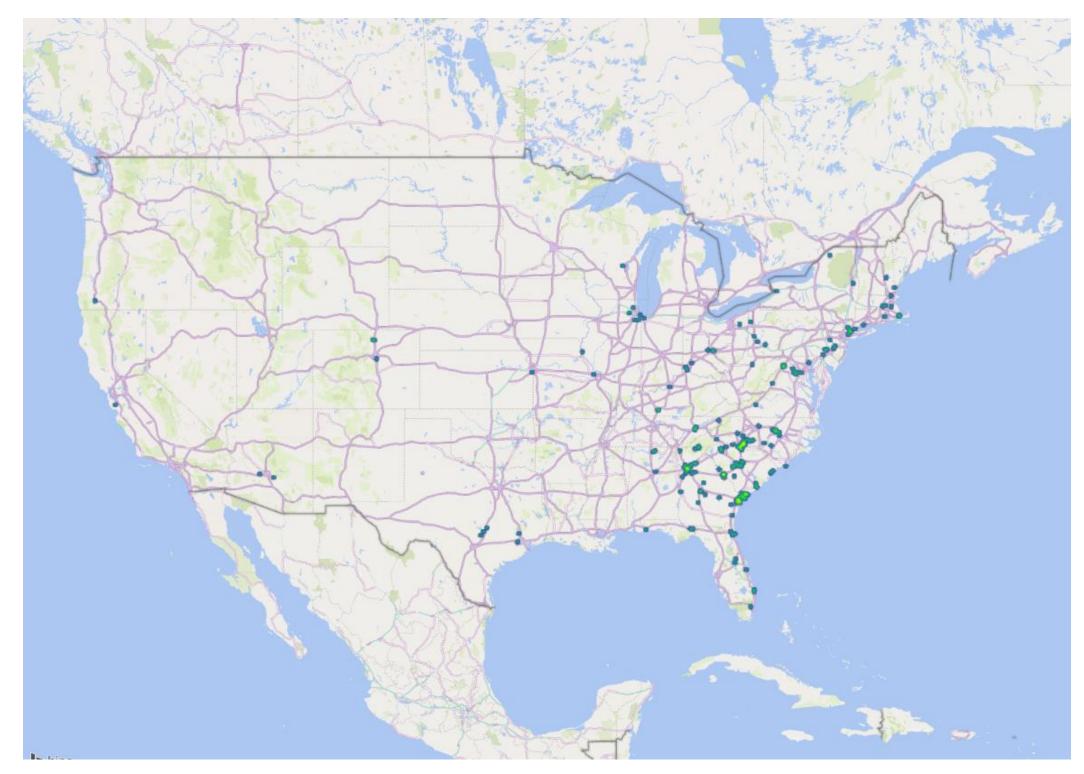








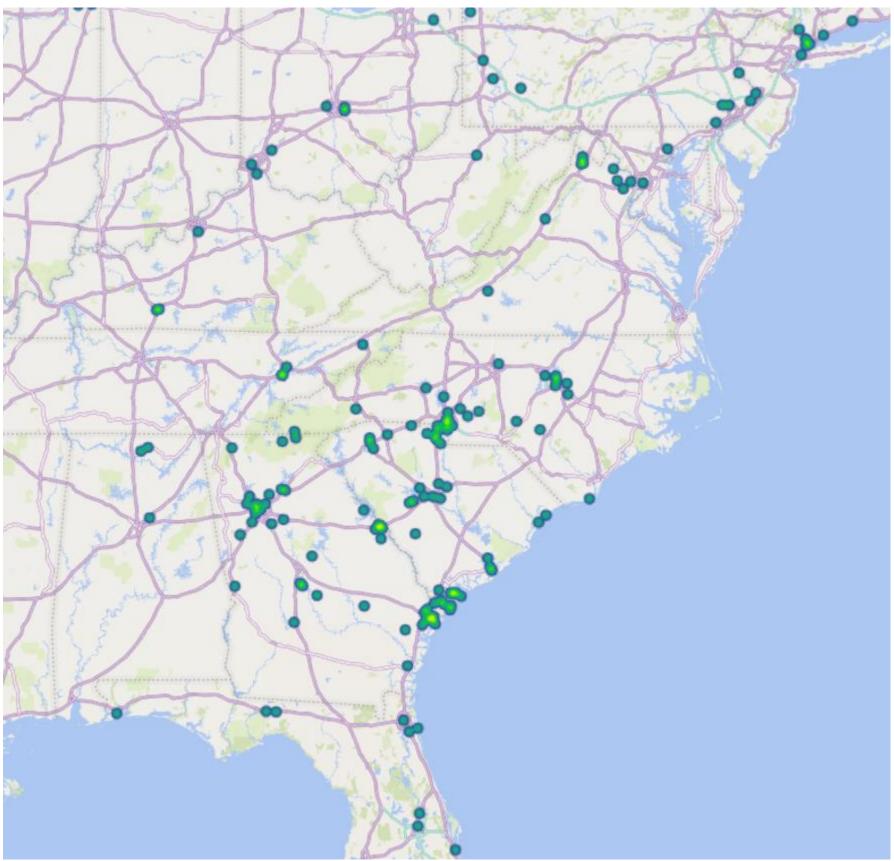
Answered: 393 Skipped: 0





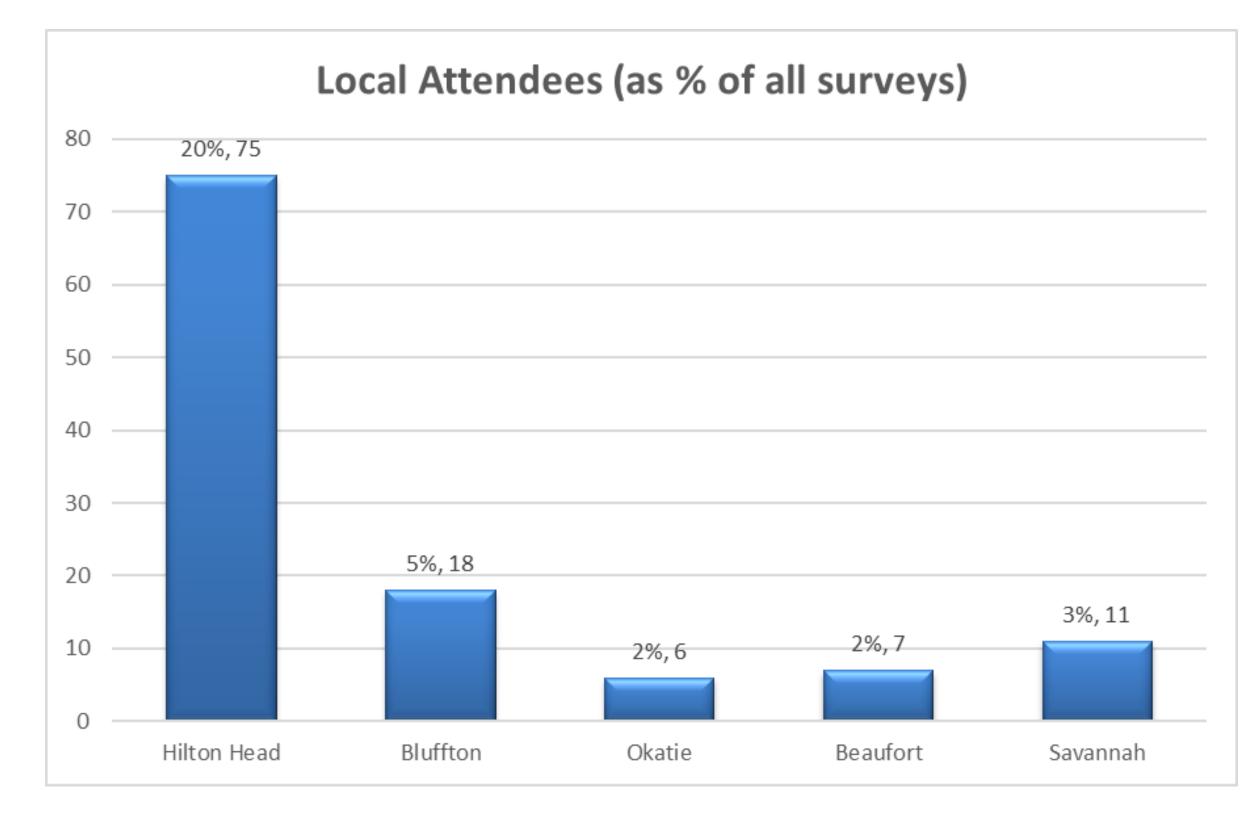


Answered: 393 Skipped: 0







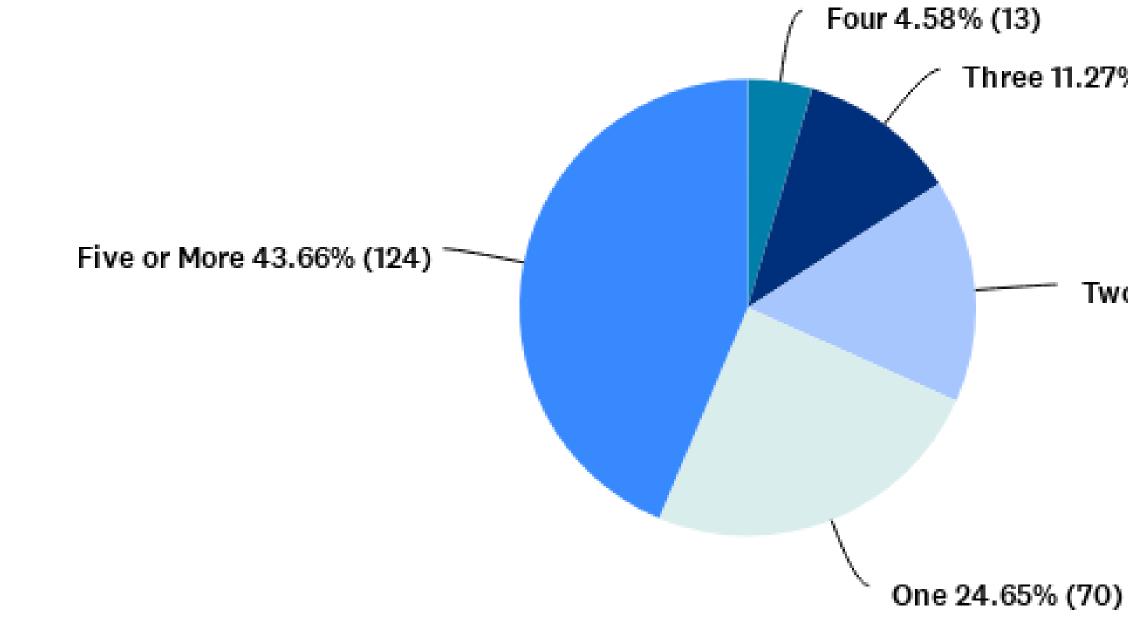






Including this visit, HOW MANY trips have you taken to Hilton Head Island?

• Answered: 284 Skipped: 109





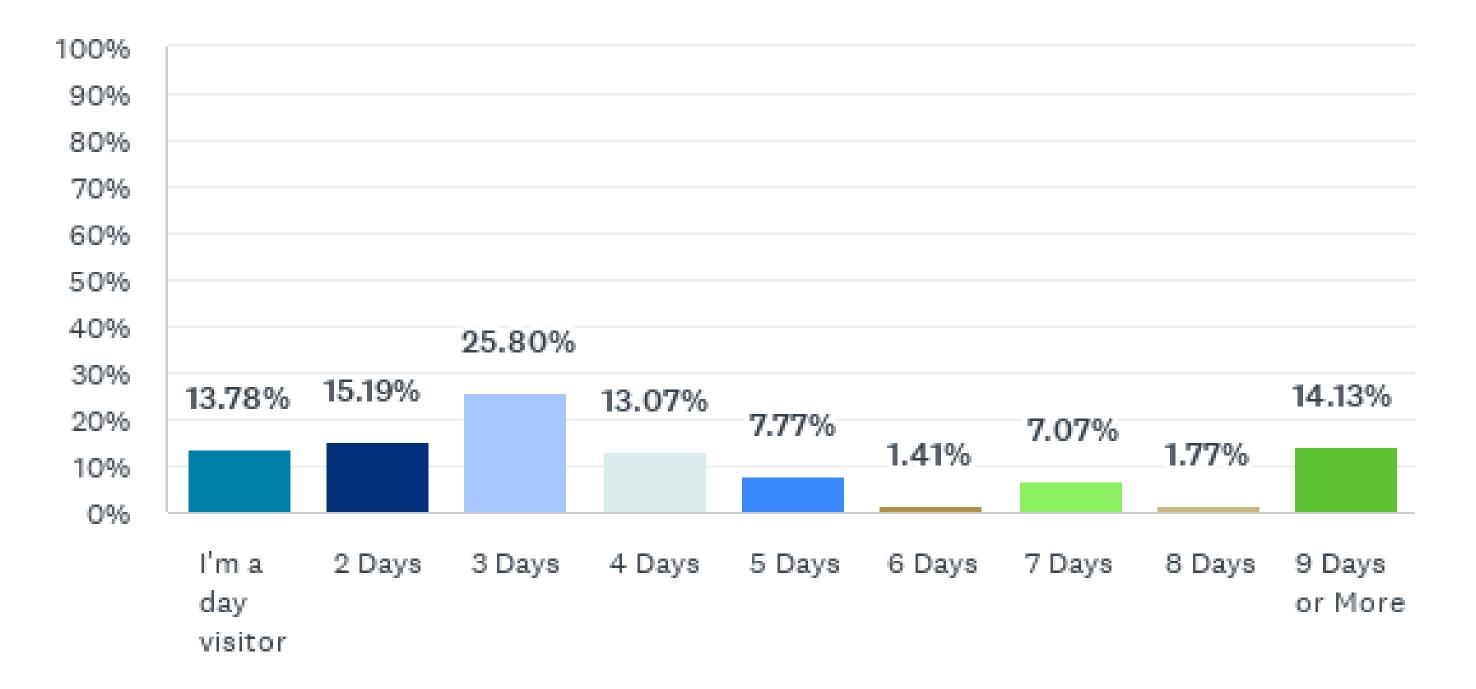
Three 11.27% (32)

Two 15.85% (45)



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

• Answered: 283 Skipped: 110

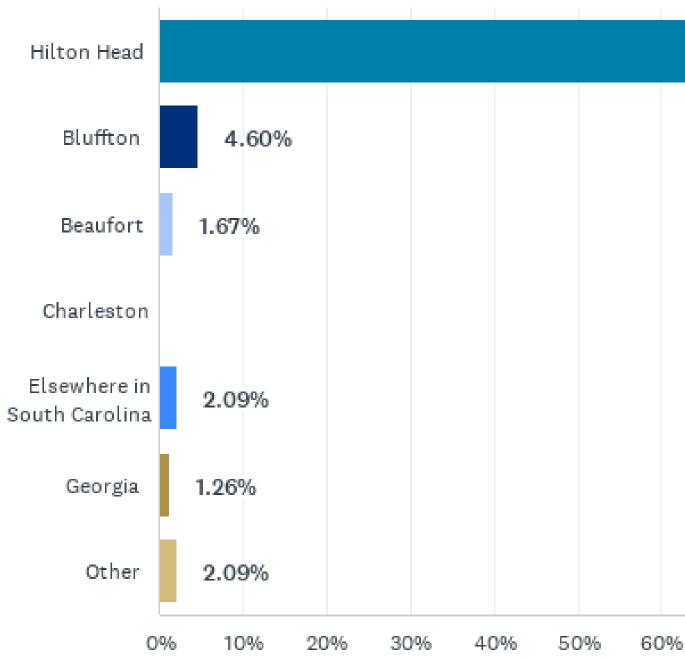


USCB CENTER FOR EVENT MANAGEMENT AND HOSPITALITY TRAINING



Where are you staying overnight on this trip?

• Answered: 239 Skipped: 154

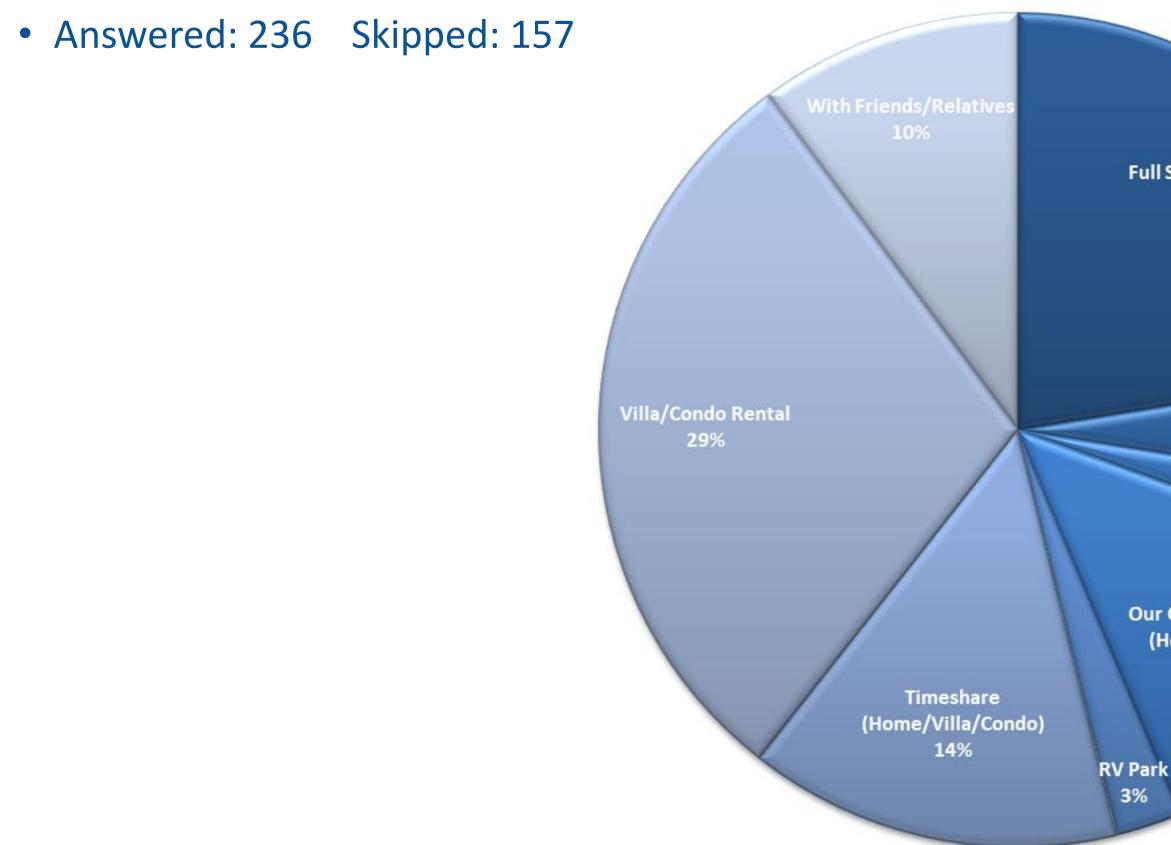


USCB CENTER FOR EVENT MANAGEMENT AND HOSPITALITY TRAINING

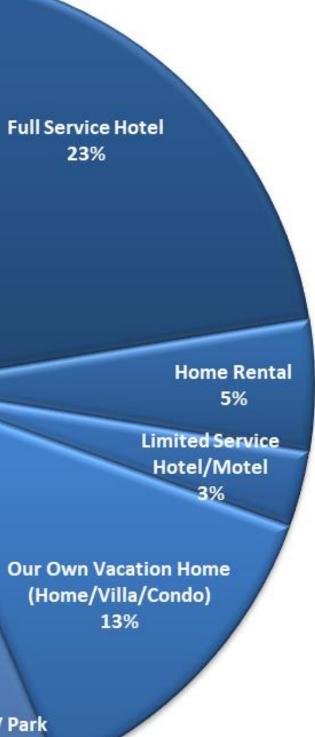
			_	
		88.28%		
6	70%	80%	90%	100%
900 - C	1 YO 1 YO	160 M 17 M		100.20



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



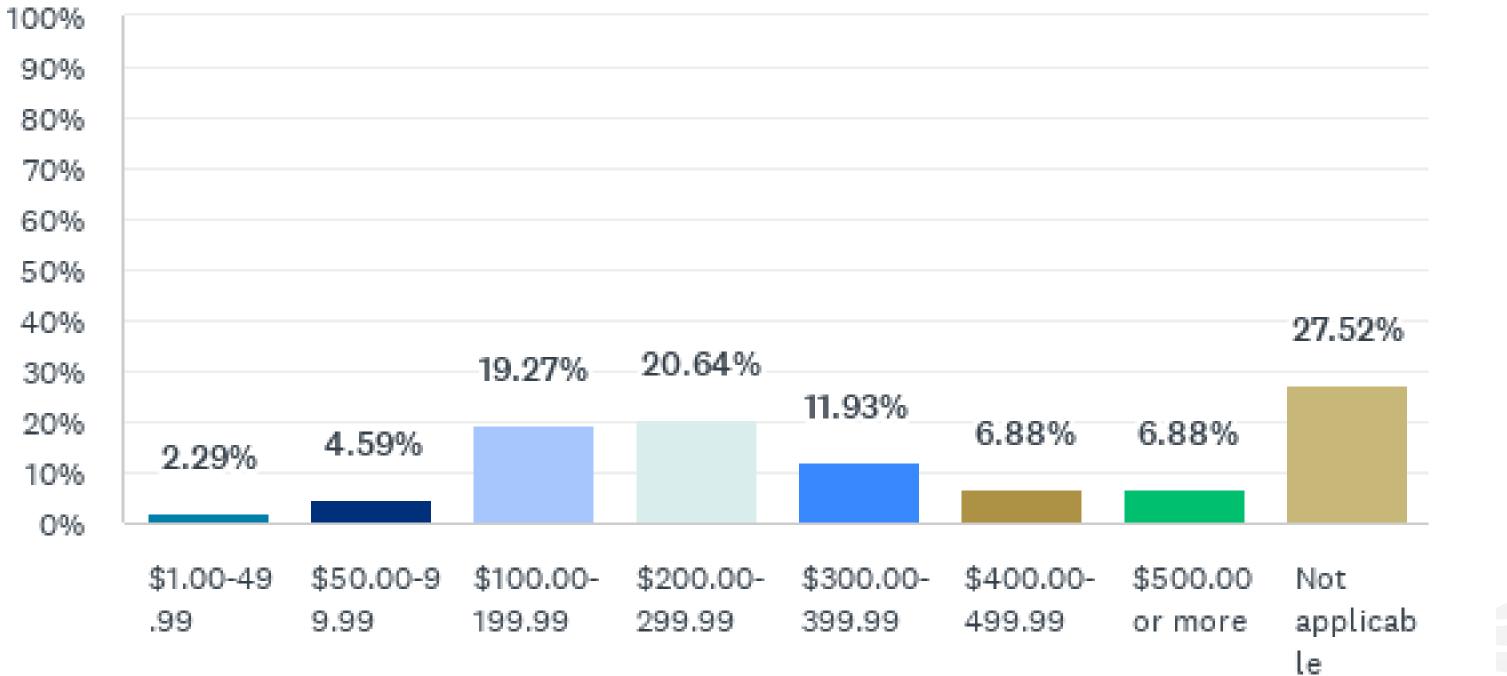






Approximately, how much will your travel party spend on lodging PER NIGHT?

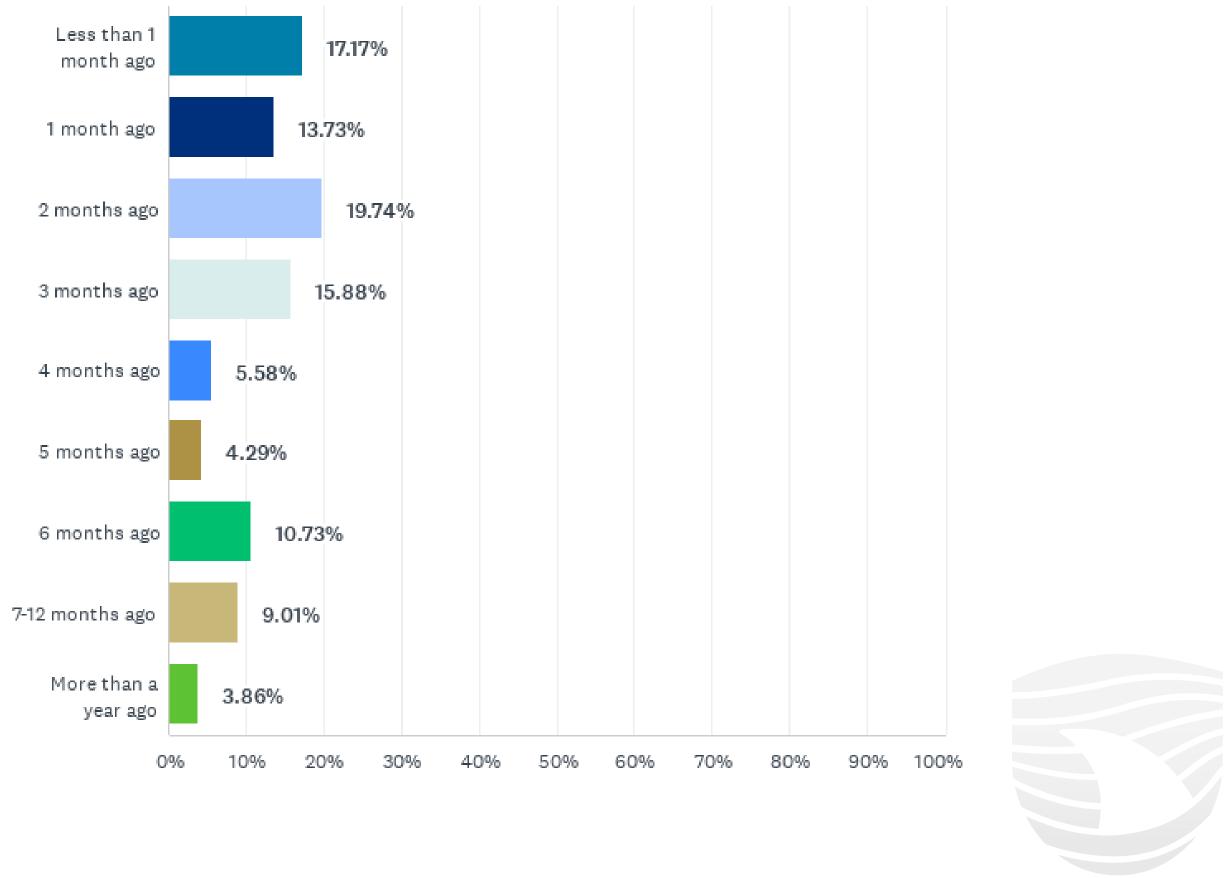
Answered: 218 Skipped: 175





How many months in advance did you book this trip?

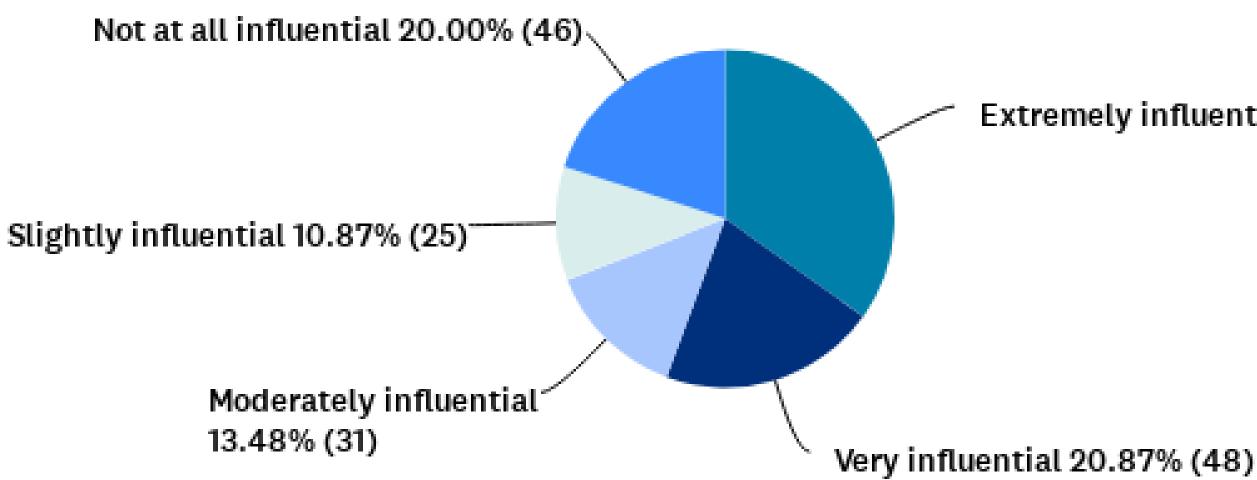
Skipped: 160 • Answered: 233





How influential was the 2021 Hilton Head Wine and Food Festival when initially planning your trip to Hilton Head Island?

• Answered: 230 Skipped: 163



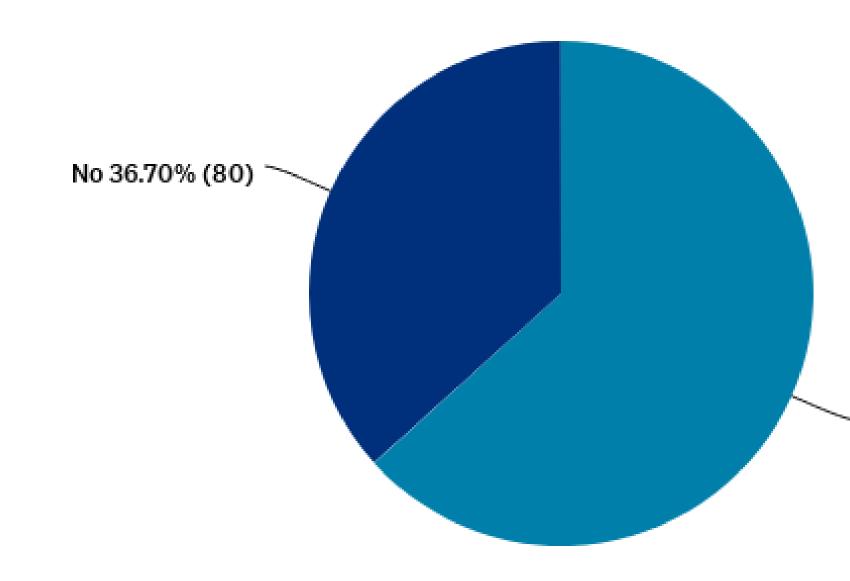


Extremely influential 34.78% (80)



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

• Answered: 218 Skipped: 175



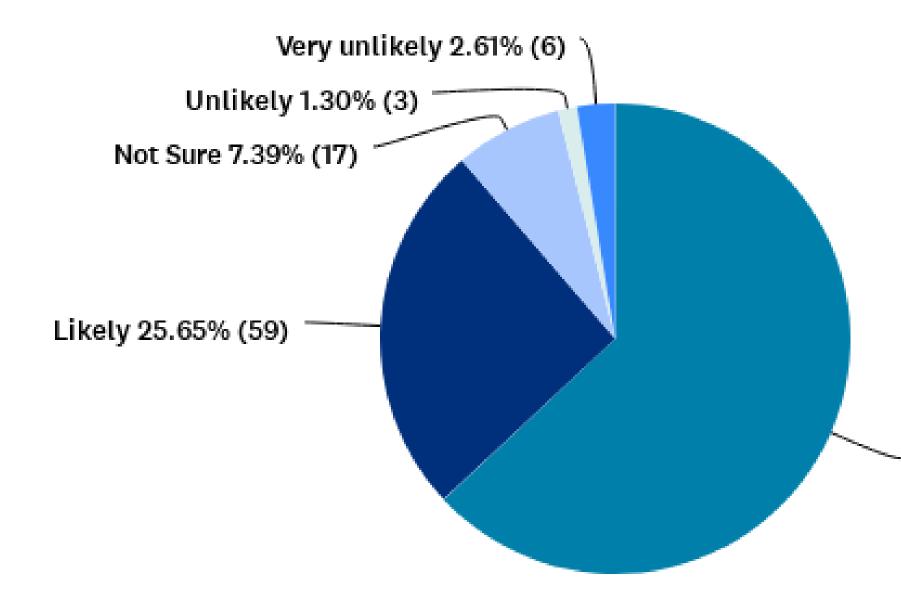


Yes 63.30% (138)



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

• Answered: 230 Skipped: 163



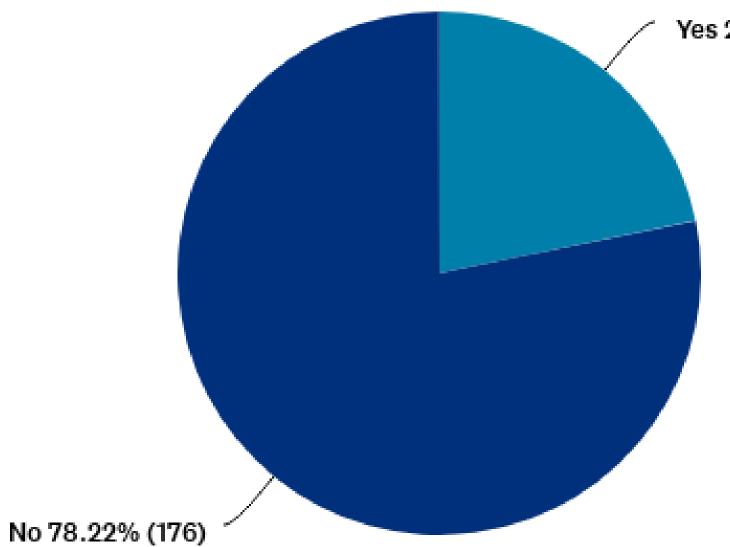


Very likely 63.04% (145)



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

• Answered: 225 Skipped: 168

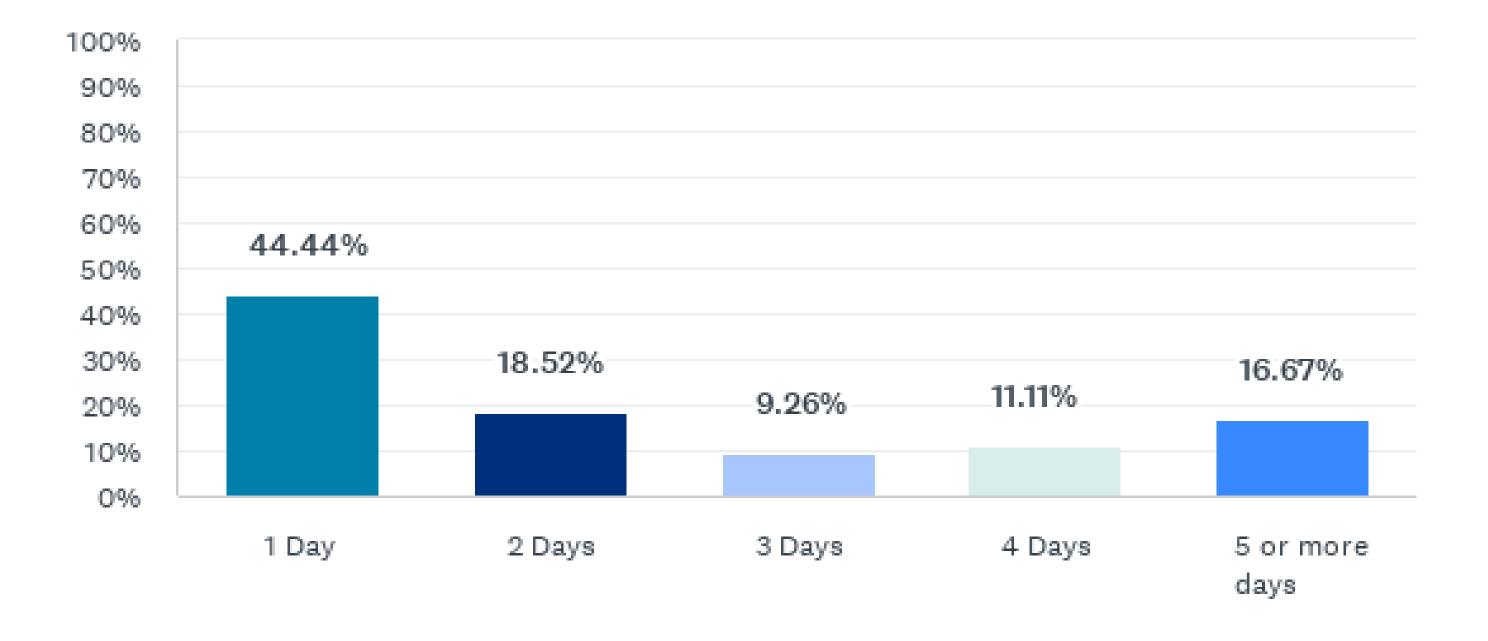


SUSCB CENTER FOR EVENT MANAGEMENT AND HOSPITALITY TRAINING Yes 21.78% (49)



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

• Answered: 54 Skipped: 339

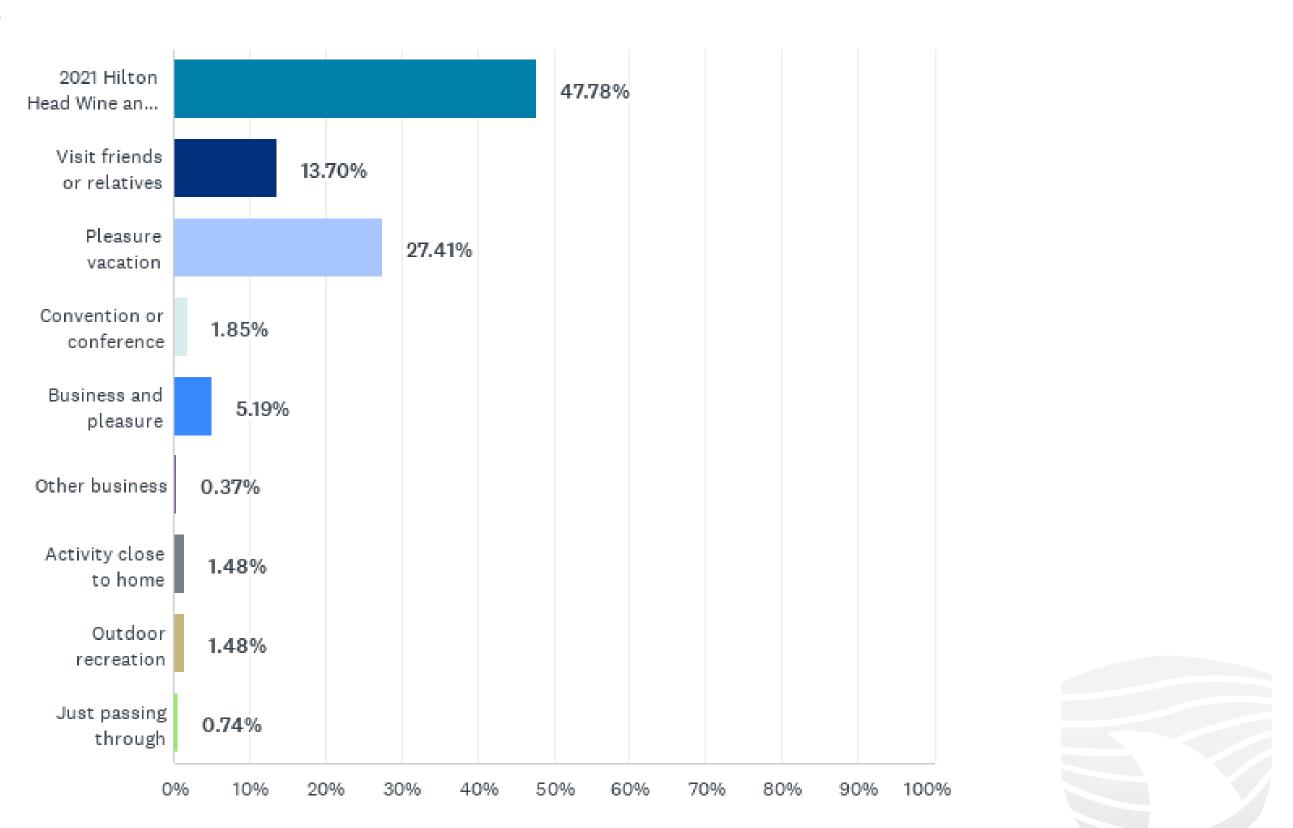


USCB CENTER FOR EVENT MANAGEMENT AND HOSPITALITY TRAINING



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

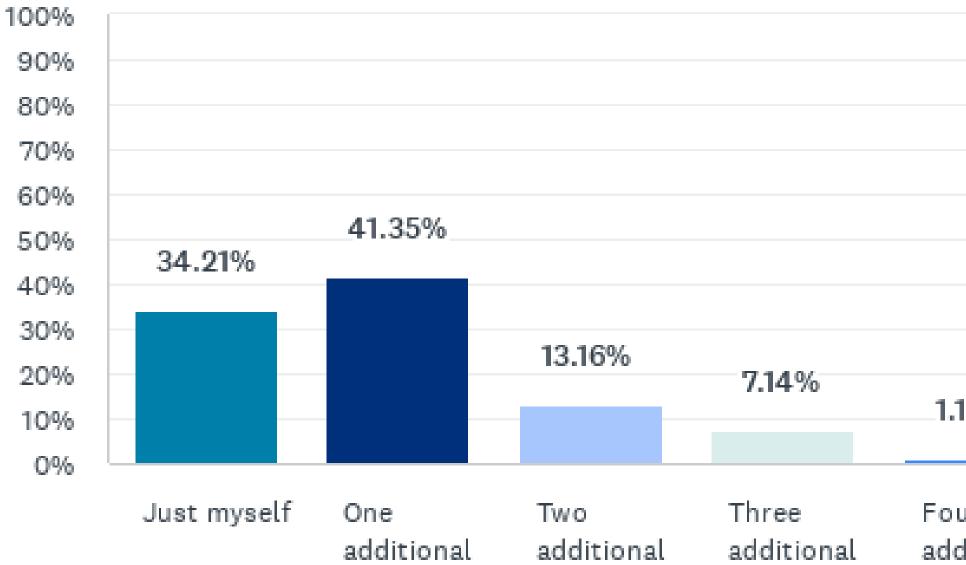
• Answered: 270 Skipped: 123





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

• Answered: 266 Skipped: 127



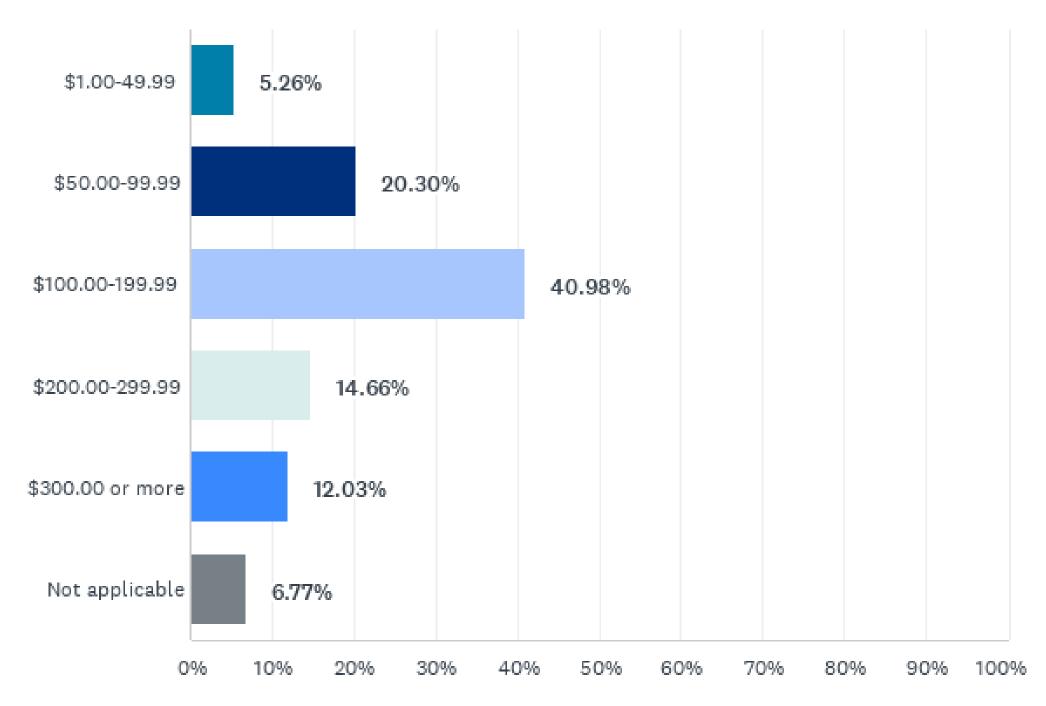
USCB CENTER FOR EVENT MANAGEMENT AND HOSPITALITY TRAINING

13%	3.01%
13 /0	
Jr	Five or
ditional	more
	additional



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

• Answered: 266 Skipped: 127

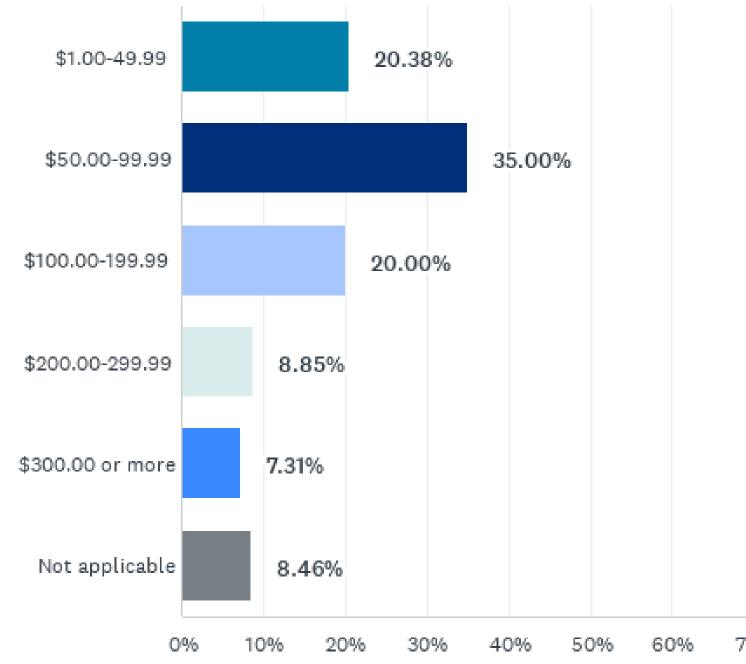






How much do you think your travel party will spend on retail purchases PER DAY (i.e. gifts, souvenirs, etc.?)

• Answered: 260 Skipped: 133

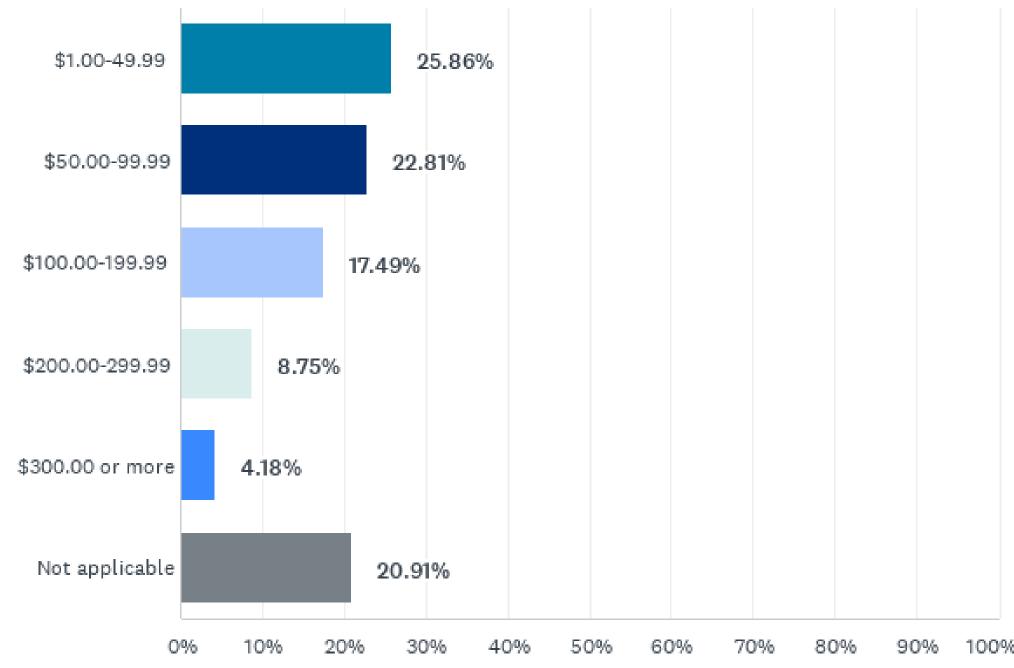


70%	80%	90%	100%



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

• Answered: 263 Skipped: 130



100%



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

• Answered: 357 Skipped: 36

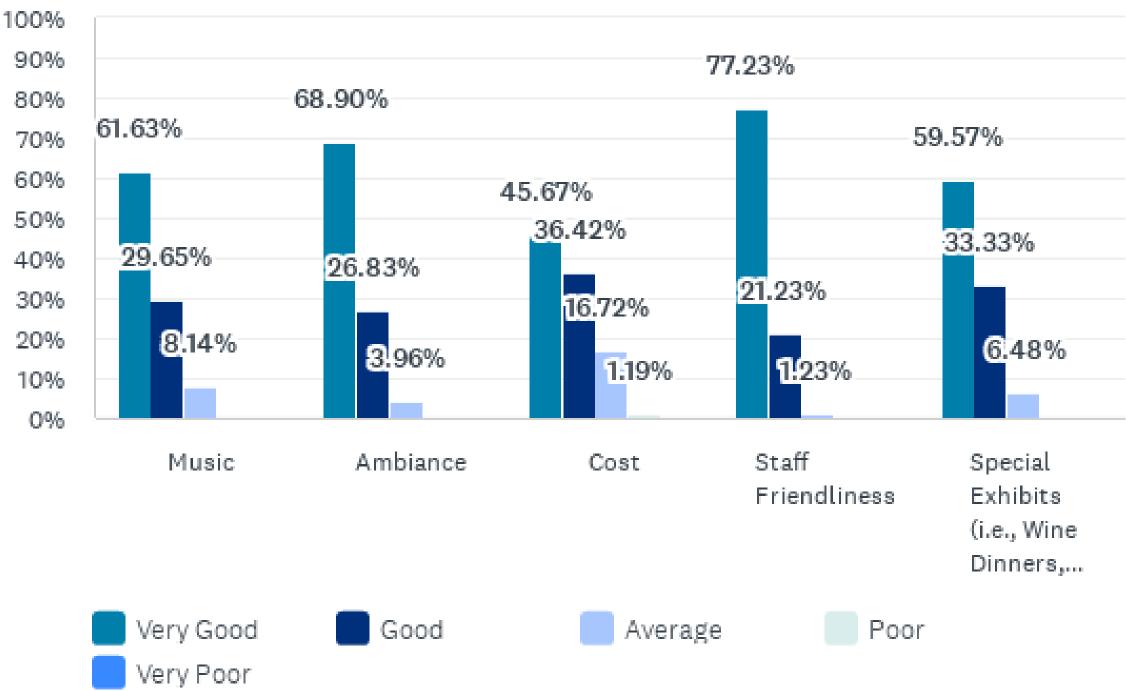
Television Commercial or News Coverage
Radio Commercial or News Coverage
Magazine
Newspaper
Online, internet search
The Hilton Head Wine and Food Website
Word of Mouth
Social Networks (Facebook, Twitter, etc.)
Hilton Head Island Visitor & Convention Bureau
Email Marketing
Other Website
I don't remember

4.20%	15
2.80%	10
3.36%	12
1.12%	4
22.97%	82
7.56%	27
26.89%	96
11.48%	41
4.76%	17
2.52%	9
1.12%	4
3.64%	13



How would you rate the following festival characteristics?

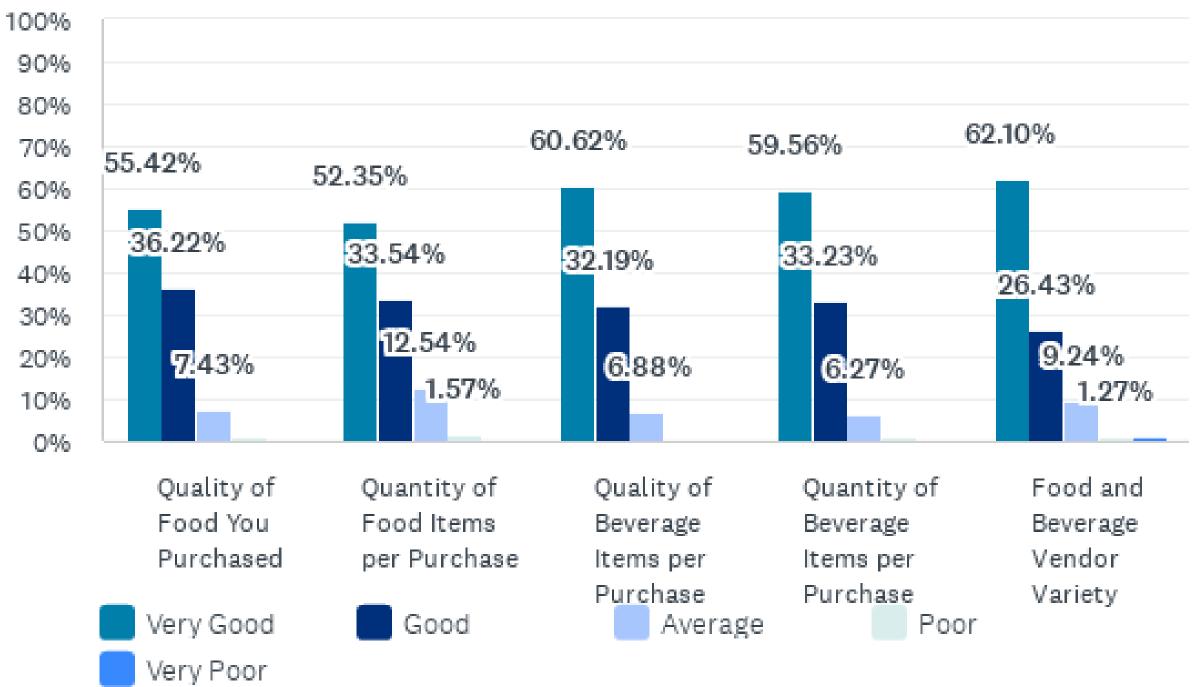
• Answered: 345 Skipped: 48





How would you rate the following festival characteristics?

• Answered: 333 Skipped: 60

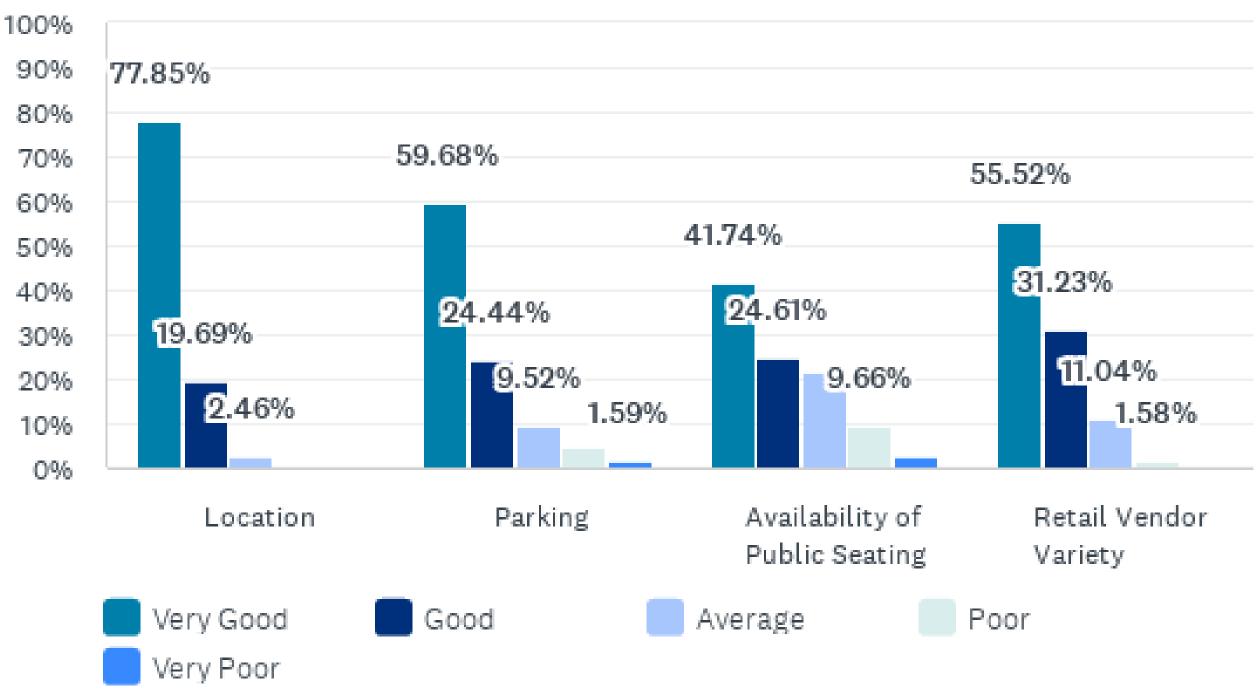


Quantity of	Food
Beverage	Bever
ltems per	Vend
Purchase	Varie
Poor	



How would you rate the following festival characteristics?

• Answered: 327 Skipped: 66

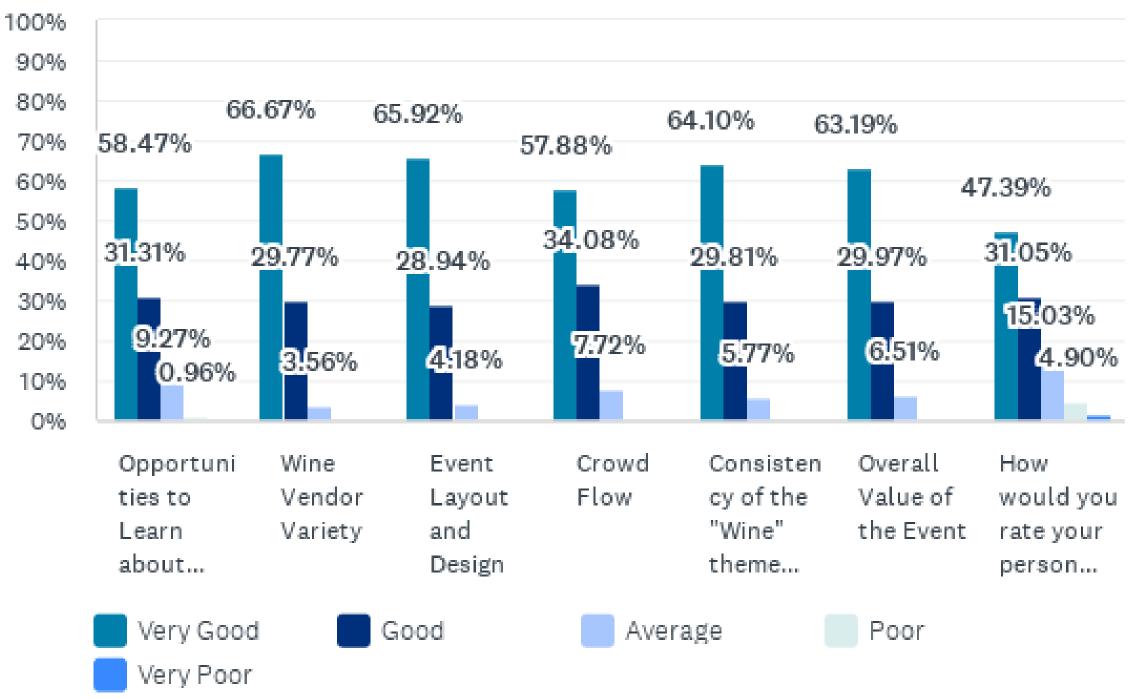


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How would you rate the following festival characteristics?

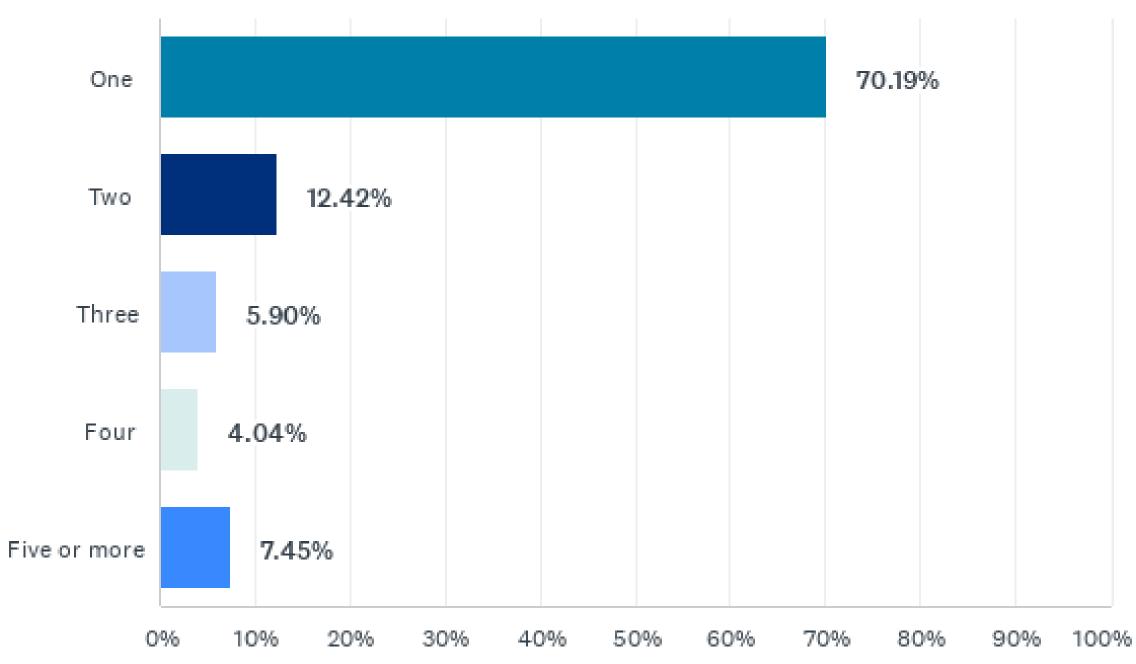
• Answered: 318 Skipped: 75





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

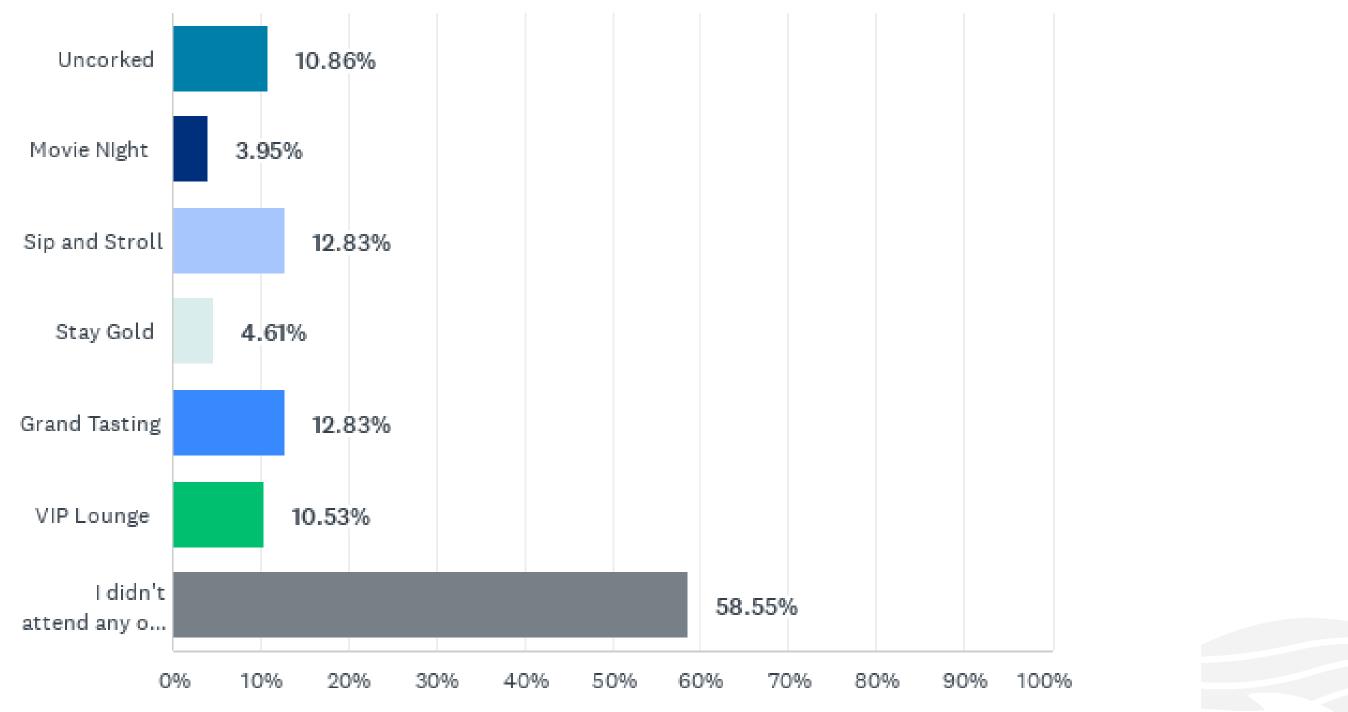
• Answered: 322 Skipped: 71



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

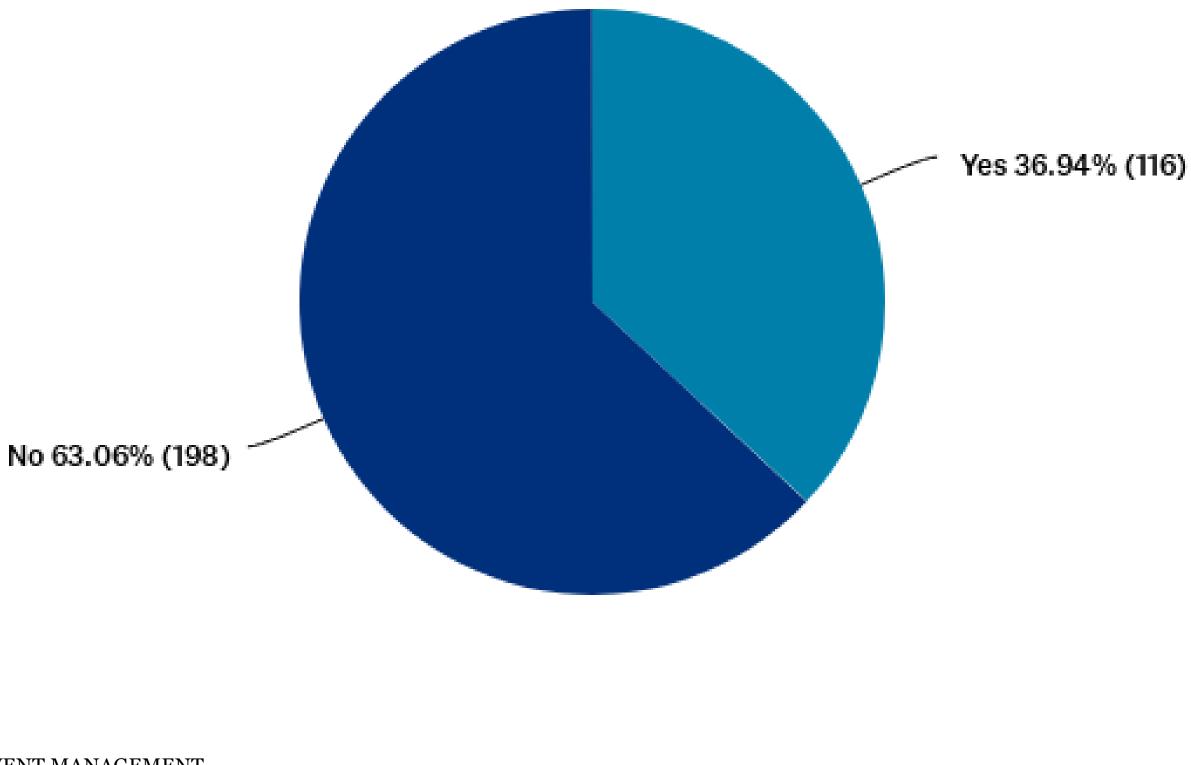
• Answered: 304 Skipped: 89





Did you or are you planning to attend any of the other wine dinners on Hilton Head Island this year?

Skipped: 79 • Answered: 314

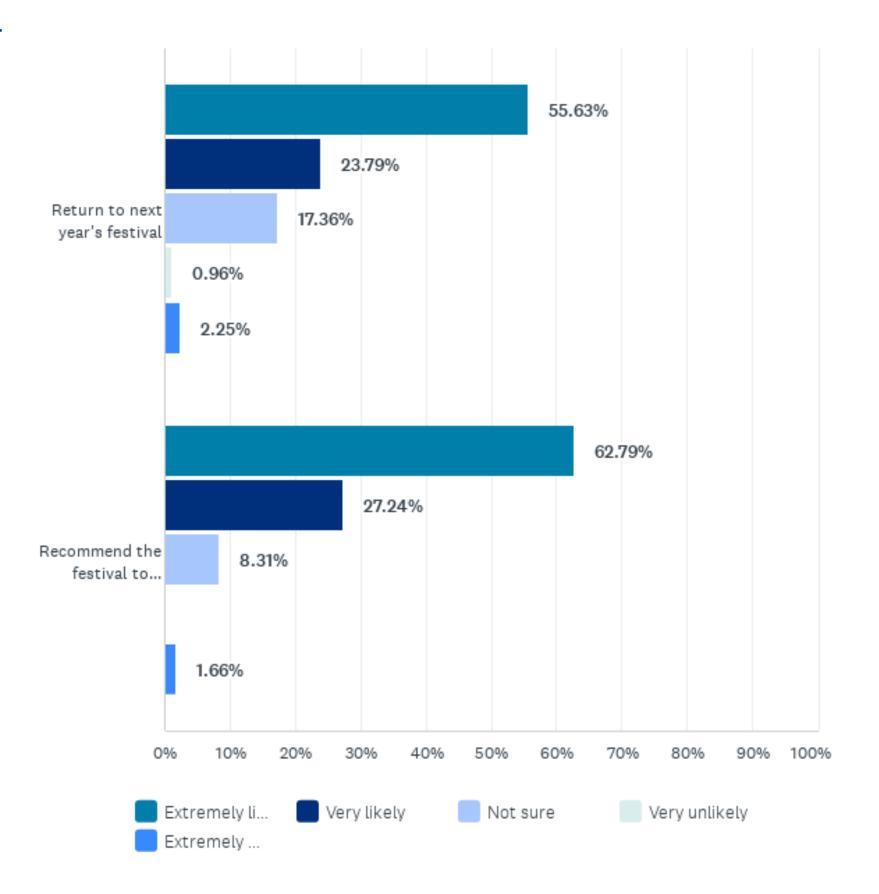






How likely are you to return to next year's festival and recommend the festival to friends?

• Answered: 312 Skipped: 81



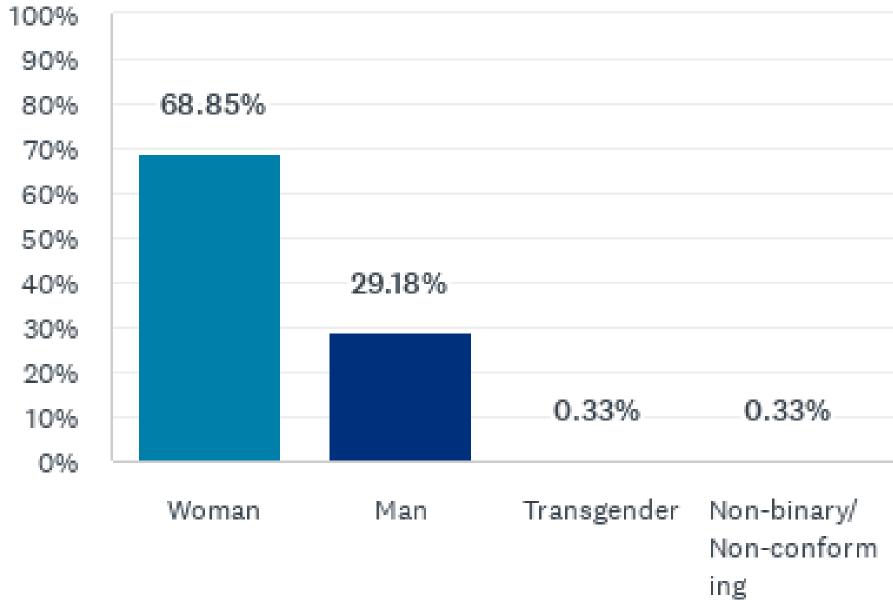






How do you identify?

• Answered: 305 Skipped: 88



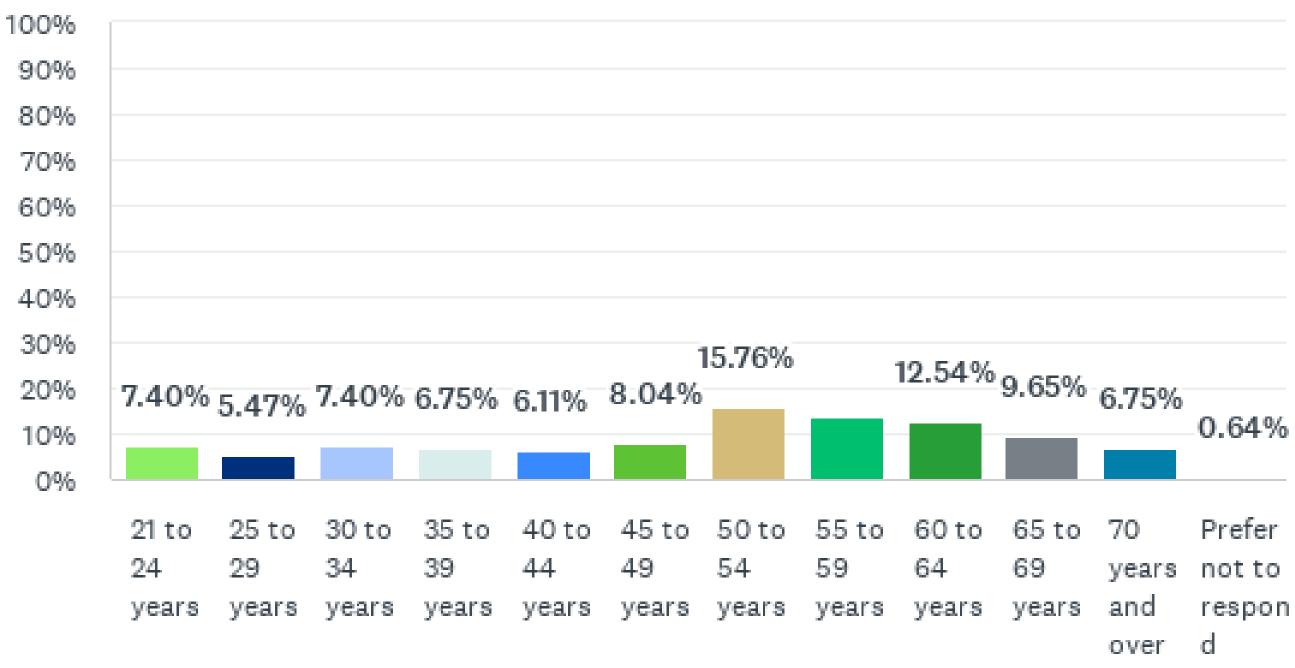


0.98% 0.33% Prefer not Prefer to to respond Self-Descri be



Please indicate your age below.

• Answered: 311 Skipped: 82





Please indicate your marital status.

• Answered: 304 Skipped: 89

Prefer not to respond 2.30% (7) Married 66.45% (202)

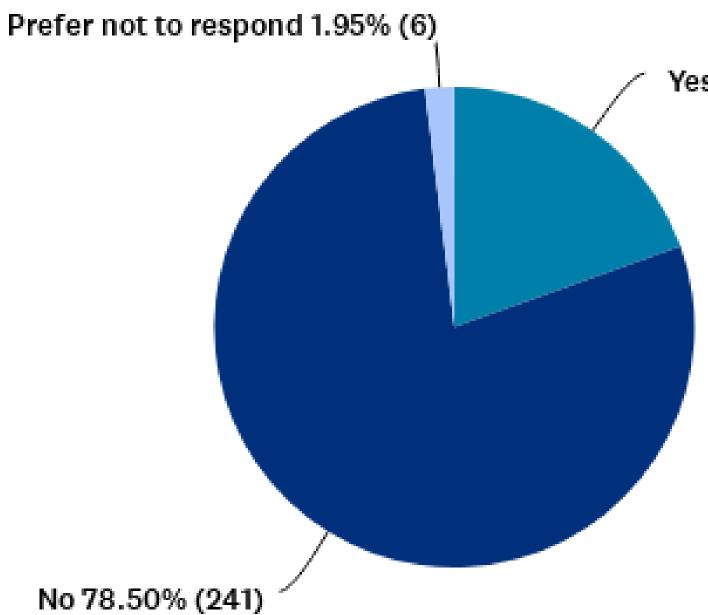


Single 31.25% (95)



Do you have children under 18 living at home?

• Answered: 307 Skipped: 86



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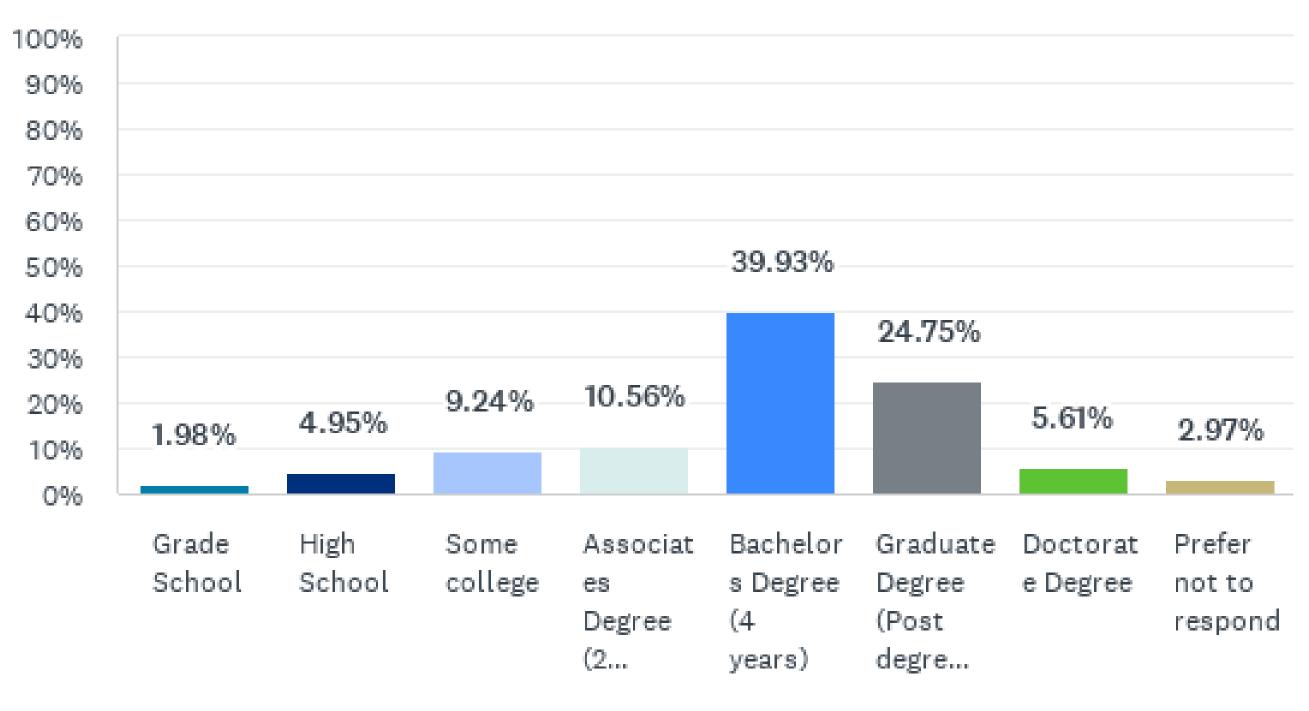


Yes 19.54% (60)



Please indicate your highest level of education.

• Answered: 303 Skipped: 90

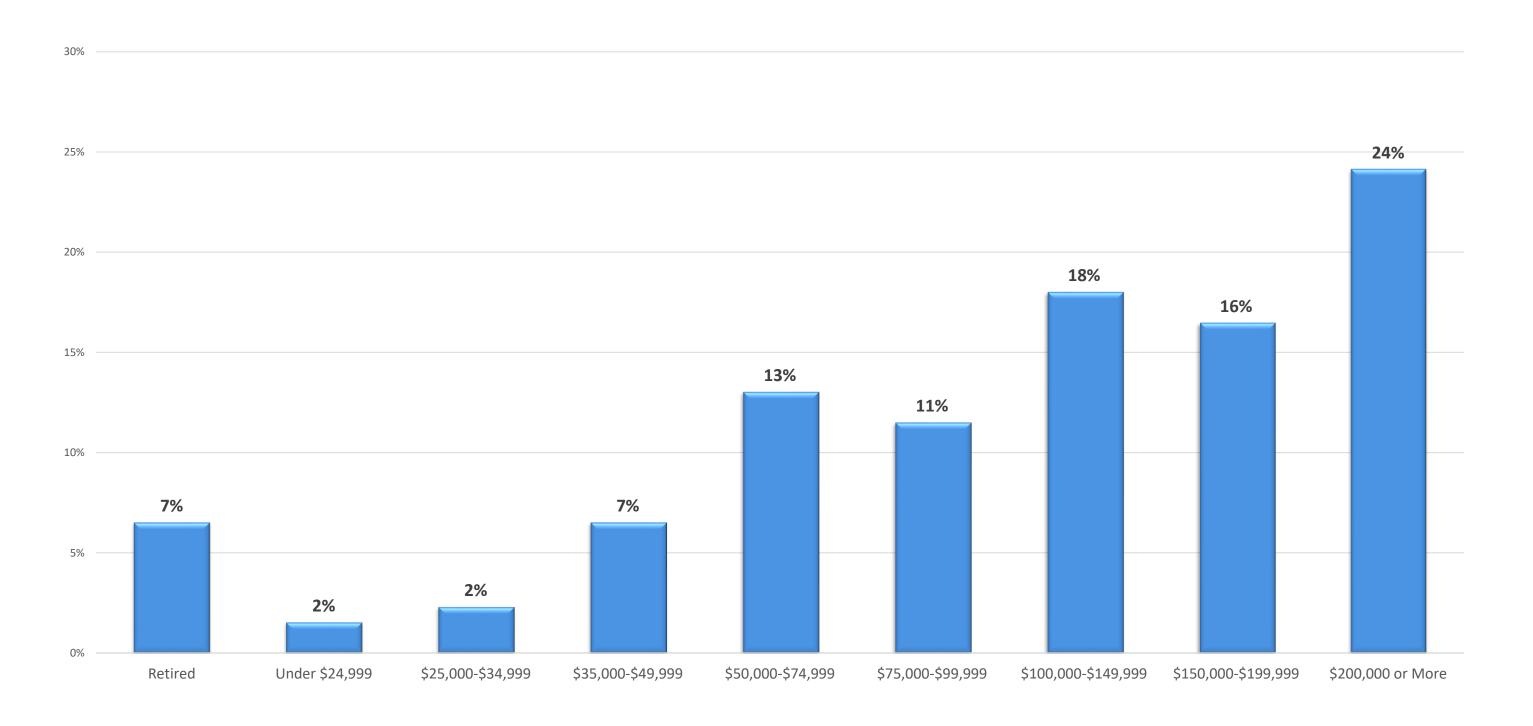


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Which of the following ranges includes your annual household income?

• Answered: 261 Skipped or Selected "Prefer not to Answer": 132





*Percentages reflect only those who participated in the question and selected an answer other than "Prefer not to Answer."









No children under 18 living at home



Bachelors edegree

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Income \$200,000 or more



COMMENTS

- My wife and I are really glad the wine festival for 2022 was in March. Cooler weather and enjoyed it much more than in 2021 when it was in September.
- Needed more food vendors. Need a soft drink vendor. Need a place to put a plate to eat.
- Great time !!!
- Better signage describing the wineries, i.e. location, etc.
- Pease add location of winery on the identifying signs!
- Super fun that the event was in Lowcountry Celebration Park!
- Love it
- Love!
- Thank you
- VIP folks should be allowed in the wine tasting area at 11. The vip area needs to be a little bigger with more seats.
- Event is fabulous
- Great time great food. Will come again.



COMMENTS

- Everything is wonderful
- Fun and well organized
- Need more food vendors
- Thank you
- Love this place
- Food should be in one area
- I've hhi!
- Great time
- This has been my first Wine + Food Festival. It has been a blast!
- Great event keep the crowd size reasonable so we can all enjoy
- Ty
- Thank you
- Extend the time and add art show

olast! njoy



COMMENTS

- Flow getting in should include entrance inside by Hincheys
- Dr Barth rules!
- This survey is too long
- Awesome experience!
- Good
- Love it and the parking
- Great environment
- Thank you,
- Would suggest enough seating to accommodate all VIP tickets
- Virginia was extremely helpful and accommodating.
- Virginia is the best!!
- Virginia is the best
- Virginia is amazing!
- Virginia is Amazing. Love her
- Too many questions, keep it to 20 next time
- Love it!!





CENTER FOR EVENT MANAGEMENT AND HOSPITALITY TRAINING

Hilton Head Wine and Food Festival

Povonuo	Wine and Food Festival Budget for March 2022	Budget	
Revenue Wine Entries		\$15,000	
Festival Events		\$175,000 \$175,000	
		Ş175,000	
Off Cycle Events		\$2,000	
Sub Total for Events		\$192,000	
		+	
Sponsorships		\$50,000	
Auction		\$10,000	
Food/Wine/Retail Vendor Booth		\$10,000	
Sub Total Revenue		\$70,000	
ATAX Town of HHI		\$130,000	
ATAX Beaufort County		\$10,000	
SCPRT		\$5,500	
Sub Total Grants		\$145,500	
Total Revenue		\$407 <i>,</i> 500	
Expenses			
Scholarship			
Scholarship Expenses		\$20,000	
		<i>\\\\\\\\\\\\\</i>	
Administration			
Direct Administrative Expenses		\$56,000	
Marketing & PR			
Marketing and PR		\$30,000	
-			
Judging Expenses			
Lodging		\$1,500	
Per Diem			
Reception & Food for Weekend		\$800	
Awards/Medals		\$1,600	
Enofile Expenses		\$1,500	
Office Supplies - Judging		\$750	
Facility Rental for Judging		\$500	
Travel to Increase entries		\$1,250	
Subtotal for Judging Expenses			\$7,900
Advertising			
Print - Magazine/News Paper		\$10,000	
Digital		\$15,000	

T) (¢10.000
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	\$95,000
Event Expenses	
Ticketing Fees	\$6,000
Logistics	\$11,000
Trash & Recycling	\$2,600
Audio & Visual Equipment	\$2,600
Photography	\$1,000
Rentals - Tables, Chairs, Furniture, etc	\$7,500
Tents	\$30,000
Restroom Services	\$6,000
Transportation - Trolleys, Busses, etc	\$500
Valet Services	\$0
Fencing	\$5,500
Glassware	\$10,000
Live Entertainment	\$1,000
Facility Rental Fees	\$1,000
Insurance	\$4,700
Travel	\$1,250
Ice	\$2,000
Survey of Attendees	\$750
Printing - Programs	\$0
Printing - Maps	\$1,000
Printing - Signs	\$5,000
Printing - Other	\$1,000
Security	\$2,750
Wine for Retail Tent	\$0
Merchandise for Retail Tent	\$3,000
Licenses	\$1,000
Food and Beverage for Events	\$7,500
Wine for events	\$15,000
Volunter T-Shirts	
	\$1,500
Misc Event Expenses	\$7,000
Subtotal for Event Expenses	\$138,150
Other Expenses	
Bank and Credit Card Fees	\$6,000
Equipment	\$1,500
- 4 - 4	Ŷ1,000

Postage	\$500	
Professional Fees	\$1,000	
Supplies & Misc Expenses	\$2,500	
Website Maintenance	\$5,000	
Telephone	\$0	
Office & Storage Facility Rent	\$12,900	
D&O Insurance	\$800	
Unexpected Expenses	\$4,000	
Stay Gold Event	\$10,000	
Off Cycle Events	\$2,000	
Subtotal for Other Expenses		\$46,200
Total Expenses	\$393,250	
NET Profit (Loss)	\$14,250	

Hilton Head Hospitality Association Balance Sheet As of June 30, 2022

	Jun 30, 22
ASSETS	
Current Assets	
Checking/Savings	
1000 · CASH 1010 · Coastal State Bank	51,201.06
1021 · South Bank - Operating A/C	178,341.86
Total 1000 · CASH	229,542.92
Total Checking/Savings	229,542.92
Accounts Receivable 1200 · Accounts Receivable	28,119.81
Total Accounts Receivable	28,119.81
Other Current Assets Undeposited Funds	94.00
Total Other Current Assets	94.00
Total Current Assets	257,756.73
Other Assets	
1500 · Fixed Assets 1510 · Office Equipment	657.62
Total 1500 · Fixed Assets	657.62
Total Other Assets	657.62
TOTAL ASSETS	258,414.35
LIABILITIES & EQUITY Equity	
3020 · Retained Earnings Net Income	149,494.66 108,919.69
Total Equity	258,414.35
TOTAL LIABILITIES & EQUITY	258,414.35

Hilton Head Hospitality Association Balance Sheet As of June 30, 2021

	Jun 30, 21
ASSETS Current Assets Checking/Savings	
1000 · CASH 1010 · Coastal State Bank 1021 · South Bank - Operating A/C	26,201.06 92,944.47
Total 1000 · CASH	119,145.53
Total Checking/Savings	119,145.53
Accounts Receivable 1200 · Accounts Receivable	
Total Accounts Receivable	30,255.13
Other Current Assets Undeposited Funds	94.00
Total Other Current Assets	94.00
Total Current Assets	149,494.66
TOTAL ASSETS	149,494.66
LIABILITIES & EQUITY Equity	
3020 · Retained Earnings Net Income	136,430.88 13,063.78
Total Equity	149,494.66
TOTAL LIABILITIES & EQUITY	149,494.66

Hilton Head Hospitality Association Profit & Loss July 2021 through June 2022

	Jul '21 - Jun 22
Income 4100 · Programs and Festivals 4600 · WineFestival Income	
4605 · Intrn'I Wine Judging Entries 4606 · Admissions	11,340.00
4606.1 · Uncorked 4607 · Grand Tasting 4608 · Public Tasting 4611 · Other Events 4611.11 · Sip & Stroll 4611.12 · Stay Gold 4611.20 · Movie Night	4,809.99 29,645.72 151,073.06 25,128.21 31,759.29 1,000.00
4611.22 · Craft Beer Event	11,157.93
Total 4611 · Other Events	69,045.43
4612 · Unassigned Receipts	1,019.97
Total 4606 · Admissions	255,594.17
Total 4600 · WineFestival Income	266,934.17
4615 · Grand Tasting Auction 4616 · Public Tasting Auction 4617 · Wine Vendor Booths 4619 · Retail Vendor Booths	8,500.00 784.00 7,000.00 1,224.10
4640 · Sponsorship 4655 · Grants 4656 · Town of HHI ATAX 4657 · Beaufort County ATAX 4658 · SCPRT	144,558.94 175,410.00 10,000.00 5,220.00
Total 4655 · Grants	190,630.00
Total 4100 · Programs and Festivals	619,631.21
4611.08 · Stay Gold Event	20,700.99
Total Income	640,332.20
Expense 6100 · Program and Festivals Expense 6500 · Scholarship Expense 6600 · WineFestival Production Costs 6602 · Marketing & PR 6606 · Other Marketing & PR	6,000.00 24,000.00
Total 6602 · Marketing & PR	24,000.00
6606.5 · Direct Administrative Expense 6607 · Festival Director 6608 · Other Direct Administrative	27,000.00
Total 6606.5 · Direct Administrative Expense	32,525.00
6609 · Grand Tasting Expense	28,560.35

Hilton Head Hospitality Association Profit & Loss July 2021 through June 2022

	Jul '21 - Jun 22
6610 · Advertising - ATAX Elgible	
6611 · Print, News Papers	8,774.00
6612 · Magazine	12,850.00
6613 · Digital	8,156.02
6614 · Television	13,875.36
6615 · Radio	7,499.74
6616 · Contextual / Re-Direct	611.98
6617 · Social Media	25,855.06
6618 · Email	5,065.16
6619 · Other Advertising	55,180.08
6619.01 · Advertising Management	13,285.00
6610 · Advertising - ATAX Elgible - Other	1,098.42
Total 6610 · Advertising - ATAX Elgible	152,250.82
6630 · Wine & Food Fest Expenses	
6631 · Ticketing Fees	9,823.50
6632 · Logistics	13,000.00
6634 · Trash & Recycling	4,747.28
6635 · Audio, Visual, Etc.	4,231.56
6635.1 · Photography	2,000.00
6636 · Tables, Chairs, Furniture, Etc.	22,162.16
6637 · Tents, Etc.	53,060.92
6638 · Restroom Services	11,384.16
6642 · Food & Beverage	6,729.35
6644 · Glassware	18,924.93
6645 · Entertainment	2,400.00
6646 · Insurance	7,667.00
6647 · Facility Rental	1,979.44
6649 · Beaufort County Sheriff	97.00
6652 · Ice	2,515.63
6653 · Survey	1,500.00
6654 · Printing	,
6655 · Programs	1,400.00
6656 · Maps	1,130.05
6657 · Signs	9,000.20
6658 · Other Printing	337.64
Total 6654 · Printing	11,867.89
6659 · Security	3,810.00
6660 · Retail Tent Expenses	
6661 · Retail Wine Cost	4,821.15
6662 · Merchandise For Sale	4,090.00
Total 6660 · Retail Tent Expenses	8,911.15
6664 · Licenses	335.00
6667 · Event Food & Beverage	16,989.30
6668 · Wine	6,645.21
6669 · Volunteer T-Shirts	1,592.00
6670 · Give Away Item For Survey	1,229.86
6673 · Travel Expenses	578.00
6676 · Awards / Medals	1.646.92
6679 · Enofile Expenses	1,440.00
6680 · Office Expenses	517.46
6681 · Other Event Expenses	4,398.34
Total 6630 · Wine & Food Fest Expenses	222,184.06
6666 · Judging Expenses	1,846.53
Total 6600 · WineFestival Production Costs	461,366.76

Hilton Head Hospitality Association Profit & Loss July 2021 through June 2022

	Jul '21 - Jun 22
6683 · Special Events Expense	
6654.01 · Stay Gold Event Expense	21,538.03
6654.04 · OLLI Event Expenses	683.10
Total 6683 · Special Events Expense	22,221.13
6684 · Equipment	389.98
6686 Postage	258.98
6688 · Professional Fees - Accounting	700.00
6691 · Supplies & Misc. Expense	1,750.15
6693 · Website Maintenance	2,000.00
6697 · Office & Storage Facility Rent	11,400.00
Total 6100 · Program and Festivals Expense	513,577.74
9999 · 9999 Unknown	17,834.77
Total Expense	531,412.51
Net Income	108,919.69

Hilton Head Hospitality Association Profit & Loss July 2020 through June 2021

_	Jul '20 - Jun 21
Income	
4100 · Programs and Festivals 4600 · WineFestival Income	
4605 · Intrn'l Wine Judging Entries	17,365.01
4606 · Admissions 4612 · Unassigned Receipts	50,102.18
Total 4606 · Admissions	50,102.18
Total 4600 · WineFestival Income	67,467.19
4616 · Public Tasting Auction 4655 · Grants	2,707.00
4656 · Town of HHI ATAX	53,453.13
4657 · Beaufort County ATAX	10,000.00
Total 4655 · Grants	63,453.13
Total 4100 · Programs and Festivals	133,627.32
Total Income	133,627.32
Expense	
6100 · Program and Festivals Expense	1 000 00
6500 · Scholarship Expense 6600 · WineFestival Production Costs	4,000.00
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	27,000.00
6608 · Other Direct Administrative	2,240.00
Total 6606.5 · Direct Administrative Expense	29,240.00
6610 · Advertising - ATAX Elgible	
6612 · Magazine	1,500.00
6613 · Digital	1,175.30
6615 · Radio	875.00
6617 · Social Media	12,650.00
6618 · Email 6619 · Other Advertising	276.00 24.951.80
Total 6610 · Advertising - ATAX Elgible	41,428.10
6620 - Wine & Food Foot Expenses	
6630 · Wine & Food Fest Expenses 6632 · Logistics	3,000.00
6639 · Transportation	-730.00
6646 · Insurance	-3,624.14
6673 · Travel Expenses	460.40
6674 · Lodging	1,185.48
6676 · Awards / Medals	1,815.48
6677 · Postage For Awards	256.00
6678 · Receiption Expenses	425.00
6679 Enofile Expenses	1,440.00
6680 Office Expenses	456.00
Total 6630 · Wine & Food Fest Expenses	4,684.22
6666 · Judging Expenses	99.17
Total 6600 · WineFestival Production Costs	

Hilton Head Hospitality Association Profit & Loss July 2020 through June 2021

	Jul '20 - Jun 21
6682 · Bank & Credit Card Fees	880.07
6685 · Insurance	1,606.00
6686 · Postage	254.00
6688 · Professional Fees - Accounting	1,000.00
6691 · Supplies & Misc. Expense	1,196.45
6693 · Website Maintenance	480.57
6695 · Telephone & Internet	294.96
6697 · Office & Storage Facility Rent	11,400.00
Total 6100 · Program and Festivals Expense	120,563.54
Total Expense	120,563.54
Net Income	13,063.78

Form 8879-E0	IRS e-file Signature Authori for an Exempt Organizat	zation ion	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar year 2020, or fiscal year beginning Jul 1 , 2020, ▶ Do not send to the IRS. Keep for your re ▶ Go to www.irs.gov/Form8879EO for the latest	ecords. t information.	2020
Name of exempt organizati		Taxpayer identificati	ion number
HILTON HEAD AR Name and title of officer or	EA HOSPITALITY ASSOCIATION	57-0798565	
SCOTT ENTRUP,			
Part I Type of	Return and Return Information (Whole Dollars Only)		
check the box on lin blank, then leave line	e return for which you are using this Form 8879-EO and enter t e 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that e 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, bland on the applicable line below. Do not complete more than one	at line for the return being fil k (do not enter -0-). But, if y	ed with this form was
1a Form 990 check			1b 133,628.
2a Form 990-EZ ch	_ , ,, , , , , , , , , , , , , , , , ,		2b
3a Form 1120-POL			3b
4a Form 990-PF che 5a Form 8868 check			5b
6a Form 990-T check			6b
7a Form 4720 check			7b
	ation and Signature Authorization of Officer or Persor		
(name of organization of the 2020 electronic true, correct, and cor I consent to allow my to receive from the IP processing the return Agent to initiate an el software for payment a payment, I must co (settlement) date. I al confidential informati identification number PIN: check one box I authorize on the tax year state agency(ies	c return and accompanying schedules and statements, and, to nplete. I further declare that the amount in Part I above is the a intermediate service provider, transmitter, or electronic return RS (a) an acknowledgement of receipt or reason for rejection of or refund, and (c) the date of any refund. If applicable, I autho ectronic funds withdrawal (direct debit) entry to the financial in of the federal taxes owed on this return, and the financial insti- ntact the U.S. Treasury Financial Agent at 1-888-353-4537 no so authorize the financial institutions involved in the processing on necessary to answer inquiries and resolve issues related to (PIN) as my signature for the electronic return and, if applicable only	and that I h the best of my knowledge ar imount shown on the copy of originator (ERO) to send the the transmission, (b) the rea rize the U.S. Treasury and its stitution account indicated in tution to debit the entry to thi later than 2 business days pr g of the electronic payment of the payment. I have selected le, the consent to electronic f er my PIN Enter five numbers, to do not enter all zeros turn that a copy of the return	ave examined a copy nd belief, they are the electronic return. return to the IRS and son for any delay in a designated Financial the tax preparation is account. To revoke- ior to the payment f taxes to receive a personal unds withdrawal. as my signature but s is being filed with a
As an officer or electronically fil regulating chari Signature of officer or pers	person subject to tax with respect to the organization, I will energy return. If I have indicated within this return that a copy of the ties as part of the IRS Fed/State program, I will enter my PIN o	e return is being filed with a s n the return's disclosure cons	tate agency(ies)
ERO's EFIN/PIN. En number (EFIN) follow	ter your six-digit electronic filing identification ed by your five-digit self-selected PIN.	Do not en	2 5 1 3 5 5 ter all zeros
I certify that the above that I am submitting IRS e-file Providers for ERO's signature	te numeric entry is my PIN, which is my signature on the 2020 et bis return in accordance with the requirements of Pub. 4163 , Nor Business Returns.	electronically filed return indic Modernized e-File (MeF) Infor Date► <u>11/02/2021</u>	cated above. I confirm mation for Authorized
	ERO Must Retain This Form — See In	structions	
	Do Not Submit This Form to the IRS Unless Re		
For Paperwork Reduc	tion Act Notice, see back of form. BAA REV 09/08	/21 PRO	Form 8879-EO (2020)

-	990	1
Form	330	

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
So to *nummerics any/Form990* for instructions and the latest information

Open to Public Inspection

Inter	nal Heve	enue Service	Go to www.irs.gov/Form990 for instructions and the lates	t information.		Inspection							
A	For the	e 2020 calend	dar year, or tax year beginning $Jul 1$, 2020, and endir	າg Ju	n 30	, 20 21							
в	Check it	f applicable:	C Name of organization HILTON HEAD AREA HOSPITALITY ASS	OCIATION	D Employer identification numbe								
	Address	s change	Doing business as HILTON HEAD ISLAND WINE & FOOD, IN	57-0798565									
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) F	E Teleph	one number								
	Initial re	turn		(843)	686-4944								
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amende	ed return	HILTON HEAD ISLAND, SC 29938		G Gross	receipts \$ 133,628.							
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return for	subordinates? 🗌 Yes 🔀 No							
		SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 H(b) Are all subordinates inc											
1	Tax-exe	empt status:	501(c)(3) X 501(c) (6) ◄ (insert no.) 4947(a)(1) or 527	lf "No," a	ttach a lis	t. See instructions							
J	Website	e:► www.h	iltonheadhospitalityassociation.com	H(c) Group ex	kemption r	number 🕨							
		organization: 🗙	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation: 1995	M State of	of legal domicile: SC							
P	art I	Summa											
	1	Briefly des	cribe the organization's mission or most significant activities: TO PROM	OTE THE HILTON HE	AD ISLAND	, SC HOSPITALITY INDUSTRY							
ce													
nan													
ver	2	Check this	box > [] if the organization discontinued its operations or disposed	d of more than a	25% of i	its net assets.							
Go	3	Number of	voting members of the governing body (Part VI, line 1a)		3	10							
Š	4	Number of	independent voting members of the governing body (Part VI, line 1b)	4	10							
Activities & Governance	5	Total numb	per of individuals employed in calendar year 2020 (Part V, line 2a)		5	0							
tivi	6	Total numb	per of volunteers (estimate if necessary)		6	150							
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.							
	b	Net unrelat		7b	0.								
				Prior Year		Current Year							
e	8	Contributio	ons and grants (Part VIII, line 1h)	352,	326.	133,628.							
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)										
eve	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)										
œ	11	Other rever	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)	352,	326.	133,628.							
	13		similar amounts paid (Part IX, column (A), lines 1-3)		000.	4,000.							
	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)										
nse	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)										
Expenses	b	Total fundr	aising expenses (Part IX, column (D), line 25)										
ш	17	Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)	326,	663.	111,564.							
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	354,		115,564.							
	19		ss expenses. Subtract line 18 from line 12		337.	18,064.							
or				Beginning of Curr		End of Year							
Assets or d Balances	20	Total asset	s (Part X, line 16)	131,	931.	149,495.							
d Ba	21		ties (Part X, line 26)	the state of the local data was a state of the	500.	0.							
Fund	22		or fund balances. Subtract line 21 from line 20	131,		149,495.							
	art II		re Block			• • • • • • • • • • • • • • • • • • • •							
Lin	dor popp		I dealars that I have exemined this return including accompanying enhancing and stat		hant of an	w knowledge and holiof it is							

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.

		1	1/04/2021							
Sign	Signature of officer	Dat	е							
Here	SCOTT ENTRUP, PRESIDENT									
	Type or print name and title									
Paid	Print/Type preparer's name Preparer's signature	Date	Check 🗙 if	PTIN						
Preparer	HUBERT L BERNHEIM	11/04/2021	self-employed	P01284405						
Use Only	Firm's name ► HUBERT L. BERNHEIM, CPA	Firm	's EIN ► 36-2	750133						
out only	Firm's address ► POST OFFICE DRAWER NINE, HILTON HEAD ISLAND,	SC 29938 Phor	ne no. (843)6	671-6005						
May the IRS discuss this return with the preparer shown above? See instructions										
For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 09/08/21 PRO Form 990 (2020)										

_	0 (2020)			Page 2
Part	Statement of Program Service Accomplishr Check if Schedule O contains a response or new			. [
1	Briefly describe the organization's mission:	Ste to any line in this Fart in	<u> </u>	<u> </u>
	TO PROMOTE THE HILTON HEAD ISLAND, S	C HOSPITALITY INDUST	RV.	
	IN FROMOTE THE HILION HERD ISLAND, S			
2	Did the organization undertake any significant program			_
	prior Form 990 or 990-EZ?			🖄 No
3	Did the organization cease conducting, or make si	ignificant changes in how it	conducts any program	
•				🗙 No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplexpenses. Section 501(c)(3) and 501(c)(4) organization the total expenses, and revenue, if any, for each program the total expenses, and revenue, if any, for each program the total expenses are consistent or the total expenses.	ns are required to report the a		
4a	(Code:) (Expenses \$include	ding grants of \$) (Revenue \$)
	PRODUCTION OF WINE AND FOOD FESTIVAL			
4b	(Code:) (Expenses \$include	ding grants of \$) (Revenue \$	_)
)/Deversion (<u> </u>
4C	(Code:) (Expenses \$inclue	ding grants of \$) (Revenue \$	_)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$,	

Form 990 (2020)

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, 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? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d 11e		×
e		Tie		<u>×</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

REV 09/08/21 PRO

Form **990** (2020)

Page 3

Form 99	0 (2020)		F	Page 4
Part	V 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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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	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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		ALC: NO.	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in 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	×	

Form 99	0 (2020)		F	Page 5						
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
	ere alle andere en bester de la service de la constante de anten en allem en allem de la constant de la constan A service de la constant de la consta		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	(Carolad) (Carolandicard)	×						
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,									
iu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	b If "Yes," enter the name of the foreign country ►									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	e sense la fine de la fine de la service									
c										
6a										
u	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									
5	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).			128.35						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1312.344						
a	and services provided to the payor?	7a								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
Ŭ	required to file Form 8282?	7c								
d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Contraction of the second						
f										
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
0	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Concept Scheme ver	CHOICE AND						
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:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
2	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	alle fall and the second	aberto reasonation of						
	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										
	Note: See the instructions for additional information the organization must report on Schedule O.			and the second						
b										
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 										
the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×						
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								
If "Yes," complete Form 4720, Schedule O.										

Form 99	90 (2020)		F	Page 6					
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.					
Casti	Check if Schedule O contains a response or note to any line in this Part VI	• •		X					
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 1a 10		103	110					
	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 . 10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×					
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 6	Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	×						
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×					
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C							
10-		100	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		×					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a h	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×						
12a	 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		×					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		×					
14	Did the organization have a written document retention and destruction policy?	14	diam'r a sha a	×					
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?								
a	The organization's CEO, Executive Director, or top management official	15a		×					
b	Other officers or key employees of the organization	15b	10.000.000	×					
16a			S. States	Ser an					
	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?	166							
Secti	organization's exempt status with respect to such arrangements?	16b							
17	List the states with which a copy of this Form 000 is required to be filed > SC								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
10	Own website Another's website Upon request Other (explain on Schedule O)	<i>.</i>		- 11					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.		4	olicy,					
20	State the name, address, and telephone number of the person who possesses the organization's books and re SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843)686-								

Form 990 (202	0) Page /
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours	office	er and			or/trust		compensation from the	compensation from related	of other compensation
	per week (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)	organizations (W-2/1099-MISC)	from the organization and related organizations
			90			ated				
(1) SCOTT ENTRUP	4.00									
PRESIDENT & DIRECTOR		×		×				0.	0.	0.
(2) SANDRA BENSON	3.00									
VICE PRES & DIRECTOR		×		×				0.	0.	0.
(3) SARAH MORGOT	2.00									
SECRETARY		×		×				0.	0.	0.
(4) GARY WHITEHEAD	2.00	×								0
DIRECTOR	0.00	<u> </u>						0.	0.	0.
(5) DREW LAUGHLIN DIRECTOR	2.00	×						0.	o.	ο.
(6) DD DDOUN	2.00							<u>0.</u>	0.	0.
DIRECTOR	2.00	×						0.	ο.	0.
(7) CHRISTOPHER TASSONE	2.00									
DIRECTOR	2.00	×						0.	0.	0.
(8) MIKE KAUP	2.00									
DIRECTOR		×						0.	0.	0.
(9) JAMES HILL	2.00									
DIRECTOR		×						0.	0.	0.
(10) ROBERT HOHMAN	2.00								_	_
DIRECTOR		×						0.	0.	0.
(11)										
(12)							_			
(13)										
(14)				-						
	l							<u> </u>		

c Total from continuation sheets to Part VII, Section A ▶ 0. 0. 0. d Total (add lines 1b and 1c) ▶ 0. 0. 0. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 0. 0. 0. 0. 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 × 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 × Section B. Independent Contractors	Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emp	oloy	yee	s, an	d H	lighest Compe	nsated E	Emplo	yees (c	ontin	ued)
Image: any particular interpretation of the property of the particular interpretation of the property of the particular interpretation of the property of the particular interpretation of the particularian interpretation inthe particular interpretation of the partic			Average hours	box,	unles	Position t check more than o nless person is both				Reportable compensation	Reporta compens	able sation	Estimated amo of other		
(15) (16) (17) (17) (18) (17) (19) (19) (20) (17) (21) (17) (22) (17) (23) (17) (24) (17) (25) (17) (24) (17) (25) (17) (26) (17) (27) (17) (28) (17) (29) (17) (29) (17) (29) (17) (29) (17) (29) (17) (29) (17) (29) (17) (29) (17) (29) (17) (20) (17) (21) (17) (22) (17) (24) (17) (25) (17) (26) (17) (27) (17) (28) (17) (29) (17) (20) (17) (21) <td colspan="3">or</td> <td>Individual trustee or director</td> <td>Institutional trustee</td> <td>Officer</td> <td>Key employee</td> <td>Highest compensatec employee</td> <td>Former</td> <td>organization</td> <td>organiza</td> <td>tions</td> <td>frc organi</td> <td>m the zation a</td> <td>and</td>	or			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensatec employee	Former	organization	organiza	tions	frc organi	m the zation a	and
[17] Image: Constraint of the second se	(15)														
(18) Image: Constraint of the constra	(16)														
(19) (19) (20) (21) (21) (22) (23) (23) (24) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (29) (20) (21) (20) (22) (20) (24) (20) (25) (20) (26) (20) (27) (20) (28) (20) (29) (20) (21) (20) (22) (20) (23) (21) (3) (21) (4) (21) (2)	(17)														
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(25) 0. 0. 0. 1b Subtotal	(23)														
1b Subtotal 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A > 0. 0. 0. d Total (add lines 1b and 1c) > 0. 0. 0. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 × 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 × 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 × Section B. Independent Contractors 5 ×	(24)			-											
c Total from continuation sheets to Part VII, Section A ▶ 0. 0. 0. d Total (add lines 1b and 1c) ▶ 0. 0. 0. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 0. 0. 0. 0. 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 × 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 × Section B. Independent Contractors	(25)			-											
 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	с	Total from continuation sheets to Part	VII, Sectio												0.
 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	-	Total number of individuals (including bu	t not limited				ted	above	e) w		e than \$1		of		0.
 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former	officer, dire				e, k	key e						Yes	
for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such													
		for services rendered to the organization	or accrue co ? If "Yes," o	ompe comp	nsa lete	tion Scl	fro hedi	m any ule J f	un or s	nrelated organization organization or second s					×
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 o compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		Complete this table for your five high	nest comp	ensat	ed n fo	ind r the	epe e ca	ndent lenda	CC r ve	ontractors that r	received	more e organ	than \$1 nization'	00,00 s tax	00 of vear.
(A) (B) (C) Name and business address Description of services Compensation		(A)		ioutio			0 04	ionau		(B)			(C)		<u>,</u>

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

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to a	ny line in this Pa	art VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f g h	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a–1f 1g \$				
Program Service Revenue	2a b c d e f g	All other program service revenue				
Other Revenue	d 8a b c 9a	Investment income (including dividends, interest, and other similar amounts)				
	с 10а b	Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	-			
Miscellaneous Revenue	11a b c d e	All other revenue	0.	0.	0.	0.
	12	Total revenue. See instructions	133,628.	0.	0.	0.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . (C) Management and general expenses **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 . 4,000. 4,000. Grants and other assistance to domestic 2 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management Legal b 1,000. 1,000. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 2,077. 13 Office expenses 2,077. 14 Information technology 15 Royalties 16 11,400. 11,400. Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 1,606. 1,606. 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.) 254. 254. 0. а POSTAGE _____ TELEPHONE b 295. 295. WEBSITE MAINTENANCE 481. 481. С FESTIVAL PRODUCTION COST 94,451. 94,451. d All other expenses e 25 Total functional expenses. Add lines 1 through 24e 115,564. 98,451. 17,113. 0. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

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

REV 09/08/21 PRO

Form 990 (2020)

Form 9	90 (2020)		Page 12
Par	t 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	133,628.
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,564.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,064.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	131,431.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	32, column (B))	10	149,495.
Par	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · □
			Yes No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other		
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in

	Schedule O.		l
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:		のないであるのであると
b		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:		Contraction of the local division of the loc

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
the audit, review, or compilation of its financial statements and selection of an independent accountant? .
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the
- **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

REV 09/08/21 PRO

Form 990 (2020)

2c

3a

3b

×

×

×

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information.	F	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Open to Public Inspection	
Name of the organization		Employer iden	tification number
HILTON HEAD ARE	A HOSPITALITY ASSOCIATION	57-07985	65
Pt VI, Line 11k	: 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 AN	D FILING	
OF THE FORM 990	WITH THE INTERNAL REVENUE SERVICE		
Pt VI, Line 19:	A COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZA	TION'S OF	FICE
FOR ANYONE REQU	JESTING TO VIEW A COPY OF THE FORM 990 AND THE FORM 9	90 IS AVA	ILABLE
FOR VIEWING ON	THE WEBSITE OF GUIDESTAR.		
			••••••
			••••••
			••••••
		•••••	

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

(Rev.	January	2020)

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

Department of the Treasury

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

Open to Public

Internal	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest inform	nation.		Inspection		
A Fo	or the 2019 calen	dar year, or tax year beginning ${ m Jul} \ 1$, 2019, and ending	Jun	. 30	, 20 20		
B Ch	eck if applicable:	C Name of organization HILTON HEAD AREA HOSPITALITY ASSOCIAT	CION D	D Employ	er identification number		
Ad	ldress change	Doing business as HILTON HEAD ISLAND WINE & FOOD, INC.	5	57-0798565			
🗌 Na	ime change	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E	E Telephone number			
🗌 Init	tial return	P.O. BOX 5097	(843)3	301-9256		
E Fin	al return/terminated	City or town, state or province, country, and ZIP or foreign postal code					
An An	nended return	HILTON HEAD ISLAND, SC 29938-5097	G	Gross re	eceipts \$ 352,326.		
🗌 Ар	plication pending	F Name and address of principal officer: H(a	a) Is this a group	o return for s	subordinates? 🗌 Yes 🔀 No		
		SCOTT ENTRUP, SC 29938	b) Are all sub	ordinates	included? Yes No		
I Ta	x-exempt status:	□ 501(c)(3) X 501(c) (6) ◄ (insert no.) □ 4947(a)(1) or □ 527	lf "No," atta	ach a list.	(see instructions)		
J We	ebsite: ► www.h	hiltonheadhospitalityassociation.com	c) Group exe	mption nu	umber 🕨		
		Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation:	1995 N	A State of	legal domicile: SC		
Par		•					
	1 Briefly des	cribe the organization's mission or most significant activities: \underline{TO} <u>PROMOT</u>	TE THE E	HILTO	N HEAD, SC		
Ce	HOSPITA	LITY INDUSTRY.					
nan							
ver	2 Check this	${f b}$ box $ildsymbol{arsigma}$ if the organization discontinued its operations or disposed of mo	ore than 25	5% of it	s net assets.		
ŝ	3 Number of	f voting members of the governing body (Part VI, line 1a) . \ldots		3	14		
<u>م</u> م		f independent voting members of the governing body (Part VI, line 1b) $\ .$.		4	14		
itie		ber of individuals employed in calendar year 2019 (Part V, line 2a)		5	0		
Activities & Governance	6 Total num	ber of volunteers (estimate if necessary)		6	50		
Ă	7a Total unre	lated business revenue from Part VIII, column (C), line 12		7a			
	b Net unrela	ted business taxable income from Form 990-T, line 39		7b	0.		
			Prior Year		Current Year		
e		ons and grants (Part VIII, line 1h)	342,3	330.	352,326.		
Revenue	-	ervice revenue (Part VIII, line 2g)					
à 1		t income (Part VIII, column (A), lines 3, 4, and 7d)					
ື 1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	342,3	330.	352,326.		
		d similar amounts paid (Part IX, column (A), lines 1-3)	9,5	500.	28,000.		
		aid to or for members (Part IX, column (A), line 4)					
sə 1		ther compensation, employee benefits (Part IX, column (A), lines 5–10)					
รู้นู 1		al fundraising fees (Part IX, column (A), line 11e)					
Expenses		raising expenses (Part IX, column (D), line 25) ►					
		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	331,2		326,163.		
	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	340,7	/90.	354,163.		
	9 Revenue le	ess expenses. Subtract line 18 from line 12	1,540.		-1,837.		
s or		Beginni	ing of Curren		End of Year		
2 large	n Total assa		134,768.		136,931.		
S B		ts (Part X, line 16)					
t Ass d Ba	1 Total liabil			000.	<u>136,931</u> . <u>500</u> . 136,431.		

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		D	ate	
Here	SCOTT ENTRUP, PRESIDENT	- -			
	Type or print name and title				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if	PTIN
Preparer	MONTE D. LEATH CPA		09/22/202	0 self-employed	P01200574
Use Only	Firm's name ► MONTE D. LEATH,	CPA	Fin	m's EIN ► 26-2	234282
	Firm's address ► 7 HEARTWOOD COU	RT, BLUFFTON, SC 29910	Ph	one no. (843)3	301-6770
May the IRS discuss this return with the preparer shown above? (see instructions)					
For Paperwo	rk Reduction Act Notice, see the separa	te instructions. BAA	REV 06/02/20 PRO		Form 990 (2019)

Form 99		ige 2
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, SC	
	HOSPITALITY INDUSTRY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	٩V
	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 325,243. including grants of \$ 28,000.) (Revenue \$)	
	Production of Wine & 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 ► 325,243.	
	REV 06/02/20 PRO	2010

Form 99	0 (2019)		F	Page 3
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? <i>If "Yes," complete Schedule C, Part II</i> .	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		××
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1- 7 a		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	×	

Form 99	0 (2019)		F	Page 4
Part	V 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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable12Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable10			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	<u> </u>
	REV 06/02/20 PRO	Forr	n 990	(2019)

Form 99	0 (2019)		F	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 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		×				
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,							
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country >	4a		×				
	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		×				
b								
c								
6a								
	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 7b						
b								
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f						
g								
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 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						
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:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
a	Note: See the instructions for additional information the organization must report on Schedule O.	104						
	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? If "Yes," complete Form 4720, Schedule O.	16						

Form 99	90 (2019)		F	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		×
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 1a 14 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 . 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3 4	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? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		××
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?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Ca	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
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		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
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			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,

and financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 SCOTT ENTRUP, P.O. BOX 5097, HILTON HEAD, SC 29938 (843)686-4944

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

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(C)									
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and title	Average					e than c i is both		Reportable	Reportable	Estimated amount
	hours per week					or/trust	ee)	compensation from the	compensation from related	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)	organizations (W-2/1099-MISC)	organization and related organizations
(1) SCOTT ENTRUP	10.00									
PRES. & DIRECTOR		×		×				0.	0.	0.
(2) SANDRA BENSON VICE PRES - DIRECTOR	5.00	×		×				0.	0.	0.
(3) BEN NELSON DIRECTOR	3.00	×		×				0.	0.	0.
(4) GARY WHITEHEAD DIRECTOR	2.00	×						0.	0.	0.
(5) ED BROWN DIRECTOR	2.00	×						0.	0.	0.
(6) THOMAS HINES DIRECTOR	2.00	×						0.	0.	0.
(7) DREW LAUGHLIN DIRECTOR	2.00	×						0.	0.	0.
(8) LAURIE NIHISER FULTZ DIRECTOR	2.00	×						0.	0.	0.
(9) BOB HOHMAN DIRECTOR	2.00	×						0.	0.	0.
(10) SARAH MORGRET DIRECTOR	2.00	×						0.	0.	0.
(11)NIZA HALL	2.00	×								
DIRECTOR	0.00	^						0.	0.	0.
(12) MIKE KAUP DIRECTOR	2.00	×						0.	0.	0.
(13) CHRIS TASSONE DIRECTOR	2.00	×						0.	0.	0.
(14) JAMES HILL	2.00									
DIRECTOR		×						0.	0.	0.

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emp	ploy	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (d	contin	ued)
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	n an	(D) Reportable compensation from the	(E) Report compens from rel	able sation	ot	(F) ted amo f 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	(W-2/1099-MISC)	organiza (W-2/1099	tions	fro	pensation om the ization a organiza	and
(15)			-				٩							
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal								0.		0.			0.
С	Total from continuation sheets to Part			•		• •								
d 2	Total number of individuals (including bu		_	Iose	e list			► e) w	0. ho received mor	e than \$1	0. 00,000	of		0.
3	Did the organization list any former employee on line 1a? <i>If "Yes," complete</i>	officer, dire				ə, k						3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	portal an \$ ⁻	ble (150,	con 000	npei)? <i>[</i>	nsatio f "Ye	n a s,"	and other competended of the completended of t	nsation fr	om the <i>r such</i>	-		×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	tion	fro	m any	' un	related organizat	tion or inc	lividual	5		×
Secti	on B. Independent Contractors	, -	- 1-						,					
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	dress						(B) Description of services			(C) Compensation			

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

Form 9	`	1								Page 9
Part	: VIII	Statement of Rev	/enu	е						
		Check if Schedule	О со	ntains a re	espor	ise or note to ar	y line in this Pa	art VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
រ រ	1a	Federated campaig	ns .		1a					
uni	b	Membership dues			1b					
שַ פַ	с	Fundraising events			1c	225,887.				
ifts r A	d	Related organization	ns.		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants	(cont	ributions)	1e	126,439.				
Sin	f	All other contribution	ns, gif	ts, grants,						
utio		and similar amounts no	ot inclu	uded above	1f					
Oth	g	Noncash contributio								
ont		lines 1a-1f			1g					
a C	h	Total. Add lines 1a-	-1f .			<u> ►</u>	352,326.			
						Business Code				
Program Service Revenue	2a									
le c	b									
n S en	С									
jram Ser Revenue	d									
Вo	е									
۲ ۲	f	All other program se								
	g	Total. Add lines 2a-								
	3	Investment income								
		other similar amoun								
	4	Income from investn				-				
	5	Royalties		 (i) Rea		(ii) Personal				
	60	Gross rents	6a	(i) nea						
	6a b	Less: rental expenses	6b							
	c	Rental income or (loss)								
	d	Net rental income o		3)						
	7a	Gross amount from		(i) Securi		(ii) Other				
	<i>1</i> a	sales of assets								
		other than inventory	7a							
ne	b	Less: cost or other basis			- (
C		and sales expenses .	7b							
ev.	с	Gain or (loss)	7c							
r H	d	Net gain or (loss)				<u> ►</u>				
Other Reve	8a	Gross income from		0						
0		events (not including								
		of contributions rep								
	_	1c). See Part IV, line			8a					
		Less: direct expense			8b	_				
	С	Net income or (loss)			ig eve	ents 🕨				
	9a	Gross income f			0-					
	h	activities. See Part I Less: direct expense			9a 9b					
		Net income or (loss)								
						🕨				
	iva	Gross sales of ir returns and allowan		ory, less	10a					
	h	Less: cost of goods			10b					
		Net income or (loss)								
s						Business Code				
e so	11a									
scellaneo Revenue	b									
èllé >ve	c									
Miscellaneous Revenue	d									
Σ	е	Total. Add lines 11a	a–11d			►				
	12	Total revenue. See					352,326.			

Part IX Statement of Functional Expenses

	TX Statement of Functional Expenses	alata all l			
Sectio	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,000.	28,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$.				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,977.		1,977.	
С	Accounting	6,250.		6,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	17,069.		17,069.	
14	Information technology				
15	Royalties				
16					
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .	2 6 2 4		2 6 2 4	
		3,624.		3,624.	
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	FESTIVAL PRODUCTION COSTS	297,243.	297,243.		
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	354,163.	325,243.	28,920.	
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 ŠOP 98-2 (ASC 958-720)				

Form 990 (2019)

Form		,			Page 11
Ра	rt X				
		Check if Schedule O contains a response or note to any line in this Pa			· · · · · · <u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	120,316.	1	113,789.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	14,452.	4	23,142.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	134,768.	16	136,931.
	17	Accounts payable and accrued expenses	1,000.	17	500.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,000.	26	500.
Fund Balances	-	Organizations that follow FASB ASC 958, check here \blacktriangleright			
an	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		07	
Bal	27 28			27 28	
p	28			28	
л Г		Organizations that do not follow FASB ASC 958, check here ► 🗵			
- L	20	and complete lines 29 through 33.		20	
ts	29 20	Capital stock or trust principal, or current funds		29	
sse	30 21	Paid-in or capital surplus, or land, building, or equipment fund	122 760	30	100 101
 I 	31 20	Retained earnings, endowment, accumulated income, or other funds	133,768.	31	136,431.
let	32 22	Total net assets or fund balances	133,768.	32	136,431.
-	33	Total liabilities and net assets/fund balances	134,768.	33	136,931.

REV 06/02/20 PRO

Form **990** (2019)

Part	10 (2019) XI Reconciliation of Net Assets				age 1
rarı	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		52,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		54,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		33,7	
5	Net unrealized gains (losses) on investments	5		<u></u>	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1	31,9	931.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>C</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	xplain	in		
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 com	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?				×
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounta				
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	cpiain d	on		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th	ne		
	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 und		ne		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b		
	REV 06/02/20 PRO		For	n 990	(2019

SCHEDULE I (Form 990) Department of the Treasury		Governments complete if the orga	nization answered ► Attach to	luals in the "Yes" on Form 990 o Form 990.	United States 9, Part IV, line 21 or 2			OMB No. 1545-0047
Internal Revenue Service		► Go to v	www.irs.gov/Form9	90 for the latest in	formation.			Inspection
Name of the organization								entification number
HILTON HEAD AREA HOSP							57-0798	8565
Part I General Informati								
 Does the organization mai the selection criteria used Describe in Part IV the org 	to award the grants	or assistance?				•		
Part II Grants and Other Part IV, line 21, for								ed "Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptio noncash assist		(h) Purpose of grant or assistance
(1) UN OF SC - BLUFFTON BLUFFTON CAMPUS BLUFFTON SC 2990	09 N/A		8,000.				E	DUCATION
(2) TECHNICAL COLLEGE								
OF THE LOWCOUNTRY BLUFFTON SC 299	09 N/A		20,000.				E	DUCATION
(3)								
(4)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of sect	ion 501(c)(3) and go	vernment organiza	tions listed in the	line 1 table				•
3 Enter total number of othe								•
For Paperwork Reduction Act Notic								Schedule I (Form 990) (2019)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. REV 06/02/20 PRO

Part III	Grants and Other Assistance to I Part III can be duplicated if addition	Domestic Individua nal space is needed	als. Complete if the I.	organization answ	vered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provid , col (b): RECEPIENTS OF GRA					
TO THE	HOSPITALITY ASSOCIATION FOR	R ALL FUNDS DIS	BURSED.			
BAA		REV 06/02/20 PF	२०			Schedule I (Form 990) (2019)

SCHEDULE O	Supplemental Information to Form 990 or 990-		OMB No. 1545-0047						
(Form 990 or 990-EZ)	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.	s on	2019						
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection						
Name of the organization		Employer identification	ation number						
HILTON HEAD ARE	A HOSPITALITY ASSOCIATION	57-0798565							
Pt VI, Line 11	: A copy of the Form 990 is furnished to each boar	d member fo	or						
review prior to being approved by the board and the mailing of the Form 990 to									
the Internal Re	evenue Service.								
Pt VI, Line 19	A copy of the Form 990 is available at the organi	zation's of	fice						
for anyone requ	nesting to view of copy of the Form 990 and the For	m 990 is av	railable						
for viewing on	the website of GuideStar.								

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orm	330	

² ² ² ² ²

Part II

Signature Block

Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-0047

 Department of the Treasury Iternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. 										
ILer			dar year, or tax year beginning Jul 1 , 2018, and end		n 30	Inspection				
3			Name of organization HILTON HEAD AREA HOSPITALITY ASSOC			r identification number				
1		change	Doing business as HILTON HEAD ISLAND WINE & FOOD, INC		57-07	98565				
٦	Name c	Ŭ F	Number and street (or P.O. box if mail is not delivered to street address) Room/		E Telephon					
٦	Initial re	Ŭ.	P.O. BOX 5097		(843)	686-4944				
		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	HILTON HEAD ISLAND, SC 29938-5097		G Gross rec	ceipts\$ 342,330.				
	Applicat	ion pending	Name and address of principal officer:	H(a) Is this a g	roup return for su	ubordinates? 🗌 Yes 🔀 No				
			TOM HINES, P.O. BOX 5097, HILTON HEAD, SC 299			included? 🗌 Yes 🗌 No				
	Tax-exe	mpt status:	□ 501(c)(3)		o," attach a l	list. (see instructions)				
	Website	e:► wv	ww.hiltonheadhospitalityassociation.com	H(c) Group	exemption r	number 🕨				
(Form of	organization: ﮐ	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation: 199	5 M State o	of legal domicile: SC				
Ρ	art I	Summa	ary							
	1	Briefly des	scribe the organization's mission or most significant activities: TO	PROMOTE T	HE HILT	ON HEAD, SC				
ŝ		HOSPITA	ALITY INDUSTRY.							
Jan										
Governance	2	Check this	s box \blacktriangleright \Box if the organization discontinued its operations or disposed	l of more thar	1 25% of it	s net assets.				
ò	3	Number o	f voting members of the governing body (Part VI, line 1a)		3	13				
	4	Number o	f independent voting members of the governing body (Part VI, line 1k	o)	4	13				
Activities &	5	Total num	ber of individuals employed in calendar year 2018 (Part V, line 2a)		5					
Ĭ	6	Total num	ber of volunteers (estimate if necessary)		6	50				
A	7a	Total unre	lated business revenue from Part VIII, column (C), line 12		7a					
	b	Net unrela	ted business taxable income from Form 990-T, line 38		7b	0.				
				Prior Ye	ear	Current Year				
Ø	8	Contributi	ons and grants (Part VIII, line 1h)	333	3,836.	342,330.				
anu	9	Program s	service revenue (Part VIII, line 2g)							
Revenue	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)							
T	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	Total rever	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	333	3,836.	342,330.				
	13		d similar amounts paid (Part IX, column (A), lines 1-3)			9,500.				
	14		aid to or for members (Part IX, column (A), line 4)							
ŝ	15		ther compensation, employee benefits (Part IX, column (A), lines 5–10)							
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)							
ğ.	b		raising expenses (Part IX, column (D), line 25) ►0.							
Ш	17	Other exp	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	319	9,984.	331,290.				
	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	319	9,984.	340,790.				
	19	Revenue I	ess expenses. Subtract line 18 from line 12		3,852.	1,540.				
ces				Beginning of Cu	irrent Year	End of Year				
d Balances	20		ets (Part X, line 16)	131	L,728.	134,768.				
ŝ	21	Total liabil	lities (Part X, line 26)		-500.	1,000.				

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.

132,228.

133,768.

Net assets or fund balances. Subtract line 21 from line 20

Sign Here	Signature of officer SCOTT ENTRUP, PRESIDENT Type or print name and title	<u>Γ</u>		Date						
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if	PTIN					
Preparer	MONTE D. LEATH CPA		09/28/20		P01200574					
Use Only	Firm's name ► MONTE D. LEATH,	F	Firm's EIN ► 26-2234282							
	Firm's address ► 7 HEARTWOOD COU	F	Phone no. (843)301-6770							
May the IRS discuss this return with the preparer shown above? (see instructions)										
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 05/20/19 PRO Form 990 (2018)									

Form 99	0 (2018) Page 2
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO PROMOTE THE HILTON HEAD, 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.
4a	(Code:) (Expenses \$ 340,790. including grants of \$ 9,500.) (Revenue \$ 342,330.)
i di	Production of Wine & Food Festival.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
10	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
4d	Other program services (Describe in Schedule O.)
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 340,790.
	REV 05/20/19 PRO Eorm 990 (2018

Form 99	0 (2018)		F	Page 3
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,"			
2	complete Schedule A	1 2		×
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		×
5	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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> .	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
	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 1? #E% applete Schedule I, Parts I and II	21	×	

Form 99	0 (2018)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		 V	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
b	Enter the number of Forms W-2G included in 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	×	

REV 05/20/19 PRO

Form 99	0 (2018)		F	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 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	_						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
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 in 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:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a									
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).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	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									
0	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?	00							
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b							
10	Section 501(c)(7) organizations. Enter:	90							
	Initiation fees and capital contributions included on Part VIII, line 12								
a 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	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
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							
b	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							
	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 in Schedule O $$.	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration 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							
	If "Yes," complete Form 4720, Schedule O.								

Form 99	0 (2018)			F	Page 6				
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s in Schedule O. S	ee ins	tructi	ions.				
	Check if Schedule O contains a response or note to any line in this Part VI				X				
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 .	1a 13							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13							
2	Did any officer, director, trustee, or key employee have a family relationship or a business r any other officer, director, trustee, or key employee?		2		×				
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		×				
5 6	Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets? .	5 6	×	×				
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		×				
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	• /	7b		×				
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:								
а	The governing body?		8a	×					
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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ot be reached at	9						
Secti	on B. Policies (This Section B requests information about policies not required by the		-	ode.)					
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		×				
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		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		×				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe in 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 a independent persons, comparability data, and contemporaneous substantiation of the deliberation								
а	The organization's CEO, Executive Director, or top management official		15a		×				
b	Other officers or key employees of the organization		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 simil with a taxable entity during the year?	•	16a		×				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	o safeguard the							
	organization's exempt status with respect to such arrangements?		16b						
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed SC								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all tha	t apply.	(Sec	tion 5	501(c)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of inte	erest	oolicy	/, and				
20	State the name, address, and telephone number of the person who possesses the organization TOM HINES, P.O. BOX 5097, HILTON HEAD, SC 29938 (843)686-4944	on's books and re	cords						

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

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

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			<u></u>		C)				
(A)	(B)	(do r	not of		ition		(D)	(E)	(F)
Name and Title	Average						Reportable	Reportable	Estimated
	hours per week (list any hours for related		1	d a d Officer		tor/trustee) Highest employe	from	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
	organizations below dotted line)		Institutional trustee	4	Key employee	Highest compensated employee	(W-2/1099-MISC)		organization and related organizations
(1) SCOTT ENTRUP	10.00								
PRES. & DIRECTOR		×		×			0.	0.	0.
(2) SANDY BENSON VICE PRES - DIRECTOR	5.00	×		×			0.	0.	0.
(3) MATHEW ROHER SECRETARY & DIRECTOR	3.00	×		×			0.	0.	0.
(4) GARY WHITEHEAD DIRECTOR	2.00	×					0.	0.	0.
(5) ED BROWN DIRECTOR	2.00	×					0.	0.	0.
(6) THOMAS HINES DIRECTOR	2.00	×					0.	0.	0.
(7) DREW LAUGHLIN DIRECTOR	2.00	×					0.	0.	0.
(8) LAURIE NIHISER FULTZ DIRECTOR	2.00	×					0.	0.	0.
(9) BOB HOHMAN DIRECTOR	2.00	×					0.	0.	0.
(10) SARAH MORGRET DIRECTOR	2.00	×					0.	0.	0.
(11) NIZA HALL DIRECTOR	2.00	×					0.	0.	0.
(12) MIKE KAUP DIRECTOR	2.00	×					0.	0.	0.
(13) CHRIS TASSONE DIRECTOR	2.00	×					0.	0.	0.
(14)									
						· · · · ·	<u> </u>	ļ	– – – – – – – – – –

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (continu	ued)		
	(A) Name and title	(B) Average hours per week (list any hours for	Average lours per ek (list any					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Esti amo o comp	n	
		related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)		(W-2/1099-MISC) from t organiz: and reli- organiza		n the nization related	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total	VII, Sectio	 n A	·			•		0.		0.			0.
2	Total number of individuals (including but reportable compensation from the organi	t not limited				ed a	above	e) w		ore than \$1) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s								bloyee, or high			d 3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? //	"Yes	s,"	complete Sch	edule J fo				×
5	Did any person listed on line 1a receive of for services rendered to the organization?											al 5		×
	on B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Rep year.													ax
	(A) Name and business address						(B) Description of services			(C) Compensation				

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

Form 990 (2018)

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
nts its	1 a	Federated campaigns	1 a								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b								
S, G	с	Fundraising events .	10	224,232.							
ar /	d	Related organizations	1d								
s, 0	е	Government grants (conti		118,098.							
r Si	f	All other contributions, gift	ts, grants,								
but		and similar amounts not inclu									
d di	g	Noncash contributions include	d in lines 1a–1f: \$		1						
	ĥ	Total. Add lines 1a-1f			342,330.						
-				Business Code							
Program Service Revenue	2a										
Rev	b										
S	c			-							
ervi	d										
n S	e			-							
grar	f	All other program servi		-							
roç	g	Total. Add lines 2a–2f									
	3	Investment income (i									
	Ŭ	and other similar amou				K					
	4	Income from investment	,								
	4										
	5	Royalties	(i) Real	(ii) Personal							
	6-		(i) Heal								
	6a	Gross rents									
	b	Less: rental expenses									
	c	Rental income or (loss)	`								
	d	Net rental income or (lo	OSS) (i) Securities								
	7a	Gross amount from sales of	(i) Securities		-						
		assets other than inventory									
	b	Less: cost or other basis									
		and sales expenses .									
	С	Gain or (loss)									
	d	Net gain or (loss) .									
Ø	_										
nu	8a	Gross income from fur									
éve		events (not including \$									
č		of contributions reported									
Other Revenue		See Part IV, line 18 .		-	_						
đ		Less: direct expenses									
		Net income or (loss) fro		g events 🛛 . 🕨							
	9a	Gross income from gar									
		See Part IV, line 19 .	;	a							
	b	Less: direct expenses		b							
		Net income or (loss) fro									
	10a	Gross sales of inv									
		returns and allowances	s	a							
	b	Less: cost of goods so	old	b							
	С	Net income or (loss) fro	om sales of in	ventory 🕨							
		Miscellaneous Re	evenue	Business Code							
	11a										
	b										
	с										
	d	All other revenue .									
	е	Total. Add lines 11a-1	1d	►							
	12	Total revenue. See ins			342,330.						

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 **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . 9,500. 9,500. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees): Management а Legal 0. 0. 615. 615. b С Accounting d Lobbying 6,250 0. 6,250. 0. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion 13 4,093. 0. 4,093. Office expenses Ο. 14 Information technology 15 Royalties Occupancy 10,600. 10,600. 16 0. Ο. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 1,606. 0. 1,606. 0. Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) FESTIVAL PRODUCTION COSTS 308,126. 0. Ο. а 308,126. b С d All other expenses е Total functional expenses. Add lines 1 through 24e 25 340,790. 317,626. 23,164. Ο. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Figure if following SOP 98-2 (ASC 958-720)

Form 990 (2018)

	990 (20 art X				Page 11
Pa		Check if Schedule O contains a response or note to any line in this Pa	rt Y		
			(A) Beginning of year		
	1	Cash-non-interest-bearing	125,170.	1	120,316.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,558.	4	14,452.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		-	
		-		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	131,728.	16	134,768.
	17	Accounts payable and accrued expenses	-500.	17	1,000.
	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	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iat	~~	disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-500.	26	1,000.
es	20	Organizations that follow SFAS 117 (ASC 958), check here ▶	500.	20	1,000.
Fund Balances	27	Unrestricted net assets		27	
3al;	28	Temporarily restricted net assets		28	
	20 29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► 🔀 and complete lines 30 through 34.			
~	30	Capital stock or trust principal, or current funds		30	
Ľ ۲		Paid-in or capital surplus, or land, building, or equipment fund		31	
ssets	31			· · · · ·	122 760
t Assets	32	Retained earnings, endowment, accumulated income, or other funds .	132,228.	32	133,/68.
Net Assets or			132,228. 132,228.	32 33	133,768. 133,768.

Form 99	00 (2018)			Pa	ge 12	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	42,3	30.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	40,7	90.	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,5	40.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	32,2	28.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	33,7	68.	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain ir	ו			
	Schedule O.		2a		×	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	oiled o	r			
	Separate basis Consolidated basis Both consolidated and separate basis					
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 audite	d on a	a 📃			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	rersigh	t			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	ו 🗌			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					
	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 under		e _		_	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b			
			Forr	n 990	(2018)	

SCHEDULE C								
(Form 990 or 990-I	2018							
	Pepartment of the Treasury Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Open to Public							
Department of the Treas Internal Revenue Servic		► Go to www.irs.gov/Form990 for ir				Inspection		
If the organization	answered "Yes	s," on Form 990, Part IV, line 3, or For	m 990-EZ, Part V, I	ine 46 (Politi	cal Campaign Act	ivities), then		
 Section 501(c)(B) organizations:	Complete Parts I-A and B. Do not com	nplete Part I-C.					
		on 501(c)(3)) organizations: Complete F	Parts I-A and C below	w. Do not cor	nplete Part I-B.			
	·	nplete Part I-A only.						
-		s," on Form 990, Part IV, line 4, or For		-				
		that have filed Form 5768 (election unc						
		that have NOT filed Form 5768 (electio						
If the organization Tax) (see separate		s," on Form 990, Part IV, line 5 (Proxy hen	7 Tax) (see separate	einstruction	s) or Form 990-E2	, Part V, line 35c (Proxy		
 Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.						
Name of organizatio	n				Employer identifi	cation number		
		ITALITY ASSOCIATION			57-0798565			
	•	e organization is exempt und						
		f the organization's direct and inc	direct political ca	mpaign act	tivities in Part IV	. (see instructions for		
	-	mpaign activities")						
		ty expenditures (see instructions) .						
		cal campaign activities (see instruc						
	-	e organization is exempt und			<u>م</u>			
		excise tax incurred by the organiza		/				
		excise tax incurred by organization			55 ► \$			
-		ed a section 4955 tax, did it file For	m 4720 for this ye	ear?		. Yes No		
	ection made?					. Yes No		
b If "Yes," de		e organization is exempt und	or costion 501/	al avaant	agation E01(a)	(2)		
						(3).		
1 Enter the activities	amount direct	ly expended by the filing organiz		527 exemp	► \$			
		filing organization's funds contrib	uted to other org	anizations f	for section			
	ot function act	ivities	Enter here and	 	► Ψ 1120-POI			
line 17b		experialitates. Add lines i and 2.			► \$			
	na organizatio	n file Form 1120-POL for this year	2			. Yes No		
		ses and employer identification nur		ection 527 g	olitical organizat			
		ents. For each organization listed,						
		ontributions received that were pro-						
as a separ	ate segregated	fund or a political action committe	e (PAC). If additior	nal space is	needed, provide	information in Part IV.		
(a) Nat	ne	(b) Address	(c) EIN	filing or	unt paid from ganization's o ione, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ction under	
Α	Cł	neck 🕨		s to an affiliated group (and list in Part IV each affi	liated group memb	er's name,	
			address, EIN, expenses, and s	hare of excess lobbying expenditures).			
В	Cł	neck 🕨	if the filing organization checke	ed box A and "limited control" provisions apply.			
			Limits on Lobby	ving Expenditures	(a) Filing	(b) Affiliated	
			(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals	
	1a	Total lo	obbying expenditures to influence p	oublic opinion (grass roots lobbying)			
	b	Total lo	obbying expenditures to influence a	a legislative body (direct lobbying)			
	С	Total lo	obbying expenditures (add lines 1a	and 1b)			
	d	Other e	exempt purpose expenditures				
	е	Total e	exempt purpose expenditures (add	lines 1c and 1d)			
	f	Lobbyi	ing nontaxable amount. Enter tl	ne amount from the following table in both			
	_	colum	ns.				
		If the ar	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
		Not ove	r \$500,000	20% of the amount on line 1e.			
		Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
		Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
		Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
		Over \$1	7,000,000	\$1,000,000.			
	g	Grassr	oots nontaxable amount (enter 25%	% of line 1f)			
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0			
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0			
	j			on either line 1h or line 1i, did the organization	file Form 4720		
		reporti	ng section 4911 tax for this year?			Yes N	lo

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
с	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

REV 11/14/18 PRO

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	I)	(b)		
	iption of the lobbying activity.	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part)(5), c	or se	ction		
				Ye	es I	No

			Yes	NO
1	Were substantially all (90% or more) dues received nondeductible by members?	1	×	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		×

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Schedule C (For	n 990 or 990-EZ) 2018 Page 4
Part IV	Supplemental Information (continued)

SCHEDULE I Grants and Other Assistance to Organizations,						OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2018	
Department of the Treasury	0		► Attach to	o Form 990.		£.		Open to Public
Internal Revenue Service		► Go to v	www.irs.gov/Form9	90 for the latest inf	formation.			Inspection
Name of the organization								tification number
HILTON HEAD AREA HOSPIT							57-07985	565
								al
 Does the organization maint the selection criteria used to Describe in Part IV the organ 	award the grants	or assistance?				-		
Part II Grants and Other A Part IV, line 21, for an	ssistance to Do	mestic Organiz	ations and Don	nestic Governm	nents. Complete i			"Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptio noncash assist		(h) Purpose of grant or assistance
(1) UN OF SC - BLUFFTON BLUFFTON CAMPUS BLUFFTON SC 29909	N/A		7,500.				EDI	UCATION
(2) TECHNICAL COLLEGE OF THE LOWCOUNTRY BLUFFTON SC 29909	N/A		2,000.				EDI	UCATION
(3)	-							
(4)	-							
(5)	-							
(6)	-							
(7)	-							
(8)	-							
(9)	-							
(10)	-							
(11)	-							
(12)	-							
2 Enter total number of section	n 501(c)(3) and go	⊥ vernment organiza	tions listed in the	line 1 table				
3 Enter total number of other of								
For Paperwork Reduction Act Notice,								Schedule I (Form 990) (2018)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. REV 11/06/18 PRO

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
_1								
2								
3								
4								
5								
6								
7 Part IV	Supplemental Information. Prov	vide the information re	auired in Part L lin	o 2: Part III. colum	h (b); and any other additi	onal information		
raitiv								
BAA		REV 11/06/18 PF	RO			Schedule I (Form 990) (2018)		

SCHEDULE O	EZ	OMB No. 1545-0047					
(Form 990 or 990-EZ)	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.	is on	2018				
Department of the Treasury Internal Revenue ServiceAttach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.Open Inspector							
Name of the organization <u>HILTON HEAD AREA</u>	HOSPITALITY ASSOCIATION	Employer identifica	ation number				
Pt VI, Line 11b:	A copy of the Form 990 is furnished to each boar	d member fo	or				
review prior to k	peing approved by the board and the mailing of th	ie Form 990	to				
the Internal Reve	enue Service.						
Pt VI, Line 19: A	A copy of the Form 990 is available at the organi	zation's of	fice				
for anyone reques	sting to view of copy of the Form 990 and the For	m 990 is av	railable				
for viewing on th	ne website of GuideStar.						

BAA. No. 51056K

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

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

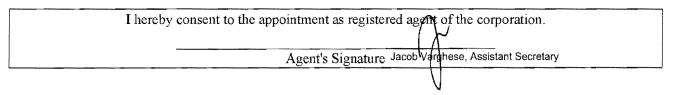
1. The name of the nonprofit corporation is <u>Hilton Head Island Wine and Food Inc.</u>

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

Charleston	Street Address Charleston	South Carolina	29407	
City	County	State	Zip Code	

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

Print Name



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

a. The nonprofit corporation is a public benefit corporation.

b. The nonprofit corporation is a religious corporation.

c. The nonprofit corporation is a mutual benefit corporation.

- 4. Check "a" or "b", whichever is applicable.
 - a. This corporation will have members.
 - b. \checkmark This corporation will not have members.
- 5. The address of the principal office of the nonprofit corporation is

40 Pond Drive

Street Address					
Hilton Head	Beaufort	SC	29926		
City	County	State	Zip Code		

South Carolina Secretary of State



Form Revised by the South Carolina Secretary of State, June 2008

- 6. If this nonprofit corporation is either a <u>public benefit</u> or <u>religious corporation</u> complete either "a" or "b", whichever is applicable, to describe how the remaining assets of the corporation will be distributed upon dissolution of the corporation. If you are going to apply for 501(c)(3) status, you must complete section "a."
 - a. Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.
 - If you choose to name a specific 501(c)(3) entity to which the assets should be distributed, please indicate the name of the selected entity.

OR

b.

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

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

- 7. If the corporation is a <u>mutual benefit corporation</u> complete either "a" or 'b", whichever is applicable, to describe how the (remaining) assets of the corporation will be distributed upon dissolution of the corporation.
 - a. Upon dissolution of the mutual benefit corporation, the (remaining) assets shall be distributed to its members, or if it has no members, to those persons to whom the corporation holds itself out as benefiting or serving.
 - Upon dissolution of the mutual benefit corporation, the (remaining) assets, consistent with the law, shall be distributed to
- 8. The optional provisions which the nonprofit corporation elects to include in the articles of incorporation are as follows (See S.C. Code of Laws §33-31-202(c)).

Please see attachment

NP - Domestic - Articles of Incorporation

Name of Corporation Hilton Head Island Wine and Food Inc.

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

Legalzoom.com, Inc.	101 N. Brand Blvd., 10th Floor Glendale	, CA 91203
Name	Address	Zip Code
Name	Address	Zip Code
Name	Address	Zip Code
Each original director of th directors are named in thes Tamara Bream	e nonprofit corporation must sign the articles b e articles.	but only if the
Name (only if named in articles	Xig	nature of director
Jeffrey Gerber	4	my T
Name (only if named in articles) Robert Hohman	Rou	nature of director
Name (only if named in articles) Each incorporator listed in		nature of director
Signature of incorporator Imedia Va	squez, Asst. Secretary, of Legalzoom.com, Inc. (Incorpora	itor)

12.

If the document is not to be effective upon filing by the Secretary of State, the delayed effective

date/time is

Filing Checklist

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

NP - Domestic - Articles of Incorporation

Signature of incorporator

10.

11.

Form Revised by the South Carolina Secretary of State, June 2008

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.

ANA NAJAYA MA NAJAYA NAJARO NANGANO NYA NYA

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.