

2024 Accommodations Tax Funds Request Application

Organization Name: Hilton Head Island Wine and Food Inc

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

Executive Summary

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

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

Adding craft beer to the events continues to help draw more people to the festival. During the September 21 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 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 for the last two years.

Regarding our budgets and P&L statements, and moving the dates of the festival in 2021 (FY2020). 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.

This year we saw an increase in attendance of about 10%, which not only helped our ticket sales, but also put more visitors on our island.

Key Demographics:

Female – 75% Male – 23%

84% are 40 years of age or older

77% have no children living at home

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

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

64% from 50 miles away or further

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. We rolled the savings here into more social media advertising.

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 – \$10,000 vs. \$10,500

Results – 1.65M Print Impressions (not including earned)

Digital:

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

Budget vs. actual – \$25,000 vs. \$27,200

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 – \$10,000 vs \$2,800

Results – Honestly, there weren't any results. This was a bill from the 2022 festival that we didn't receive until November. We did not like the quotes we received this year and rolled the balance into digital marketing which was much more effective and had trackable results.

Viewership Impressions – n/a

Radio:

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

Budget vs. actual – \$3,000 vs. \$4,500

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. With the delay in approving the Chamber's additional funds we did not implement this on scale as in years past. But we did run a smaller version and did run a contest in conjunctions with local hotels and the Sav-HHI airport. We didn't have to pay the Chamber this year and rolled that money into more digital ads.

Budget vs. actual – \$5,000 vs. \$0

Results – 750,000 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 – \$25,000 vs. \$32,000

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 – \$10,500 vs. \$14,000

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 – \$3,500 vs. \$16,500

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. These film clips are used on our website, on social media and in our email marketing campaigns. This was \$13,500 out of a total of \$16,500.

The extra \$3,000 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 350 people this year (10%), without seeing a major shift downward in our demographics. We saw an increase from 25% to 28% 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.

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 in 2022
- We increased attendance by approximately 10% with little or no change to demographics
- With our increased success

2024
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Date Received: 09/01/2023

Time Received: 09:21 AM

By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 1, 2023

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Hilton Head Island Wine and Food Inc

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

Contact Name: Jeffrey R Gerber

Title: Executive Director

Address: 1620 Crestwood Drive, Columbia, SC 29205

Email Address: circlemstr@gmail.com

Contact Phone: 843-301-9256

Event Date: March 24th-30th

Event Location: Lowcountry Celebration Park

Total Budget: \$457,100.00

Grant Requested: \$130,000.00

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

The money will be used to market the 39th year of the Hilton Head Wine and Food Festival with the goal of bringing even more visitors to the island. And to continue to increase the quality of the demographics we are experiencing.

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

We also run a fly campaign with the Chamber.

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

The HHWFF is an annual event that showcases many of the world's premier wines, while shining a light on the Lowcountry's unique and thriving food scene. Through a comprehensive traditional and digital marketing campaign we bring visitors from far and near. The impact is measured through surveys w/ USCB, talking with our hotel and restaurant partners, the Sav-HHI airport and communications with the Chamber.

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

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: 2650

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: 430

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: 770

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): 3850

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 purpose 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 39th anniversary this year, which makes the festival 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 \$125,000 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)

2024 Objectives of the festival's grant-funded marketing plan:

- Continue the momentum that has been generated since 2021
- Implement targeted interactive advertising campaigns in the festival's top drive markets on home pages such as the Charlotte Observer, The State, in addition to some smaller markets as well.
- Leverage integrated social media efforts with regular posts, contests, sharing of festival press and events on Facebook and Instagram.
- Continue to utilize regional lifestyle publications with an emphasis on Northern Atlanta, Columbia, Charlotte and identified additional markets.
- Execute behavioral re-targeting campaigns and contextual re-targeting campaigns in both the drive and fly markets for high income households
- Use a very targeted e-mail advertising program once again focusing on high income households. This has been very effective for us.
- We will run a targeted fly campaign with the Chamber that has been very successful for the last 5 years.
- We are also starting to work towards having additional events throughout the year to help keep our name relevant and fresh on people's minds and to look to bring visitors to the island more than just once a year. (Rhythm & Brews)
- We are looking to host an event or two where USCB & TCL work together.
- We also run promotions with the Chamber, Sonesta, Westin and many local media partners.

If you want a specific marketing plan, I can send the 2023 marketing plan for your reference.

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

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

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

28% of our attendees have a household income >\$200k & 57% are >\$100k with an additional 9% retired. With an average stay of 4 days, these are high quality visitors who spend money in the local economy. Due to the quality of the visitors, the expense of marketing to them is higher than average, but is justified by number of rooms nights, dining out, etc. We might have to consider lower cost/quality options with lower funding.

Also, even though expenses have increased for marketing each year, we have not asked for more money for 7 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 3750 people in **2023**.

- 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 about 4 days

When combining the average length of stay, plus the daily spending of visitors for food, recreation and gifts, the total direct economic impact of the 2023 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 Review Committee annual reporting requirements, please classify your current grant request into the following authorized categories:

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

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

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

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

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

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

We are also exploring if we can work with the Sandbox to collaborate during our events.

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

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

The Westin continues to do FAM (familiarization) events and brought 40+ reservation specialists to show case the island and its many appeals over three days. In 2022, Steve French said "Since 2019 we have hosted over 100 clients at Wine & Food Festival and secured just shy of \$1million of business for our resort and the island".

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

C. FUNDING:

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

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

<u>32</u>	Government Sources	<u> </u>	Private Contributions, Donations and Grants
<u>11</u>	Corporate Support, Sponsors	<u>0</u>	Membership, Dues, Subscriptions
<u>57</u>	Ticket Sales, or Sales and Services	<u>0</u>	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	\$5,200.00
Beaufort County ATAX	\$10,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: **Yes**

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

Current fiscal year Profit Loss Report Provided: **Yes**

Previous fiscal year Profit Loss Reports Provided:

P&L for Fiscal 2022- Previous FY 1
P&L for Fiscal 2021- Previous FY 2
P&L for Fiscal 2022 #2- Previous FY 1

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

Current fiscal year Balance Sheet Provided: **Yes**

Previous fiscal year Balance Sheets Provided:

FY 2021 - Previous FY 2
FY 2022 - Previous FY 1

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

Current year IRS Form 990 or 990T Provided: **Yes**

Previous IRS Form 990 or 990T Years Provided:

FY 2020 (Ends June 2021) - Previous FY 1
FY 2019 (Ends June 2020) - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

1. List any ATAX award amounts received in 2022 and/or 2023.

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

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

The majority of the 2023 funds were used for advertising mainly in drive markets. We used funds for social media, email, print, digital, and radio. We had exposure to well over 7.5 million people.

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

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

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

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

Objectives were hit as shown by good demographic numbers:

- Income - 9% = retired, 57% = \$100 k or higher, 28% = \$200 k or higher
- Education - > 74% have a four-year degree or higher (with an additional 7% having a 2-year degree or some college)
- Household - > 77% have no children living at home

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

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

The real measure of effectiveness is ticket sales. We sold out all the events again this year even after adding additional tickets to many events. Events that had sold out in the past, sold out even sooner this year.

Community benefits:

By targeting higher income attendees, we once again saw an average stay of 4 nights in 2023 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. > 86% said they were likely/very likely to return to Hilton Head Island when the festival was NOT occurring.

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

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

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

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

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

G. EXECUTIVE SUMMARY

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

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

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Results – 750,000 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 – \$25,000 vs. \$32,000

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 – \$10,500 vs. \$14,000

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 – \$3,500 vs. \$16,500

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. These film clips are used on our website, on social media and in our email marketing campaigns. This was \$13,500 out of a total of \$16,500.

The extra \$3,000 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 350 people this year (10%), without seeing a major shift downward in our demographics. We saw an increase from 25% to 28% 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.

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 in 2022
- We increased attendance by approximately 10% with little or no change to demographics
- With our increased success

Signature: Jeffrey Gerber

Title/Position: Executive Director

Mailing Address: 1620 Crestwood Drive, Columbia, SC 29205

Email Address: circlemstr@gmail.com

Office Phone Number: 843-301-9256

Home Phone Number: 843-301-9256

2023

Hilton Head Island Wine & Food Festival



CENTER FOR EVENT MANAGEMENT
AND HOSPITALITY TRAINING

A detailed nautical chart of a coastal area, likely the Savannah River region. The chart shows various waterways, including Broad Creek, Middle Marsh, and Harbour Town. It features depth soundings, navigational aids like buoys and lights, and a compass rose. Text on the chart includes "NOTE X" regarding territorial sea boundaries and "NO DISCHARGE ZONE" markings. A table of NOAA Weather Radio broadcasts is also present.

RESEARCH METHODOLOGY

- Attendees completed a 36-question online survey
- QR Code directed respondents to survey
- iPads made available to respondents without mobile devices

RESPONSES



364

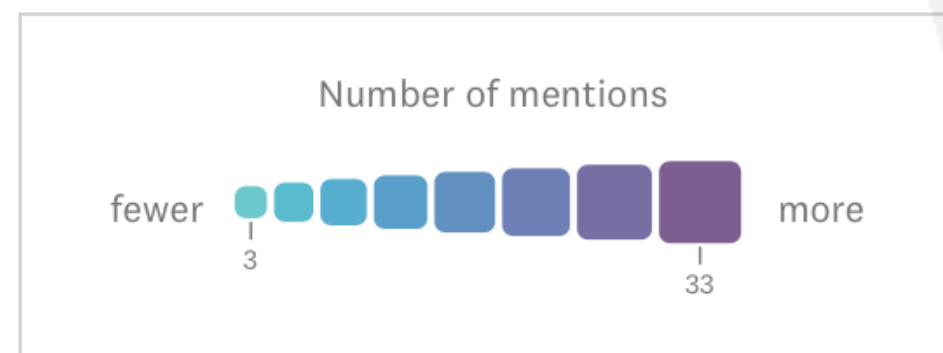
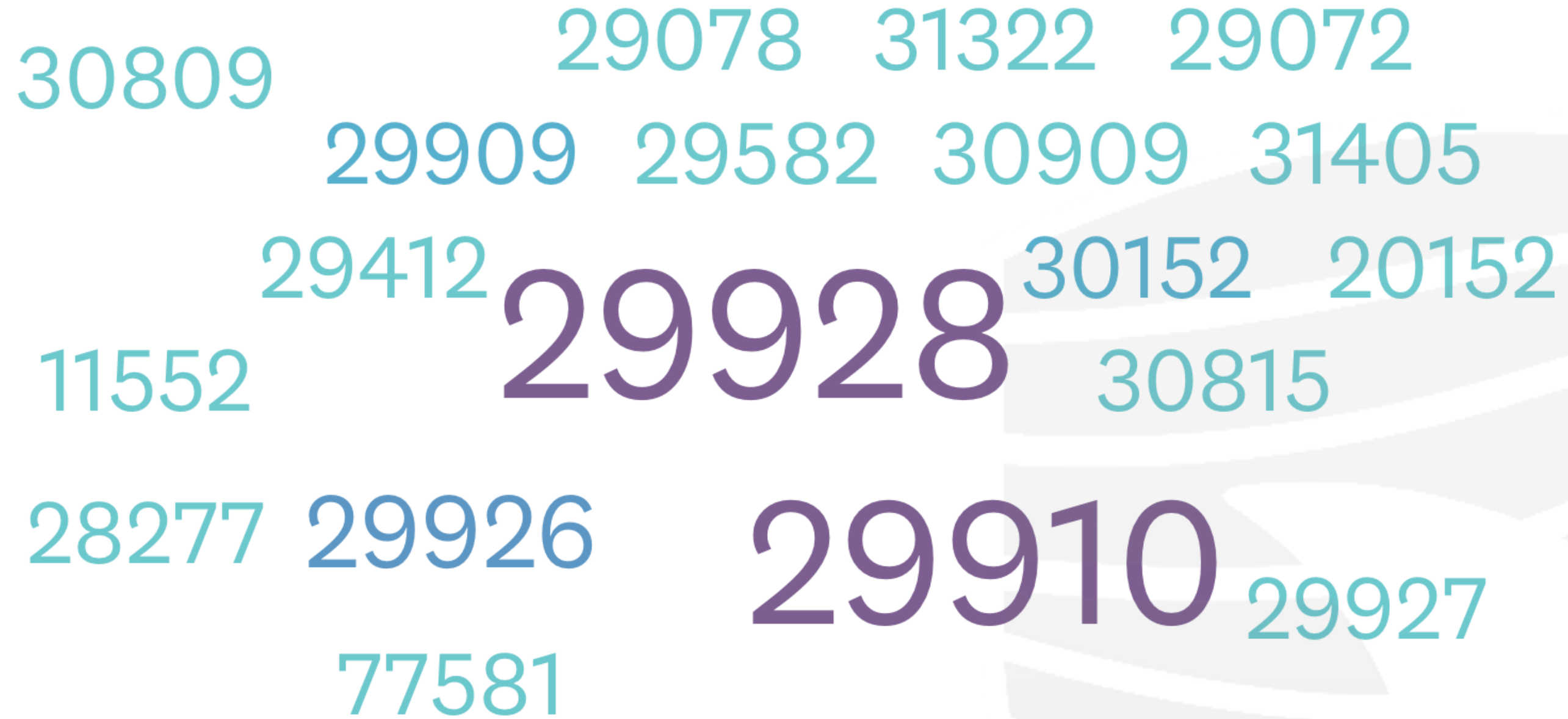


ORIGIN BREAKDOWN

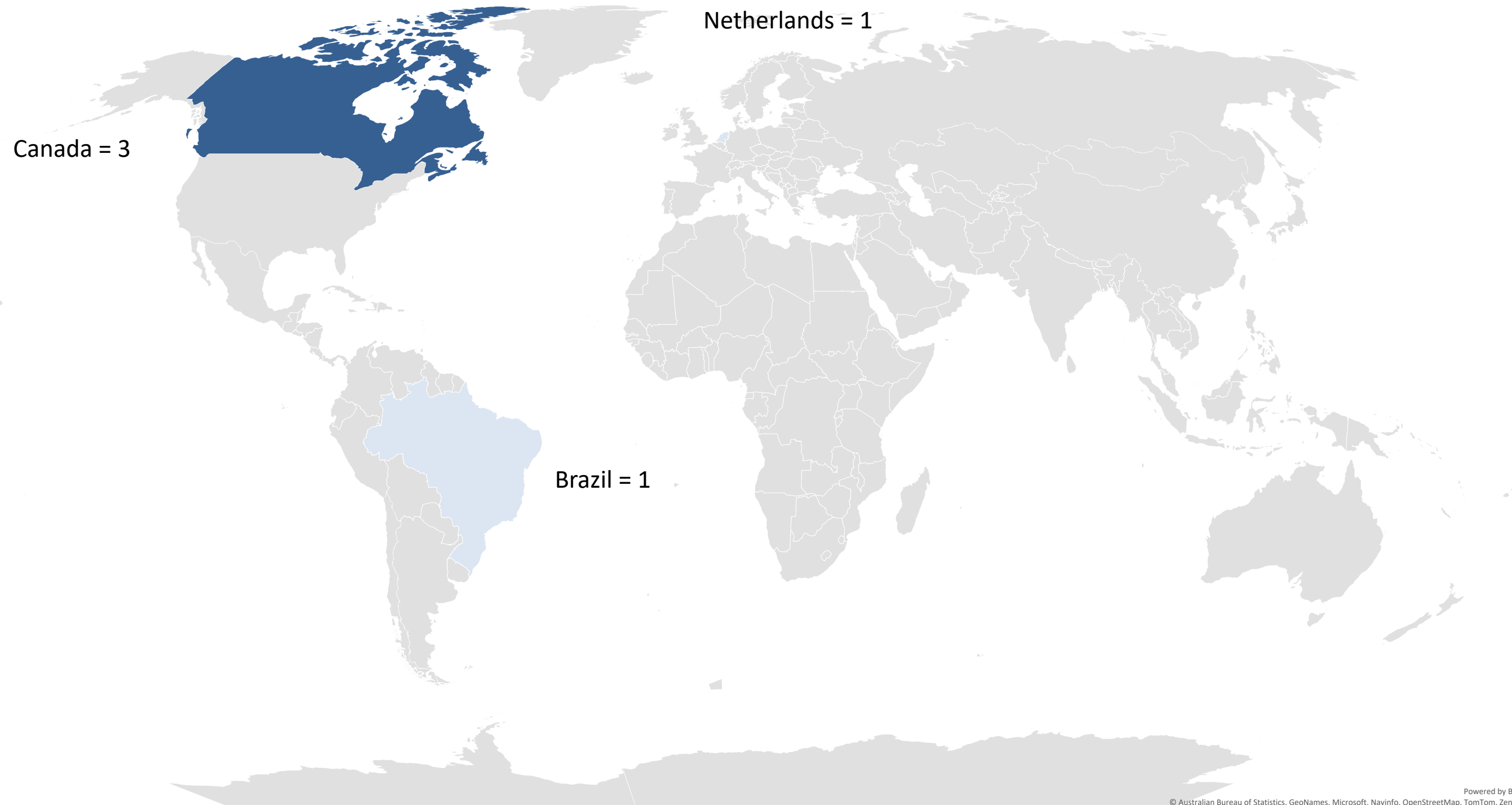
4



Most Common Zip Codes

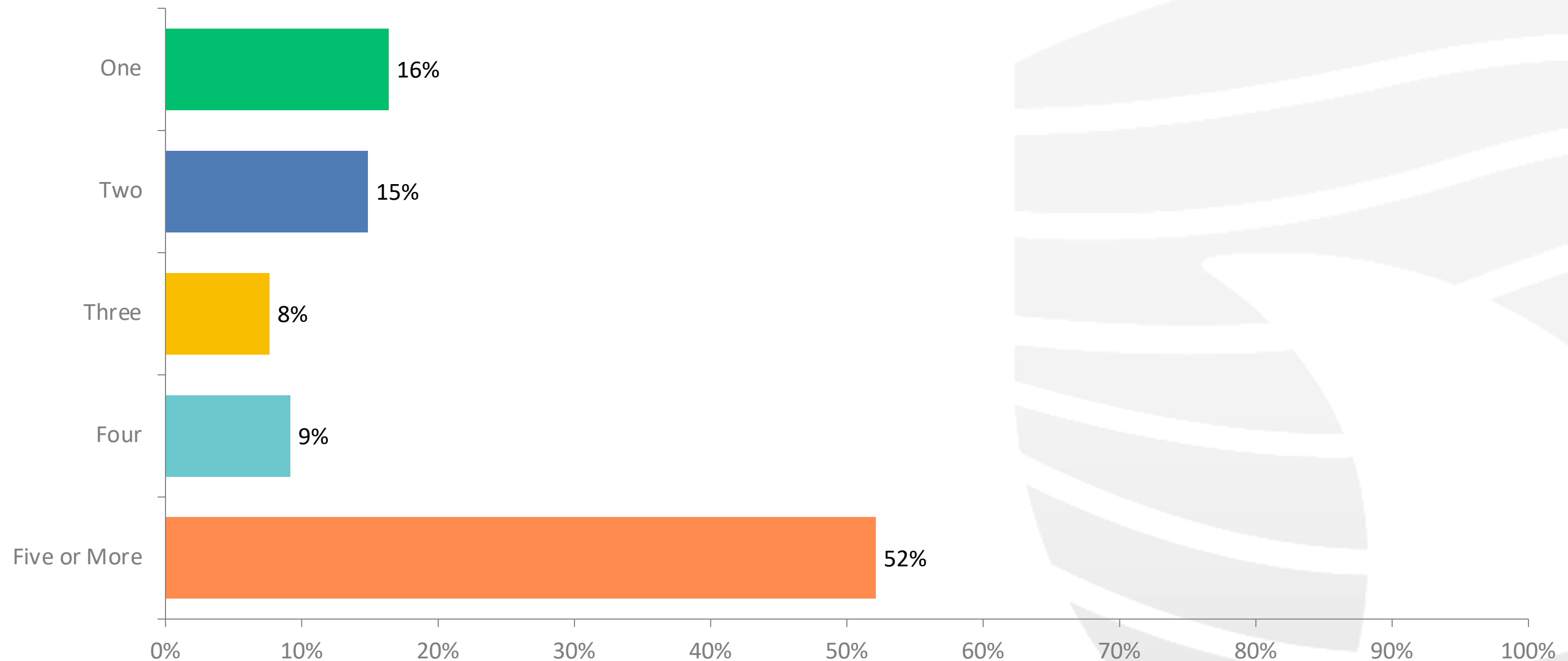


International Attendees



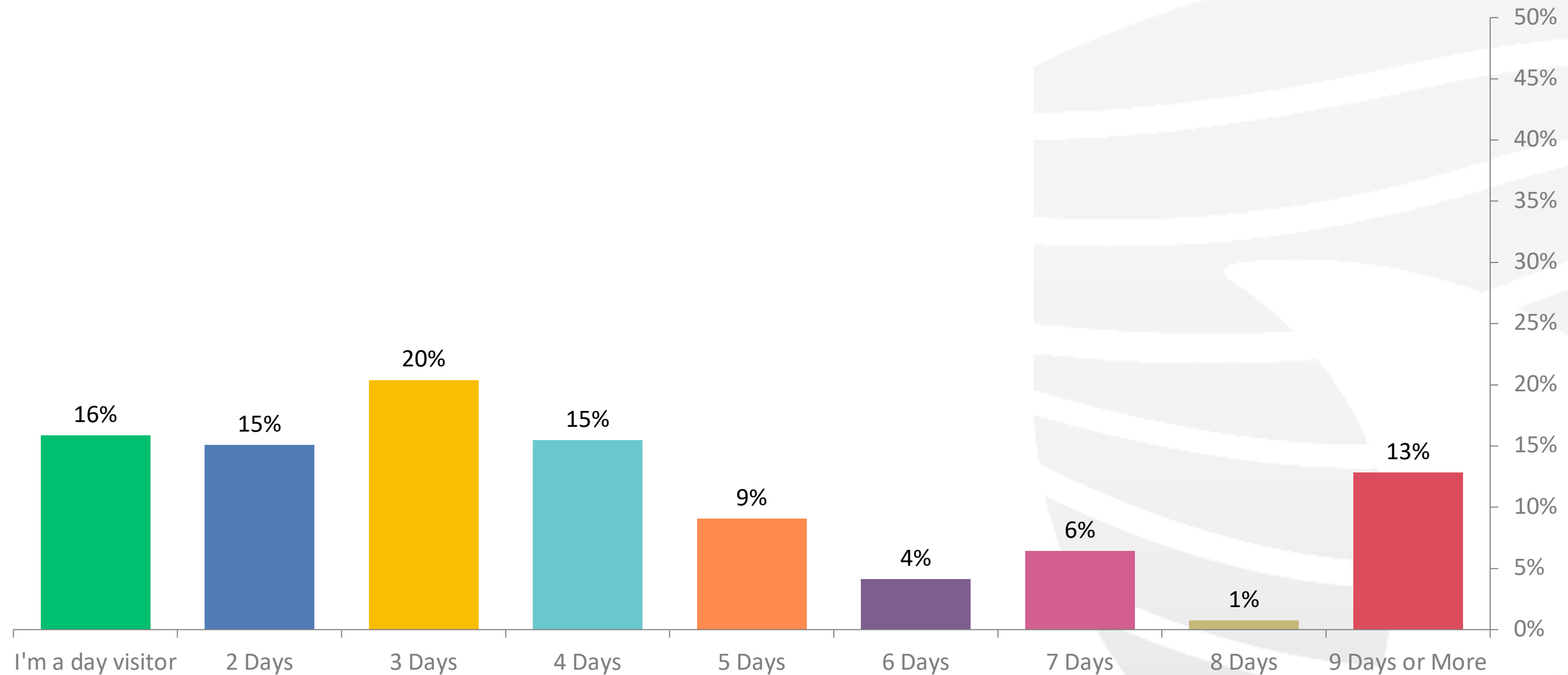
Including this visit, how many trips have you taken to Hilton Head?

Answered: 263 Skipped: 101



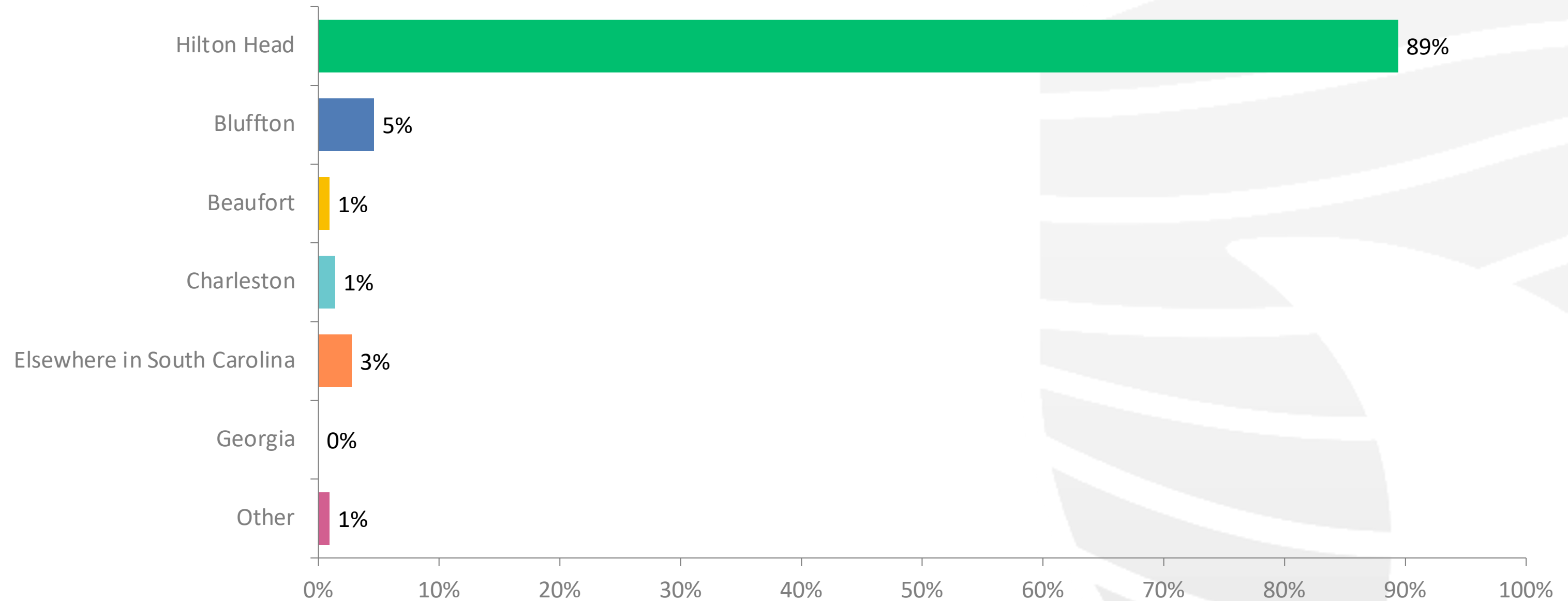
How many days do you intend to stay in Hilton Head?

Answered: 265 Skipped: 99



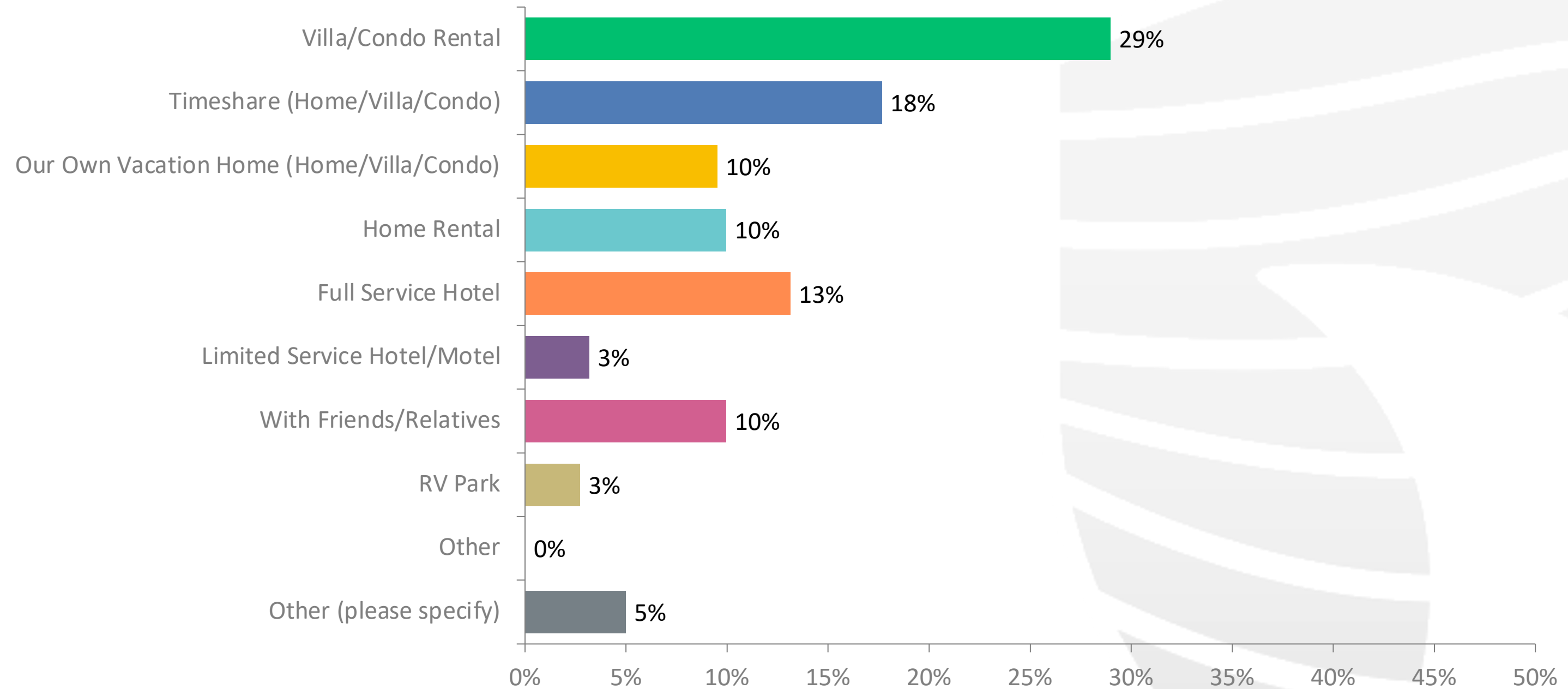
Where are you staying on this overnight trip?

Answered: 217 Skipped: 147



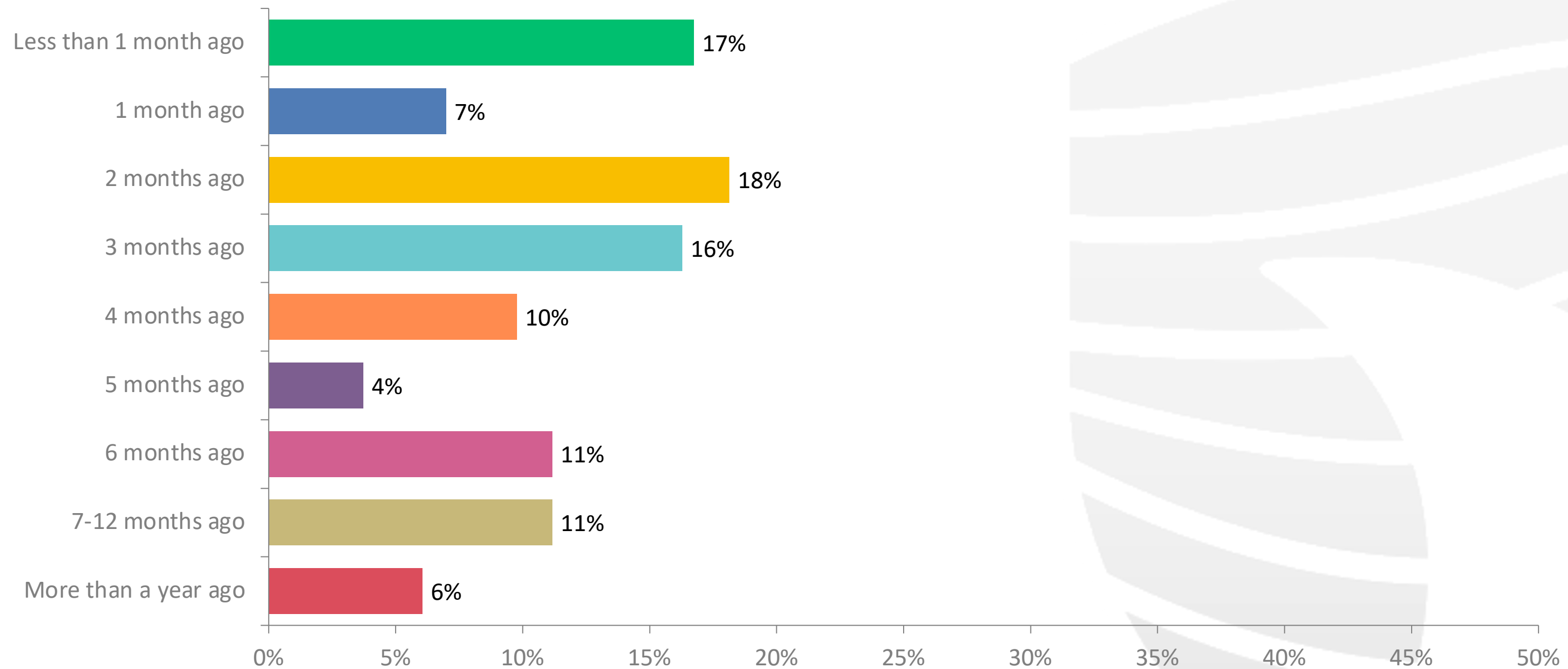
What type of accommodations will you be using while visiting Hilton Head Island?

Answered: 221 Skipped: 143



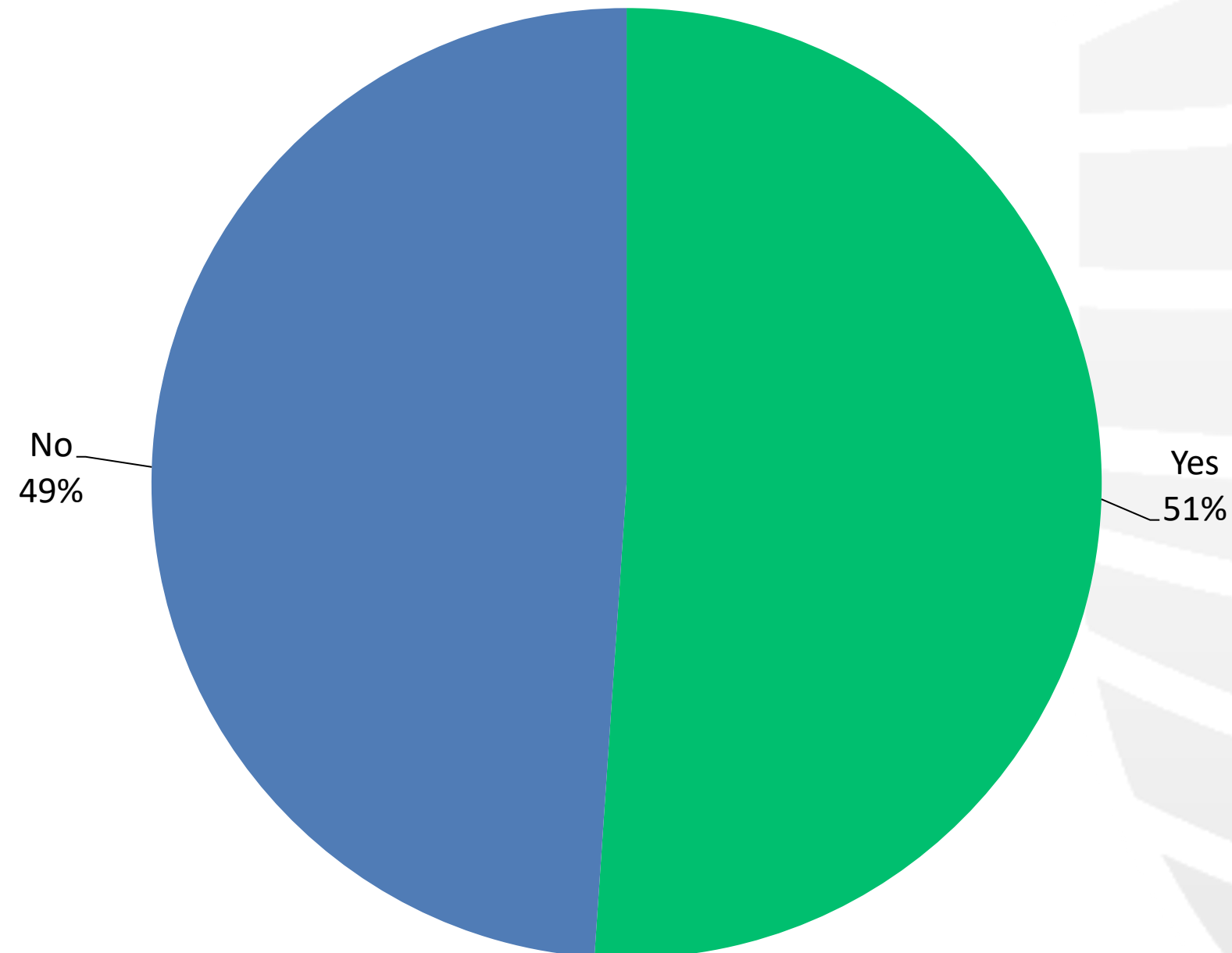
How many months in advance did you book this trip?

Answered: 215. Skipped: 149



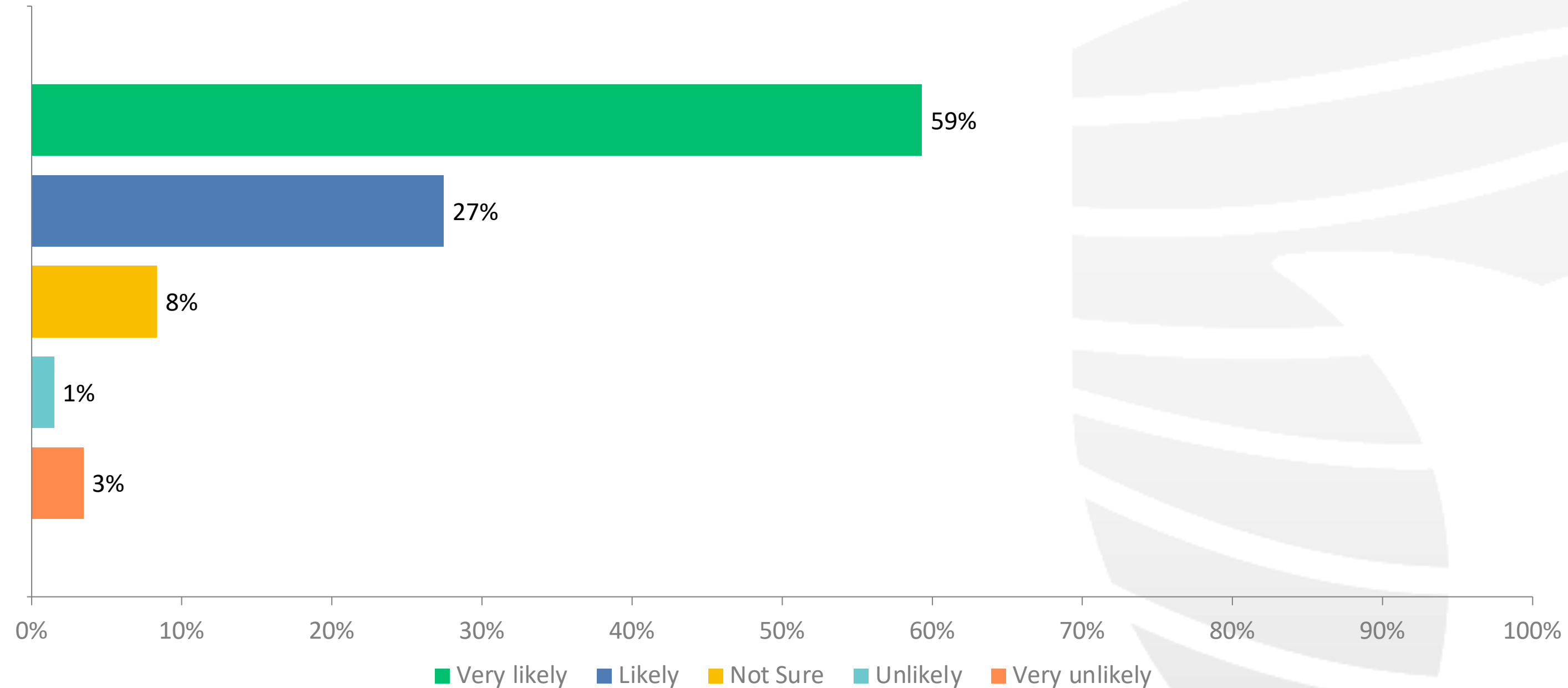
Would you have visited the Hilton Head area **AT THIS TIME** even if this festival had not been held?

Answered: 186 Skipped: 178



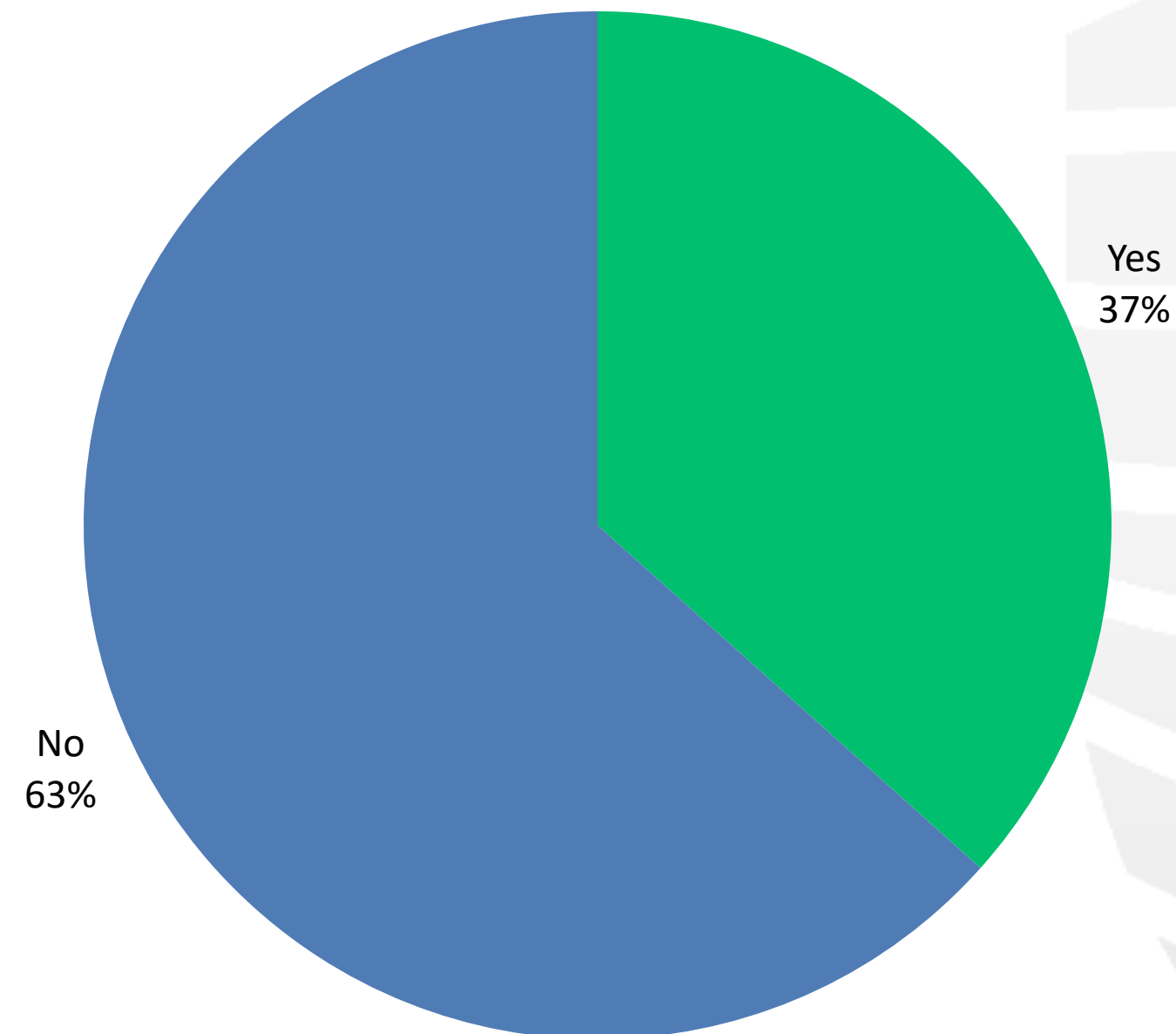
How likely are you to return to Hilton Head when the Hilton Head Wine and Food Festival is NOT OCCURRING?

Answered: 204 Skipped: 160



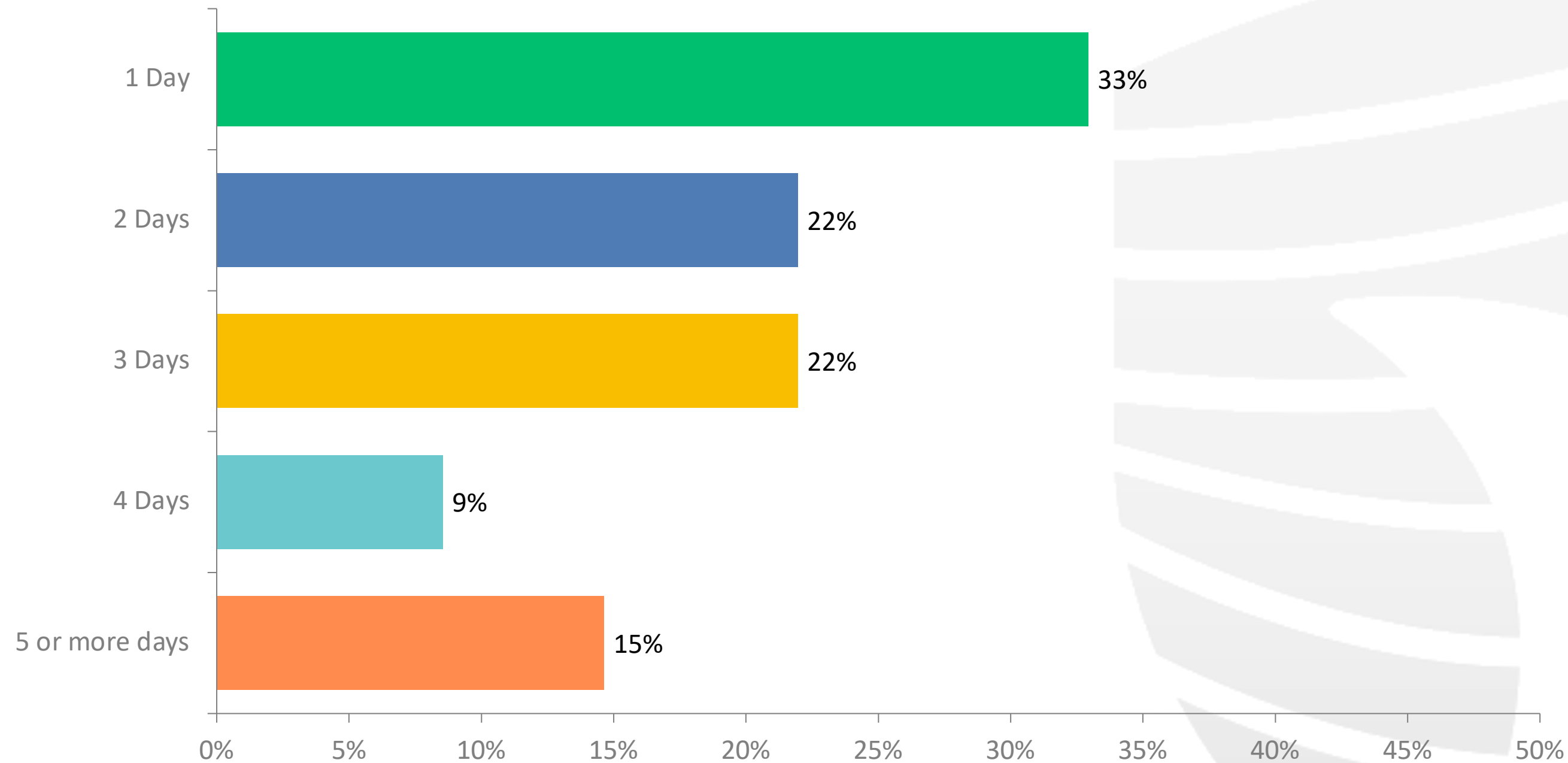
Did you extend your stay in the Hilton Head area because you wanted to attend this festival?

Answered: 213 Skipped: 151



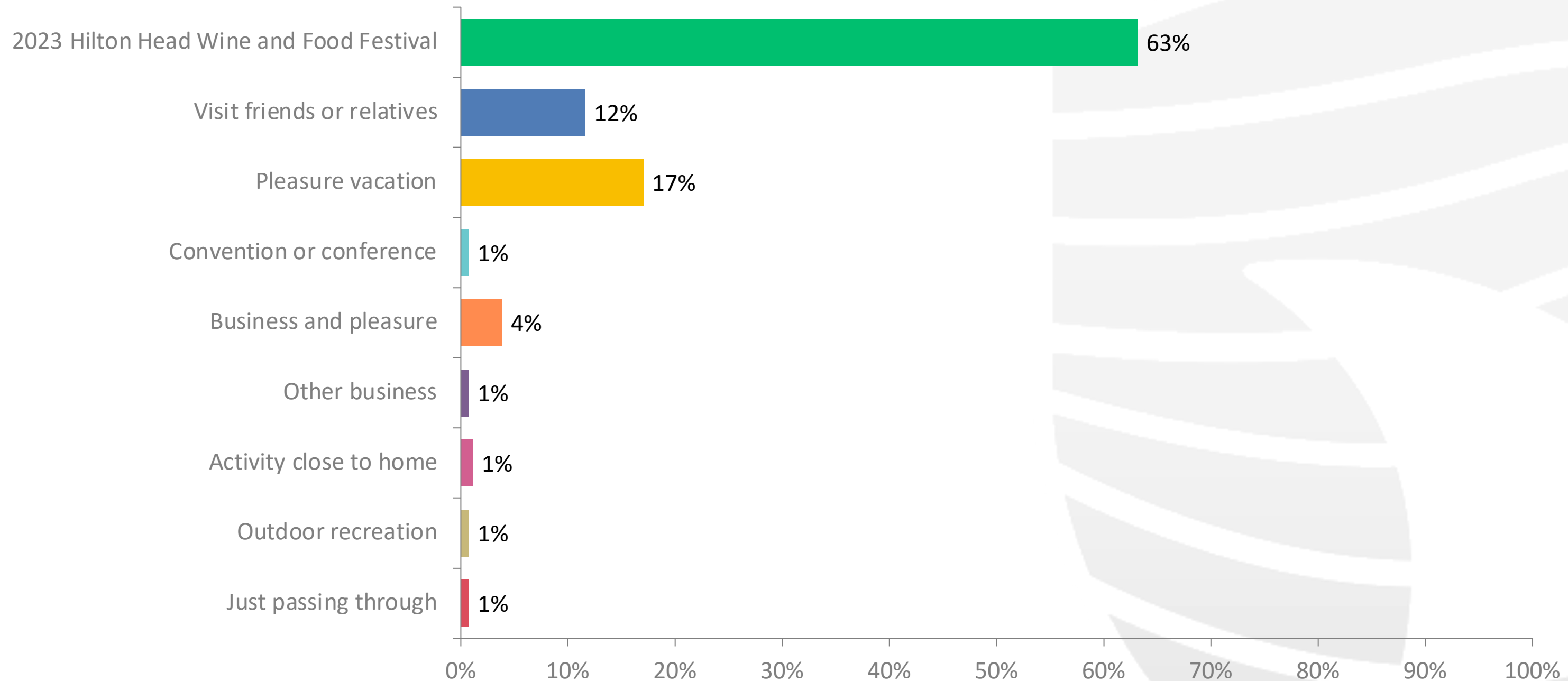
How many additional days are you staying because you wanted to attend this festival?

Answered: 82 Skipped: 282



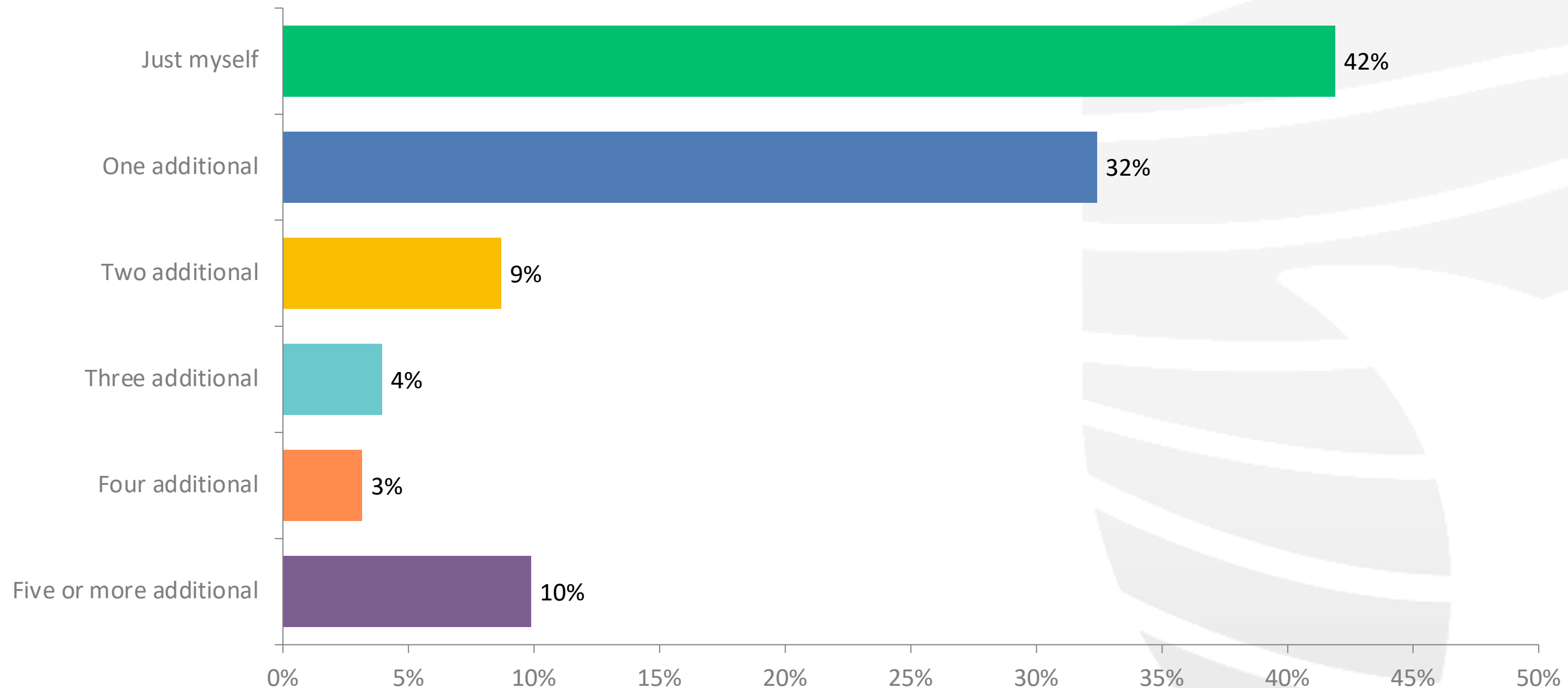
What was the primary reason for this visit to Hilton Head Island?

Answered: 258 Skipped: 106



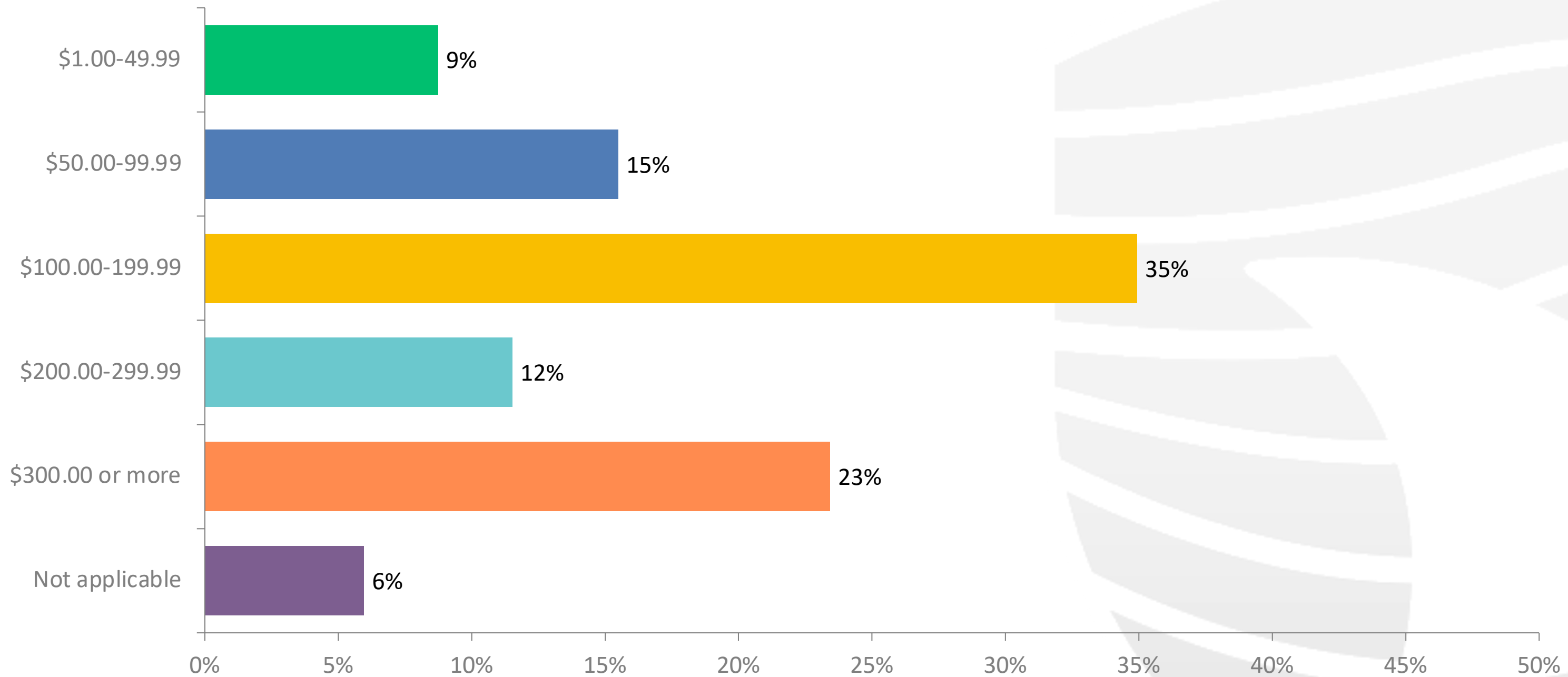
How many people are you financially responsible for during this trip?

Answered: 253 Skipped:111



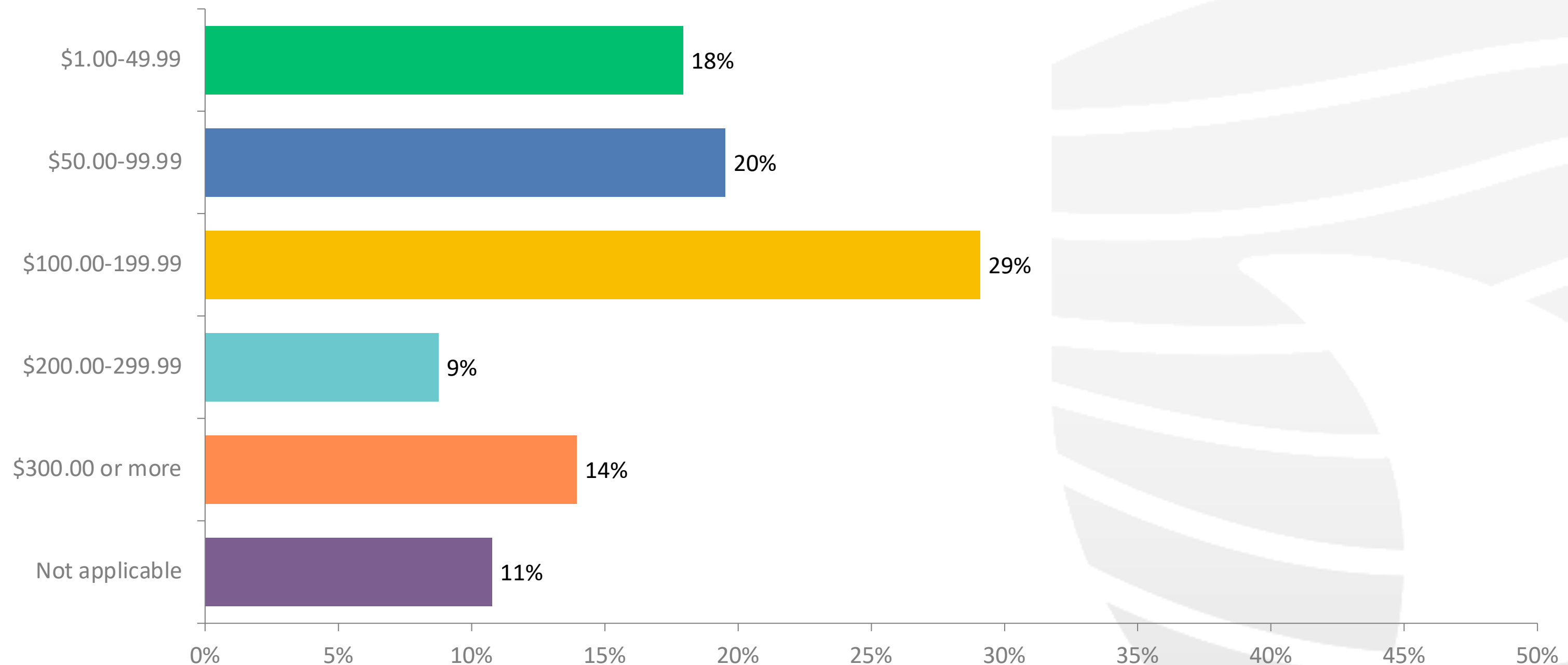
Approximately, how much will your travel party spend on restaurant dining PER DAY?

Answered: 252 Skipped: 112



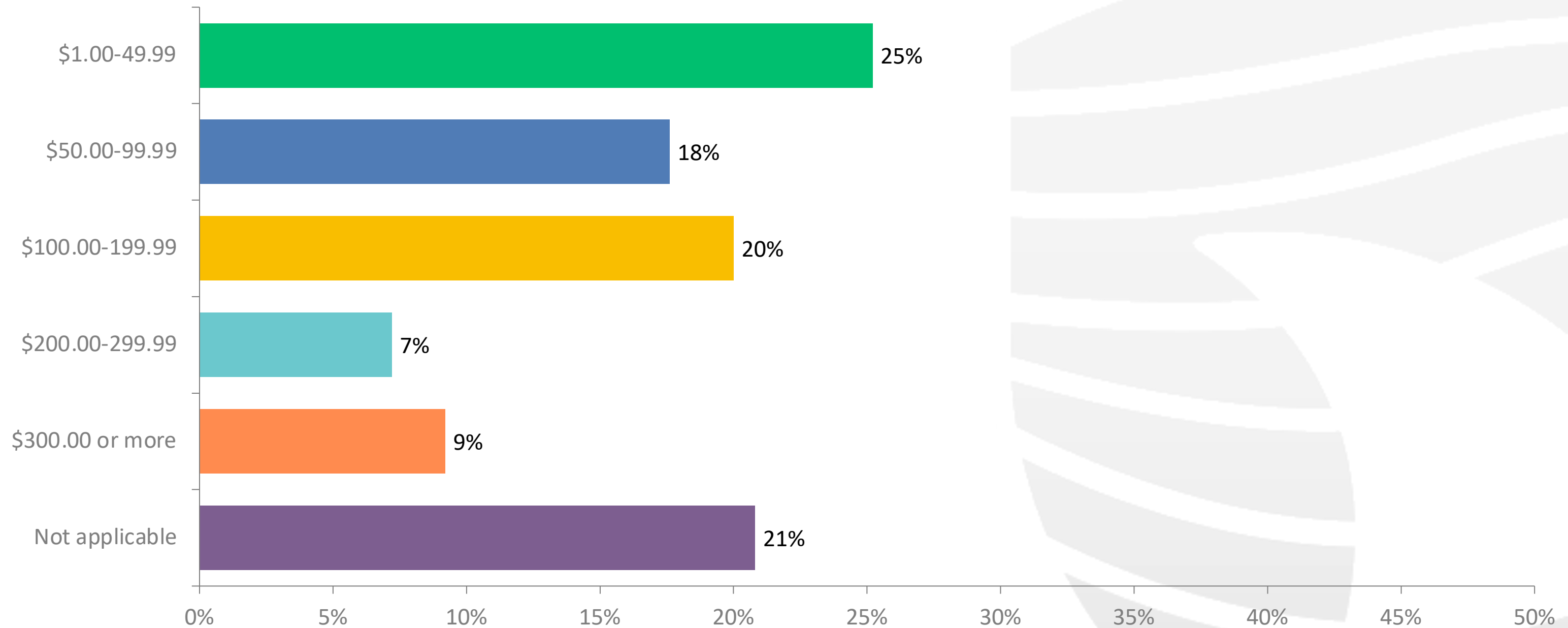
How much do you think your travel party will spend on retail purchases PER DAY (i.e. gifts, souvenirs, etc.?)

Answered: 251 Skipped: 113



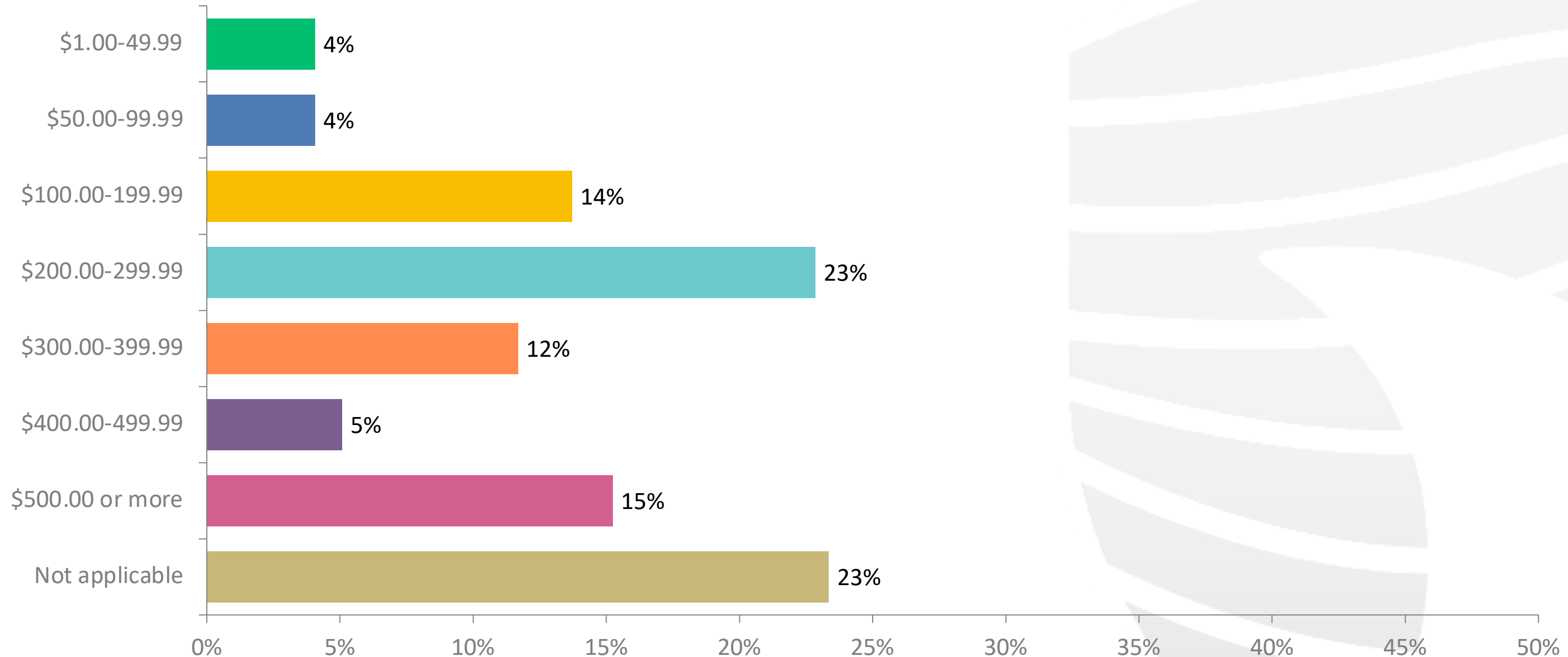
Approximately, how much will your travel party spend on recreation (i.e., golf, bicycling, etc.) PER DAY?

Answered: 250. Skipped: 114



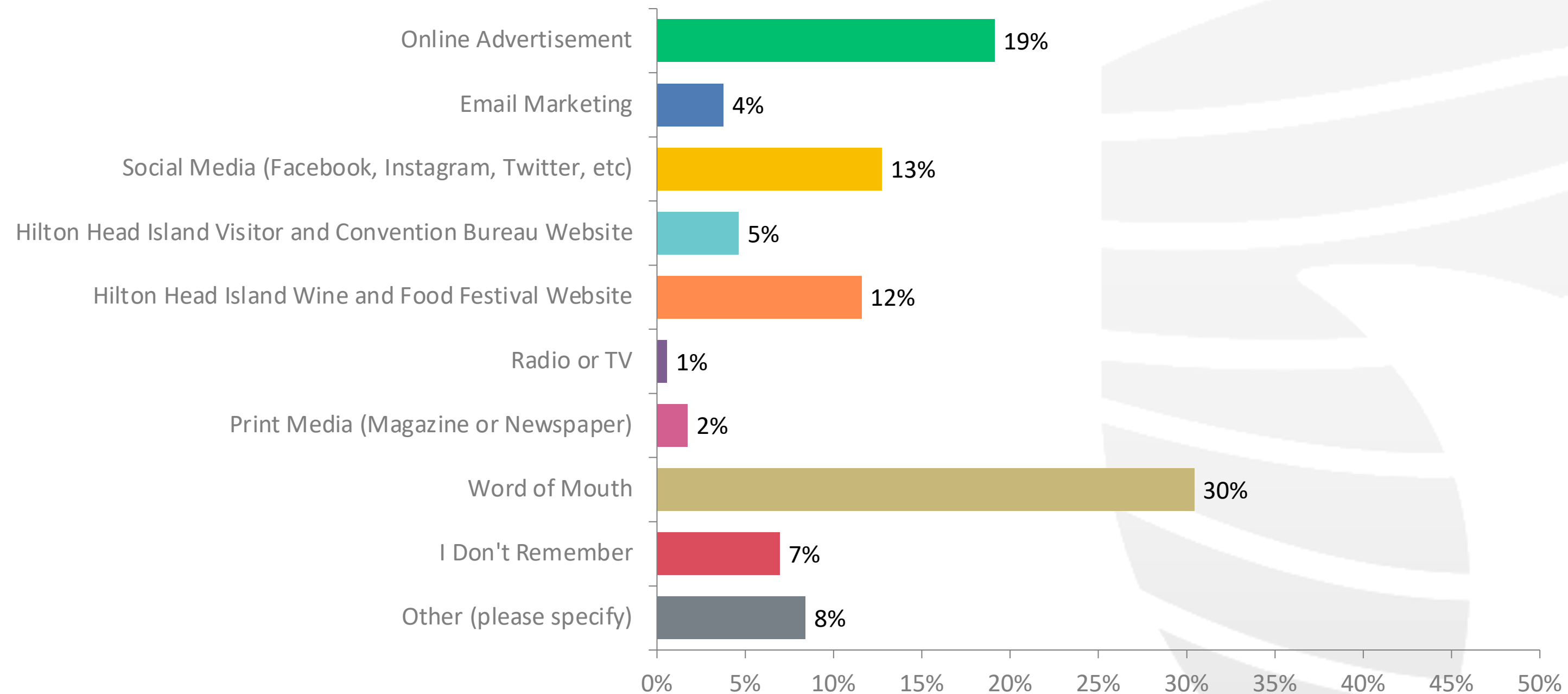
Approximately, how much will your travel party spend on lodging PER NIGHT?

Answered: 197 Skipped: 167



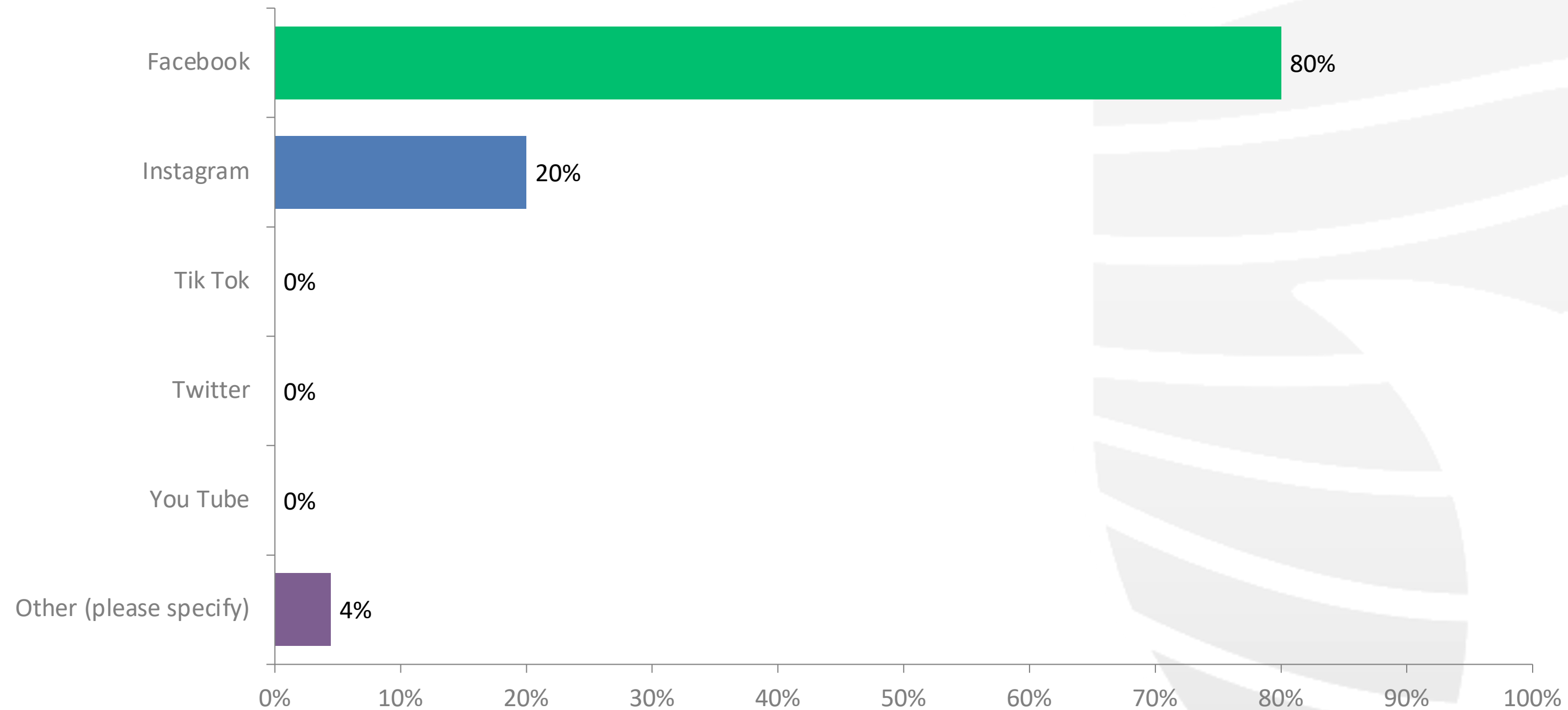
How did you first learn of the 2023 Hilton Head Wine and Food Festival?

Answered: 345 Skipped: 19



Which social media platform did you first learn of the 2023 Hilton Head Wine and Food Festival?

Answered: 45 Skipped: 319



How would you rate the following festival characteristics?

Answered: 344 Skipped: 24

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	WEIGHTED AVERAGE
Music	51.96% 172	29.61% 98	16.01% 53	1.81% 6	0.60% 2	4.31
Ambiance	66.77% 213	26.02% 83	6.58% 21	0.63% 2	0% 0	4.59
Cost	47.72% 157	32.22% 106	17.33% 57	2.43% 8	0.30% 1	4.25
Staff Friendliness	78.48% 259	16.36% 54	4.24% 14	0.30% 1	0.61% 2	4.72
Special Exhibits (i.e., Wine Dinners, Grand tastings, etc.)	63.75% 211	26.28% 87	8.16% 27	0.91% 3	0.91% 3	4.51

How would you rate the following festival characteristics?

Answered: 330 Skipped: 34

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	WEIGHTED AVERAGE
Quality of Food You Purchased	57.32% 188	30.49% 100	10.67% 35	0.61% 2	0.91% 3	4.43
Quantity of Food Items per Purchase	54.86% 175	33.23% 106	10.03% 32	0.63% 2	1.25% 4	4.40
Food and Beverage Vendor Variety	64.09% 207	27.24% 88	6.50% 21	1.86% 6	0.31% 1	4.53

How would you rate the following festival characteristics?

Answered: 330 Skipped: 34

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	WEIGHTED AVERAGE
Location	74.85% 244	19.63% 64	5.21% 17	0% 0	0.31% 1	4.69
Parking	48.37% 148	27.12% 83	16.67% 51	3.92% 12	3.92% 12	4.12
Availability of Public Seating	42.72% 138	23.22% 75	22.91% 74	7.12% 23	4.02% 13	3.93
Retail Vendor Variety	54.21% 174	33.64% 108	10.90% 35	0.93% 3	0.31% 1	4.40

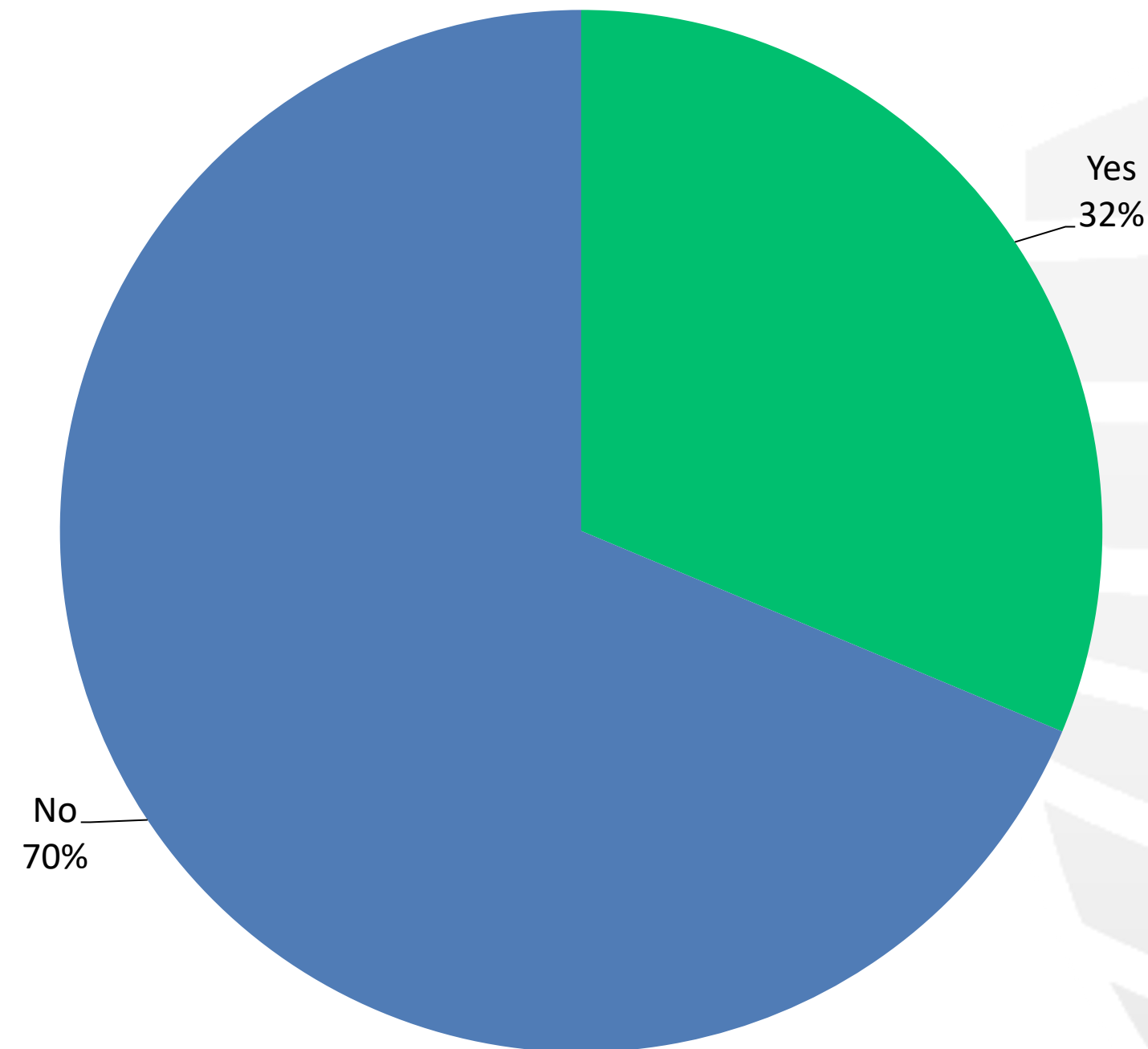
How would you rate the following festival characteristics?

Answered: 337 Skipped: 27

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	WEIGHTED AVERAGE
Opportunities to Learn about Wine	58.01% 192	28.70% 95	11.48% 38	1.81% 6	0% 0	4.43
Wine Vendor Variety	67.07% 222	25.08% 83	7.85% 26	0% 0	0% 0	4.59
Event Layout and Design	65.95% 215	25.77% 84	7.67% 25	0.31% 1	0.31% 1	4.57
Crowd Flow	58.41% 191	29.66% 97	10.09% 33	1.53% 5	0.31% 1	4.44
Consistency of the "Wine" theme throughout the festival	63.86% 212	27.71% 92	8.43% 28	0% 0	0% 0	4.55
Overall Value of the Event	60.73% 201	32.02% 106	6.34% 21	0% 0	0.91% 3	4.52
How would you rate your personal knowledge of Wine?	48.94% 161	32.83% 108	15.81% 52	2.13% 7	0.30% 1	4.28

Did you attend any of the craft beer events?

Answered: 322. Skipped: 42



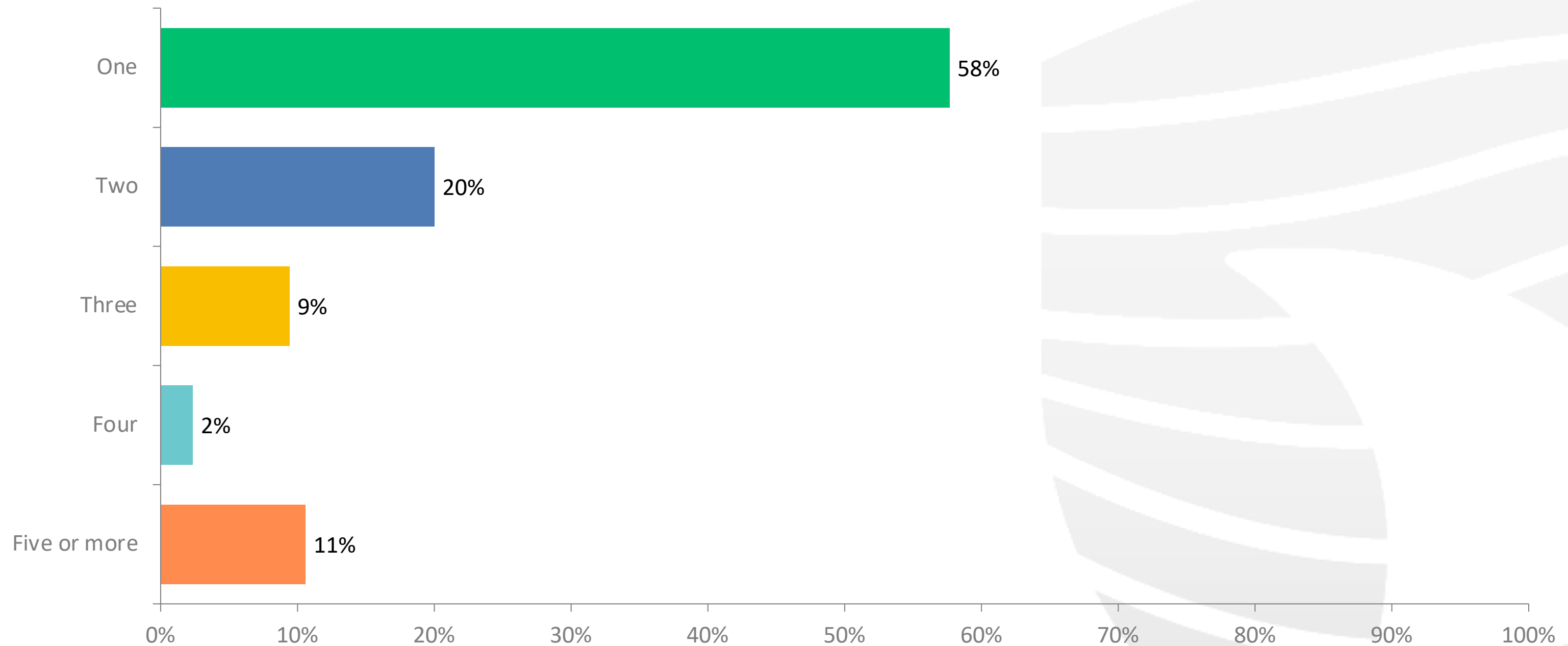
How would you rate the following festival characteristics?

Answered: 293 Skipped: 71

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	WEIGHTED AVERAGE
Opportunities to learn about craft beer	45.49% 131	28.12% 81	23.96% 69	2.08% 6	0.35% 1	4.16
Craft beer variety	44.96% 125	29.14% 81	23.74% 66	1.08% 3	1.08% 3	4.16
How would you rate your personal knowledge of craft beer?	40.77% 117	25.44% 73	23.34% 67	5.92% 17	4.53% 13	3.92

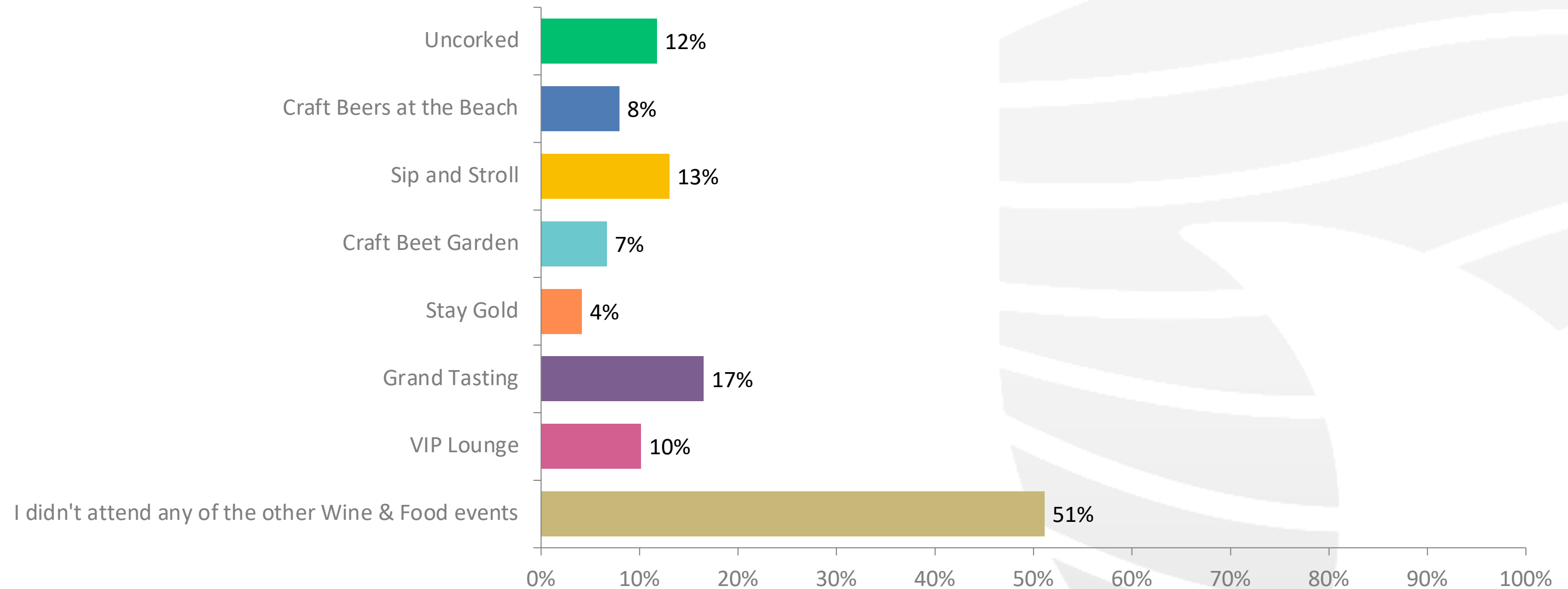
Including this visit, how many times have you attended this festival?

Answered: 340 Skipped: 24



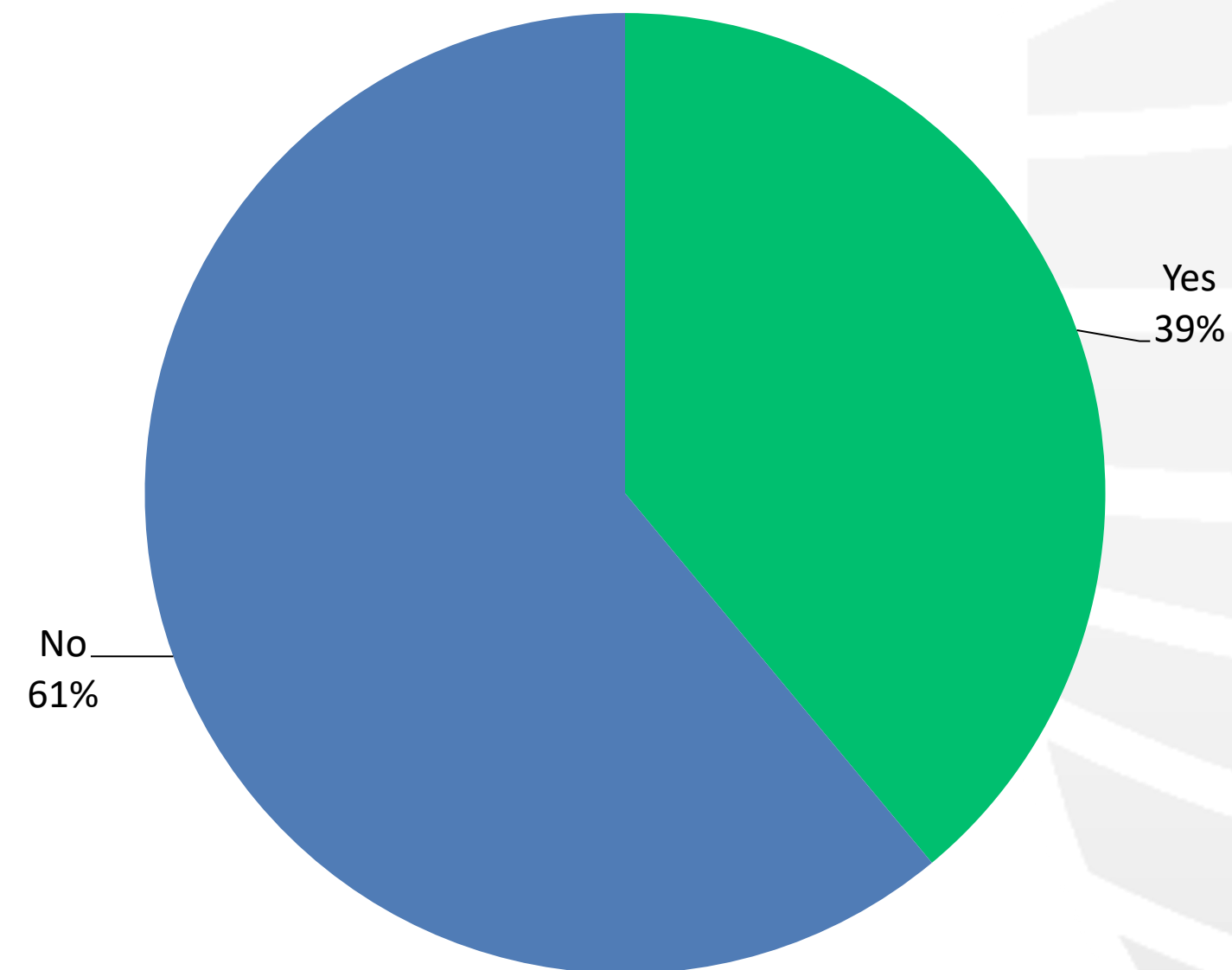
Which other Wine & Food events did you or will you attend this year? (Select all that apply.)

Answered: 315 Skipped: 49



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

Answered: 331 Skipped: 33



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

Answered: 333 Skipped: 31

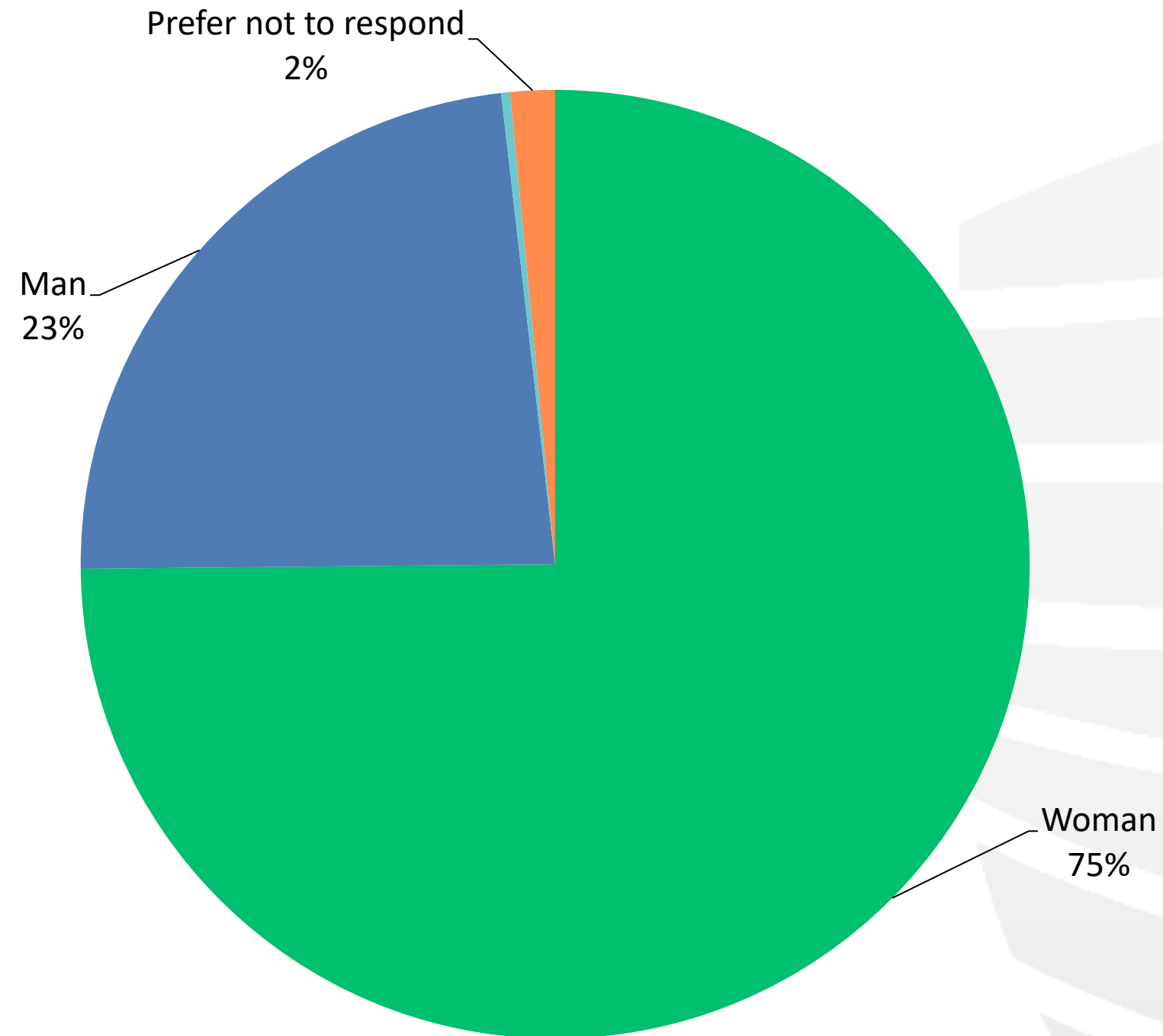
	EXTREMELY LIKELY	VERY LIKELY	NOT SURE	VERY UNLIKELY	EXTREMELY UNLIKELY	WEIGHTED AVERAGE
Return to next year's festival	64.44% 212	19.15% 63	13.07% 43	1.52% 5	1.82% 6	4.43
Recommend the festival to friends	68.32% 220	21.43% 69	7.45% 24	1.24% 4	1.55% 5	4.54



DEMOGRAPHICS

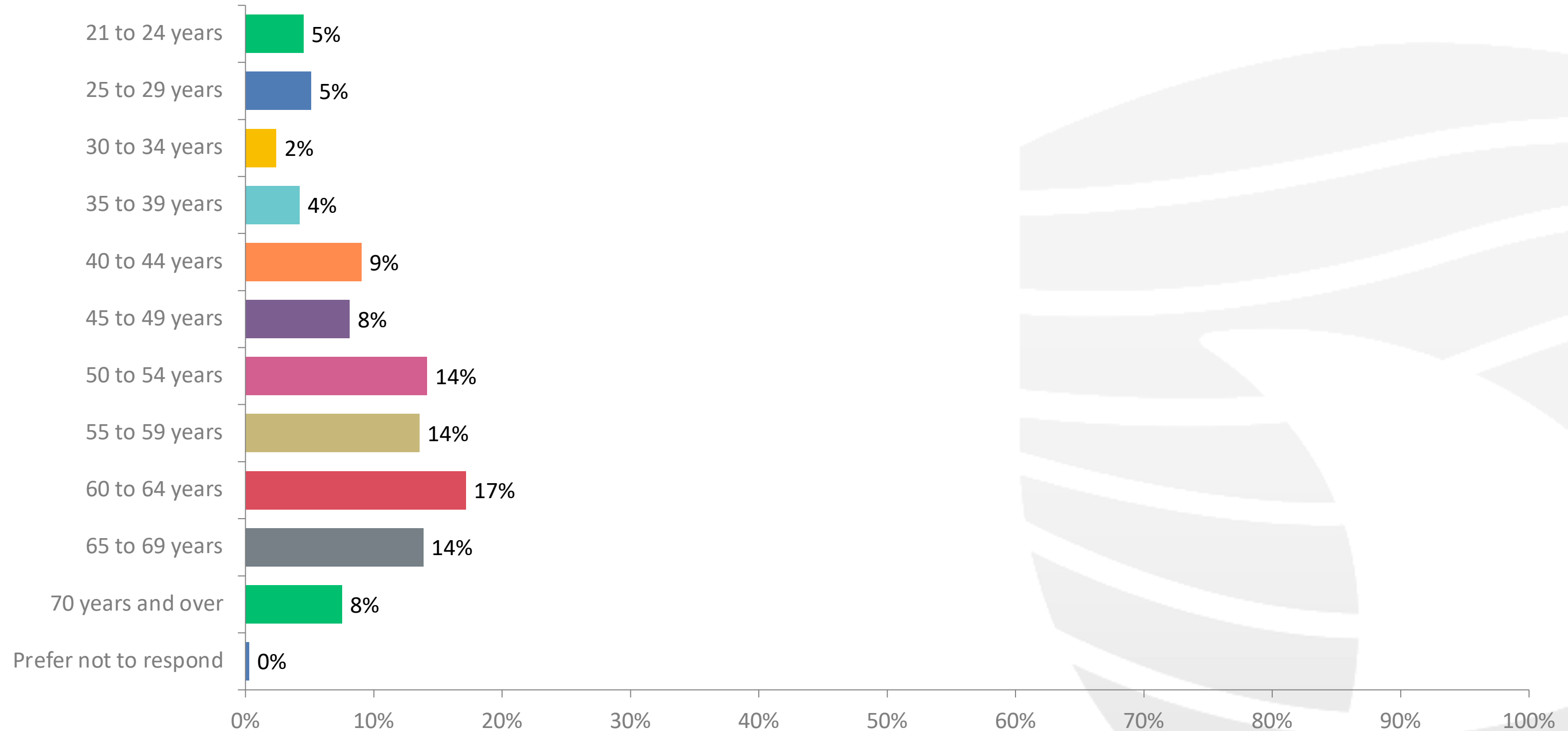
How do you identify?

Answered: 330 Skipped: 34



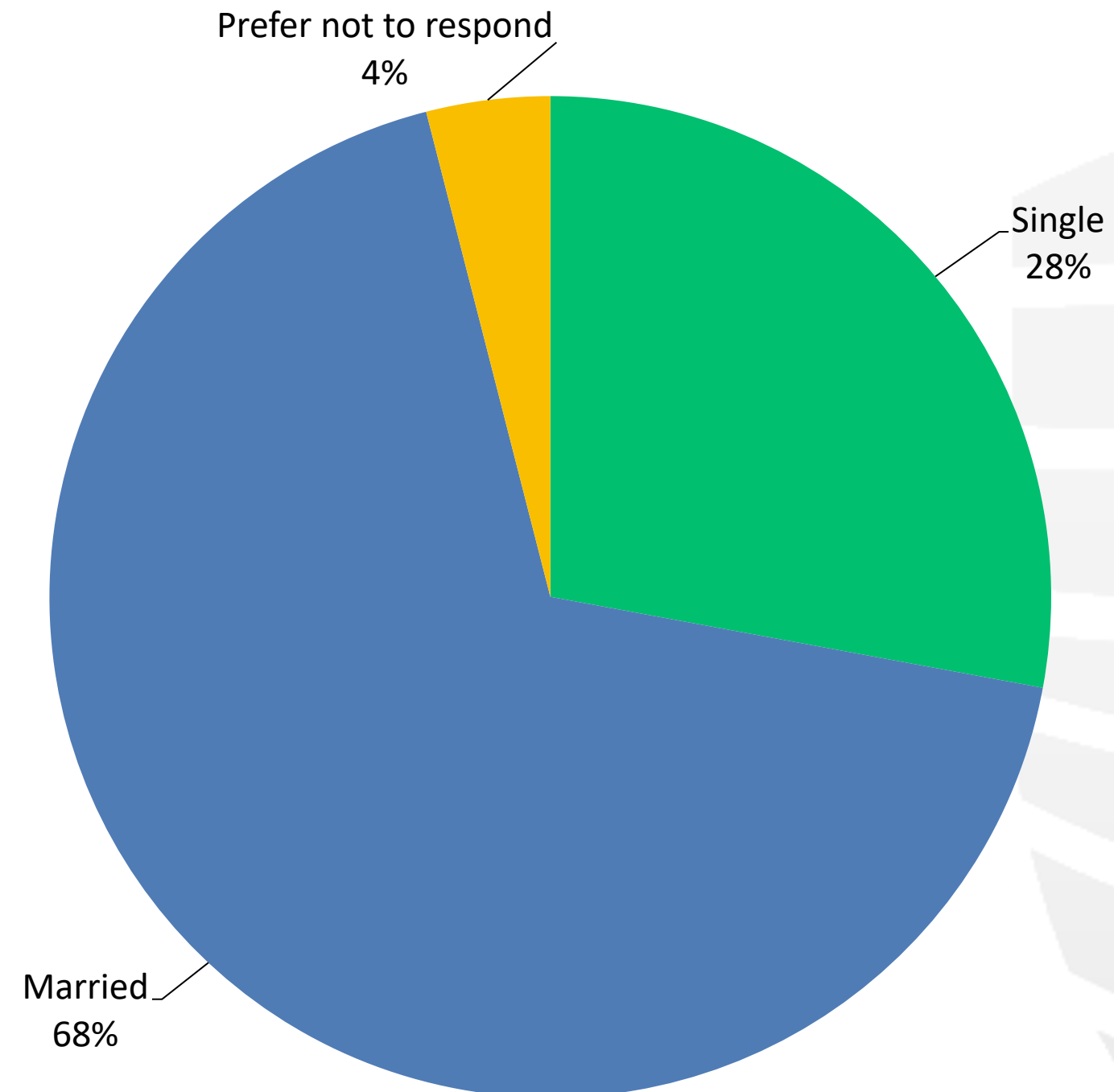
Indicate your age below.

Answered: 332 Skipped: 32



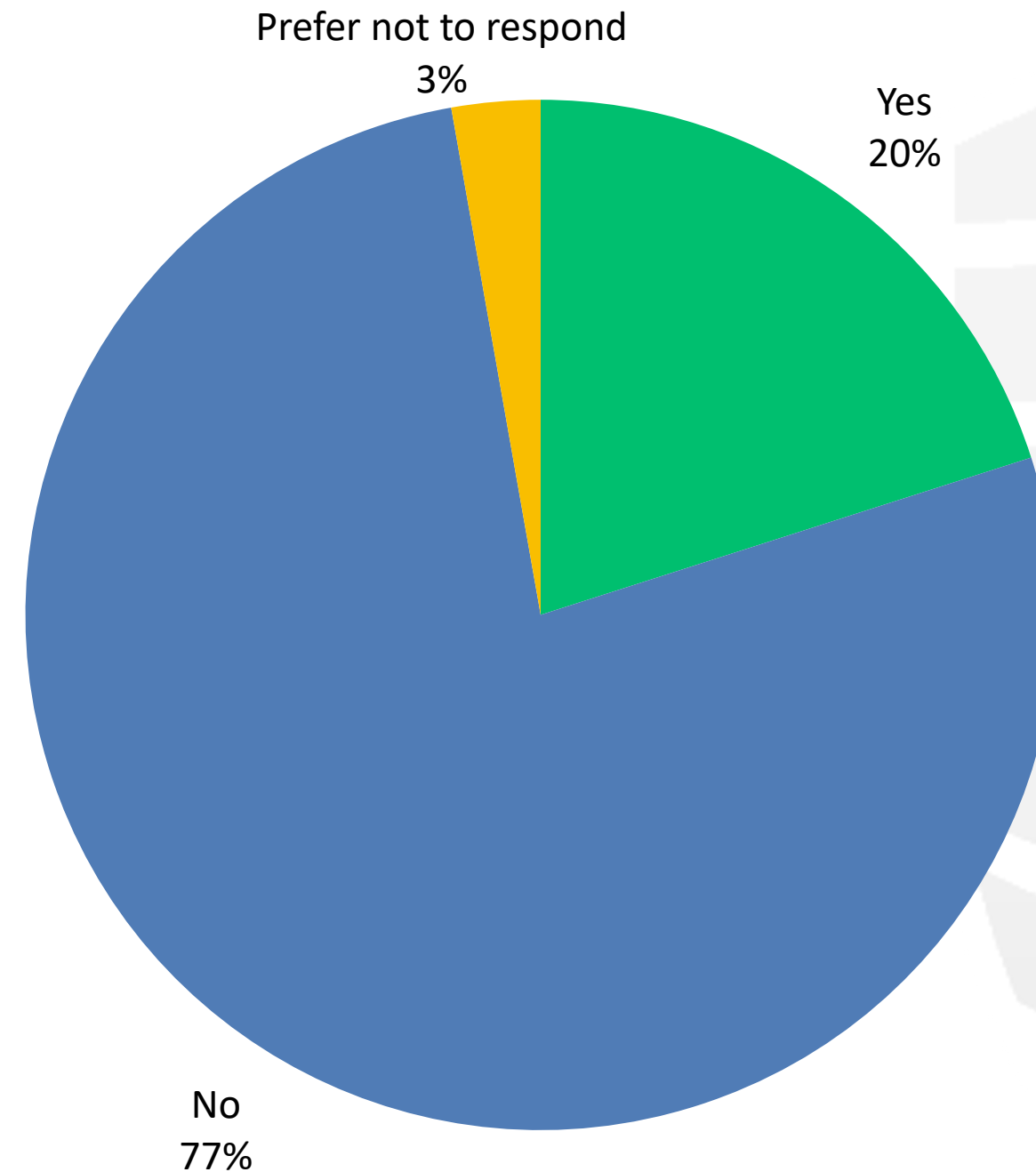
Please indicate your marital status.

Answered: 151 Skipped: 12



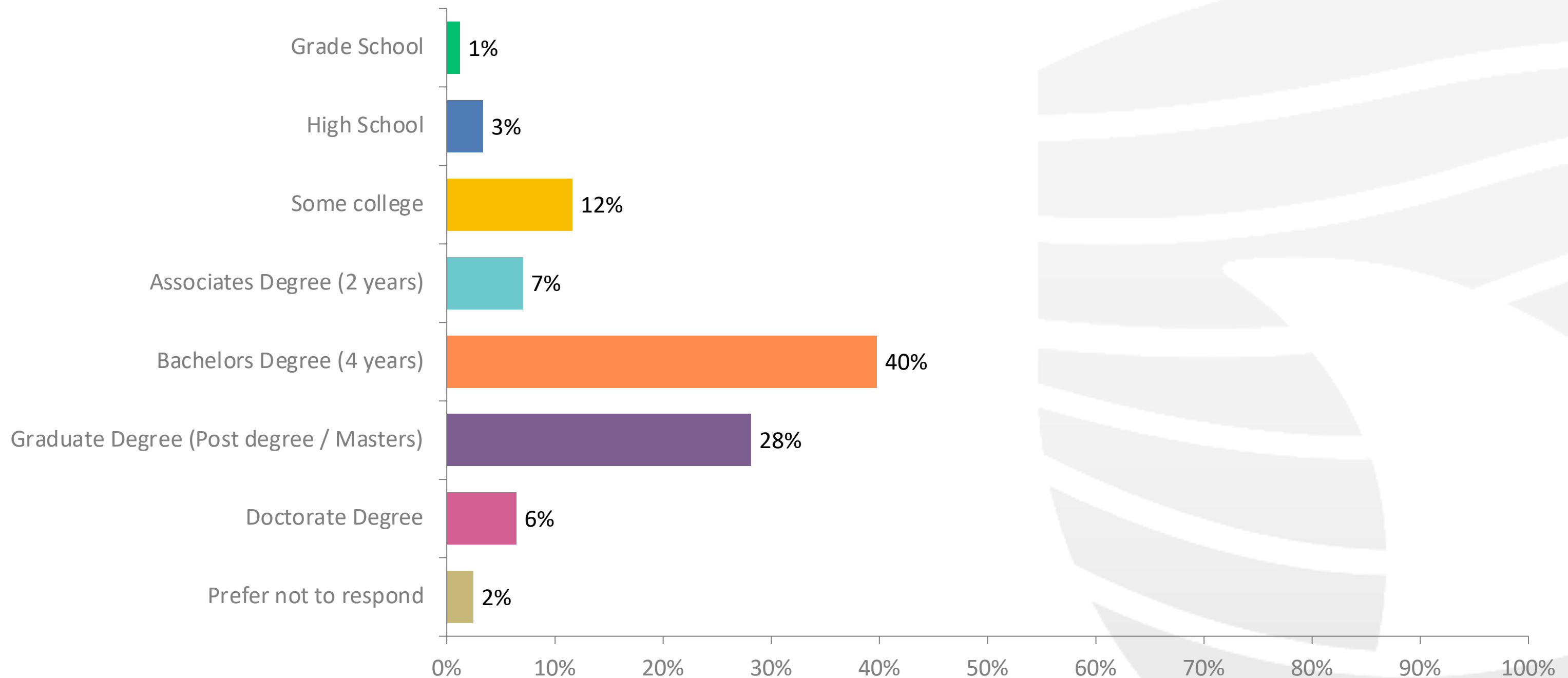
Do you have any children under 18 living at home?

Answered: 324. Skipped: 40



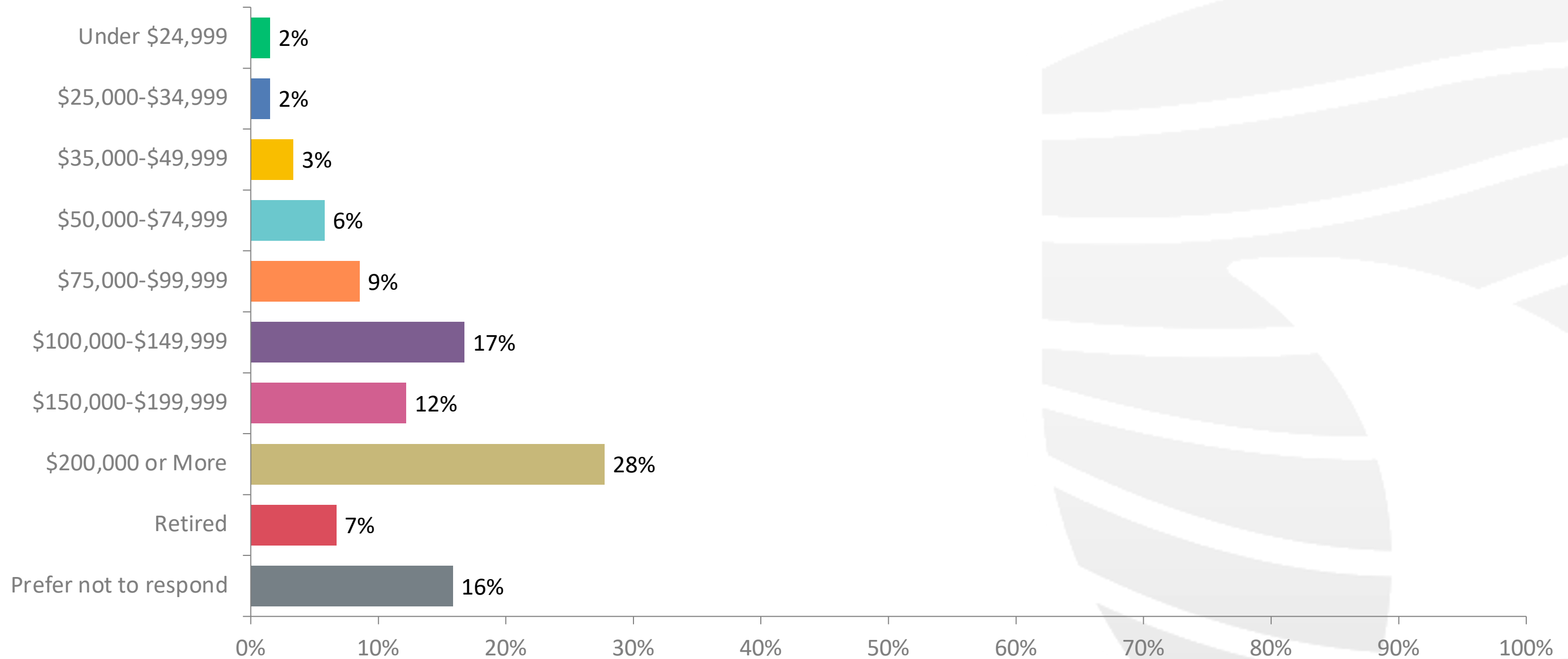
Please indicate your highest level of education.

Answered: 327 Skipped: 37



Which of the following includes your annual household income?

Answered: 328 Skipped: 36



Profile of Attendees

- Nearly half have attended the festival at least once before (2022 = 30%)
- Largely female demographic
- Aged 50 +
- Married
- No children under 18
- 57% earn household incomes > \$100K
- College educated

Additional Comments

Look forward to this every year a[nd] take off just for it
 Great staff at the survey tent...love the energy
 Jesse and jerry are awesome. I would have walked by without their enthusiasm.
 The best ever
 This event has exceeded our expectations. The city and surrounding areas are so majestic to experience. We will be back.
 Great event
 This was great but spur of the moment. I'd plan ahead next time
 Very long survey; n/a should be an option
 One of the best events I have been to. Appreciate Gavin both beer and wine selections. The live music and cooking demonstrations were I
 Unexpected but appreciates
 Needs to have more parking
 More educational info on wine
 Very good Customer service
 Great job
 Volunteered last year
 Awesome
 Love this festival!
 Thanks
 Very nice
 We love this event just add more standing tables to be able to eat at. Thanks you all did an amazing job!
 Fun time
 Good
 Parking is abyssal. Pay \$69 AND pay for food? You've got to be kidding
 No parking for handicapped. Handicapped father waited 20 minutes, missed the first part of the festival to be accommodated.
 Yay
 Great
 All the other wine tasting I have attended have complementary food pairings included with the tickets
 We loved the low country boil would pay to see it again,
 Fun
 thanks
 Great times

Additional Comments

Awesome
Great survey 😊 well organized
Wonderf[u]l
Too large
Thank you
Questions too many
More oblivious seating with umbrellas
Fun day
Too long
Survey should be half this long
We love this festival and are always happy with it
Great event
Fun event!
Thanks
Thank you for making this event happen
The food at the stay good was VERY disappointing
Love it
Great opportunity,
Great event
Good value on the tickets and the locations.
Love it
Nice event
Love it
Great festival
We love this event!!
Dates for next year?
Na
Great!
The staff has done a wonderful job managing crowd/line and accommodating everyone.
Great event
Thx



CENTER FOR EVENT MANAGEMENT
AND HOSPITALITY TRAINING

Hilton Head Wine and Food Festival

	Wine and Food Festival Budget for March 2024	Budget
Revenue		
Wine Entries		\$15,000
Festival Events		\$225,000
Off Cycle Events		\$2,000
Sub Total for Events		\$242,000
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		\$5,100
Sub Total Grants		\$145,100
Total Revenue		\$457,100
Scholarship		
Scholarship Expenses		\$20,000
Administration		
Direct Administrative Expenses		\$56,000
Marketing & PR		
Marketing and PR		\$30,000
Advertising		
Print - Magazine/News Paper		\$10,000
Digital		\$15,000
TV		\$10,000
Radio/Broadcast Media		\$3,000
Contextual/Re-Direct		\$2,000
Social Media		\$25,000
Email / Eblasts		\$10,000
Other Advertising		\$3,500
Sav-HHI Fly Marketing Campaign		\$5,000
Advertising Creative		\$5,500
Advertising Management		\$6,000

Subtotal-Marketing & Advertising \$95,000

Event Expenses

Ticketing Fees	\$7,000	
Logistics	\$11,000	
Trash & Recycling	\$3,300	
Audio & Visual Equipment	\$3,500	
Photography	\$1,000	
Rentals - Tables, Chairs, Furniture, etc	\$10,000	
Tents	\$35,000	
Restroom Services	\$6,500	
Transportation - Trolleys, Busses, etc	\$1,000	
Valet Services	\$0	
Fencing	\$6,000	
Glassware	\$15,000	
Live Entertainment	\$2,000	
Facility Rental Fees	\$5,000	
Insurance	\$7,000	
Travel	\$2,000	
Ice	\$2,500	
Survey of Attendees	\$1,000	
Printing - Programs		
Printing - Maps	\$1,000	
Printing - Signs	\$5,000	
Printing - Other	\$1,500	
Security	\$3,000	
Wine for Retail Tent	\$0	
Merchandise for Retail Tent	\$3,000	
Licenses	\$1,000	
Food for Events	\$25,000	
Wine for events	\$10,000	
Volunter T-Shirts	\$1,500	
Misc Event Expenses	\$5,000	
Subtotal for Event Expenses		\$174,800

Judging Expenses

Lodging	\$2,500	
Per Diem		
Reception & Food for Weekend	\$800	
Awards/Medals	\$2,000	
Enofile Expenses	\$1,800	
Postage for Medals	\$300	
Office Supplies - Judging	\$750	
Facility Rental for Judging	\$750	
Travel to Increase entries	\$1,250	
Subtotal for Judging Expenses		\$10,150

Other Expenses

Bank and Credit Card Fees	\$6,500	
Equipment	\$1,500	
Postage	\$500	
Professional Fees	\$1,000	
Supplies & Misc Expenses	\$2,500	
Website Maintenance	\$5,000	
Telephone	\$0	
Office & Storage Facility Rent	\$12,900	
D&O Insurance	\$800	
Unexpected Expenses	\$5,000	
Stay Gold Event	\$18,750	
Off Cycle Events	\$2,000	
Subtotal for Other Expenses		\$56,450

Total Expenses \$442,400

NET Profit (Loss) \$14,700

Hilton Head Hospitality Association

Profit & Loss

July 2022 through June 2023

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

Hilton Head Hospitality Association

Profit & Loss

08/31/23

July 2022 through June 2023

Accrual Basis

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

1:07 PM

08/31/23

Accrual Basis

Hilton Head Hospitality Association

Profit & Loss

July 2022 through June 2023

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

Hilton Head Hospitality Association

Profit & Loss

08/31/23

July 2023

Accrual Basis

	<u>Jul 23</u>
Income	0.00
Expense	
6100 · Program and Festivals Expense	
6600 · WineFestival Production Costs	
6602 · Marketing & PR	
6606 · Other Marketing & PR	2,000.00
Total 6602 · Marketing & PR	2,000.00
6606.5 · Direct Administrative Expense	
6607 · Festival Director	4,000.00
Total 6606.5 · Direct Administrative Expense	4,000.00
6610 · Advertising - ATAX Eligible	
6617 · Social Media	1,000.00
Total 6610 · Advertising - ATAX Eligible	1,000.00
6630 · Wine & Food Fest Expenses	
6680 · Office Expenses	35.00
Total 6630 · Wine & Food Fest Expenses	35.00
Total 6600 · WineFestival Production Costs	7,035.00
6682 · Bank & Credit Card Fees	485.75
6684 · Equipment	5.00
6691 · Supplies & Misc. Expense	25.00
6697 · Office & Storage Facility Rent	1,075.00
Total 6100 · Program and Festivals Expense	8,625.75
Total Expense	8,625.75
Net Income	<u><u>-8,625.75</u></u>

Hilton Head Hospitality Association

Profit & Loss

09/15/22

July 2021 through June 2022

Accrual Basis

	Jul '21 - Jun 22
Income	
4100 · Programs and Festivals	
4600 · WineFestival Income	
4605 · Intrn'l Wine Judging Entries	11,340.00
4606 · Admissions	
4606.1 · Uncorked	4,809.99
4607 · Grand Tasting	29,645.72
4608 · Public Tasting	151,073.06
4611 · Other Events	
4611.11 · Sip & Stroll	25,128.21
4611.12 · Stay Gold	31,759.29
4611.20 · Movie Night	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	8,500.00
4616 · Public Tasting Auction	784.00
4617 · Wine Vendor Booths	7,000.00
4619 · Retail Vendor Booths	1,224.10
4640 · Sponsorship	144,558.94
4655 · Grants	
4656 · Town of HHI ATAX	175,762.40
4657 · Beaufort County ATAX	10,000.00
4658 · SCPRT	5,220.00
Total 4655 · Grants	190,982.40
Total 4100 · Programs and Festivals	619,983.61
4611.08 · Stay Gold Event	20,700.99
Total Income	640,684.60
Expense	
6100 · Program and Festivals Expense	
6500 · Scholarship Expense	6,000.00
6600 · WineFestival Production Costs	
6602 · Marketing & PR	
6606 · Other Marketing & PR	24,000.00
Total 6602 · Marketing & PR	24,000.00
6606.5 · Direct Administrative Expense	
6607 · Festival Director	27,000.00
6608 · Other Direct Administrative	5,525.00
Total 6606.5 · Direct Administrative Expense	32,525.00
6609 · Grand Tasting Expense	28,560.35

Hilton Head Hospitality Association

Profit & Loss

09/15/22

July 2021 through June 2022

Accrual Basis

	Jul '21 - Jun 22
6610 · Advertising - ATAX Eligible	
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 Eligible - Other	1,098.42
Total 6610 · Advertising - ATAX Eligible	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
6682 · Bank & Credit Card Fees	7,490.74

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09/15/22

Accrual Basis

Hilton Head Hospitality Association

Profit & Loss

July 2021 through June 2022

	<u>Jul '21 - Jun 22</u>
6683 · Special Events Expense	
6654.01 · Stay Gold Event Expense	21,538.03
6654.04 · OLLI Event Expenses	683.10
	<hr/>
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
	<hr/>
Total 6100 · Program and Festivals Expense	513,577.74
9999 · 9999 Unknown	17,834.77
	<hr/>
Total Expense	531,412.51
	<hr/>
Net Income	109,272.09

Hilton Head Hospitality Association

Balance Sheet

As of July 31, 2023

	<u>Jul 31, 23</u>
ASSETS	
Current Assets	
Checking/Savings	
1000 · CASH	
1010 · Coastal State Bank	42,250.06
1021 · South Bank - Operating A/C	211,320.53
Total 1000 · CASH	<u>253,570.59</u>
Total Checking/Savings	253,570.59
Accounts Receivable	
1200 · Accounts Receivable	13,097.00
Total Accounts Receivable	<u>13,097.00</u>
Other Current Assets	
Undeposited Funds	94.00
Total Other Current Assets	<u>94.00</u>
Total Current Assets	266,761.59
Other Assets	
1500 · Fixed Assets	
1510 · Office Equipment	657.62
Total 1500 · Fixed Assets	<u>657.62</u>
Total Other Assets	<u>657.62</u>
TOTAL ASSETS	<u>267,419.21</u>
LIABILITIES & EQUITY	
Equity	
3020 · Retained Earnings	276,044.96
Net Income	-8,625.75
Total Equity	<u>267,419.21</u>
TOTAL LIABILITIES & EQUITY	<u>267,419.21</u>

Hilton Head Hospitality Association

Balance Sheet

As of June 30, 2023

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

Hilton Head Hospitality Association

Balance Sheet

As of June 30, 2022

08/31/22

Accrual Basis

	<u>Jun 30, 22</u>
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	<u>229,542.92</u>
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	<u>94.00</u>
Total Current Assets	257,756.73
Other Assets	
1500 · Fixed Assets	
1510 · Office Equipment	657.62
Total 1500 · Fixed Assets	<u>657.62</u>
Total Other Assets	<u>657.62</u>
TOTAL ASSETS	<u>258,414.35</u>
LIABILITIES & EQUITY	
Equity	
3020 · Retained Earnings	149,494.66
Net Income	108,919.69
Total Equity	<u>258,414.35</u>
TOTAL LIABILITIES & EQUITY	<u>258,414.35</u>

IRS e-file Signature Authorization for a Tax Exempt Entity

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

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

Part I Type of Return and Return Information

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

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

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

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

PIN: check one box only

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

5	1	3	5	5
---	---	---	---	---

 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

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

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

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

Part III Certification and Authentication

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Do not enter all zeros

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

ERO's signature ▶ _____ Date ▶ 09/16/2022

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

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

D Employer identification number
57-0798565

E Telephone number
(843) 441-9633

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

G Gross receipts \$ 640,684.

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

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

J Website: ▶ www.hiltonheadhospitalityassociation.com

K Form of organization: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶

Part I Summary

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

Part II Signature Block

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

Sign Here

Signature of officer: JEFF GERBER, EXECUTIVE DIRECTOR
 Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: HUBERT L BERNHEIM Preparer's signature: _____ Date: 09/16/2022
 Check if self-employed PTIN: P01284405
 Firm's name ▶ HUBERT L. BERNHEIM, CPA Firm's EIN ▶ 36-2750133
 Firm's address ▶ POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938 Phone no. (843) 671-6005

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

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

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

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

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

4e Total program service expenses ▶ 514,523.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

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	640,684.
2	Total expenses (must equal Part IX, column (A), line 25)	2	531,412.
3	Revenue less expenses. Subtract line 2 from line 1	3	109,272.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	149,495.
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	258,767.

Part XII Financial Statements and Reporting

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for reporting details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including revenue and asset amounts.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0 .			0 .
b Buildings				
c Leasehold improvements				
d Equipment		658 .		658 .
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				658 .

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

IRS e-file Signature Authorization for an Exempt Organization

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

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

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

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

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

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

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

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

PIN: check one box only

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

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

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

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

Part III Certification and Authentication

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

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

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

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

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

D Employer identification number
57-0798565

E Telephone number
(843) 686-4944

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

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

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

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

J Website: ▶ www.hiltonheadhospitalityassociation.com

K Form of organization: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶

Part I Summary

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

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: **11/04/2021**

SCOTT ENTRUP, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **HUBERT L BERNHEIM** Prepare's signature: _____ Date: **11/04/2021** Check if self-employed PTIN: **P01284405**

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY

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

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

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

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

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

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

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

4e Total program service expenses **▶**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2020

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 HILTON HEAD AREA HOSPITALITY ASSOCIATION	Employer identification number 57-0798565
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Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BOARD MEMBER

Pt VI, Line 11b: FOR REVIEW PRIOR TO BEING APPROVED BY THE BOARD AND FILING

OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

Pt VI, Line 19: A COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZATION'S OFFICE

FOR ANYONE REQUESTING TO VIEW A COPY OF THE FORM 990 AND THE FORM 990 IS AVAILABLE

FOR VIEWING ON THE WEBSITE OF GUIDESTAR.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning Jul 1, 2019, and ending Jun 30, 2020

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

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

D Employer identification number
57-0798565

E Telephone number
(843) 686-4944

F Name and address of principal officer:
SCOTT ENTRUP, SC 29938

G Gross receipts \$ 352,326.

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

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

J Website: ▶ www.hiltonheadhospitalityassociation.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1995

M State of legal domicile: SC

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE HILTON HEAD, SC HOSPITALITY INDUSTRY.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	342,330.	352,326.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	342,330.	352,326.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,500.	28,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	331,290.	326,663.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	340,790.	354,663.
19	Revenue less expenses. Subtract line 18 from line 12	1,540.	-2,337.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	134,768.	131,931.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,000.	500.
			133,768.	131,431.

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 Here

Signature of officer: SCOTT ENTRUP, PRESIDENT Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MONTE D. LEATH CPA Preparer's signature: _____ Date: 09/09/2020 Check if self-employed PTIN: P01200574
 Firm's name ▶ MONTE D. LEATH, CPA Firm's EIN ▶ 26-2234282
 Firm's address ▶ 7 HEARTWOOD COURT, BLUFFTON, SC 29910 Phone no. (843) 301-6770

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 325,743. 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 ▶ 325,743.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT ENTRUP PRES. & DIRECTOR	10.00	X		X				0.	0.	0.
(2) SANDRA BENSON VICE PRES - DIRECTOR	5.00	X		X				0.	0.	0.
(3) BEN NELSON DIRECTOR	3.00	X		X				0.	0.	0.
(4) GARY WHITEHEAD DIRECTOR	2.00	X						0.	0.	0.
(5) ED BROWN DIRECTOR	2.00	X						0.	0.	0.
(6) THOMAS HINES DIRECTOR	2.00	X						0.	0.	0.
(7) DREW LAUGHLIN DIRECTOR	2.00	X						0.	0.	0.
(8) LAURIE NIHISER FULTZ DIRECTOR	2.00	X						0.	0.	0.
(9) BOB HOHMAN DIRECTOR	2.00	X						0.	0.	0.
(10) SARAH MORGRET DIRECTOR	2.00	X						0.	0.	0.
(11) NIZA HALL DIRECTOR	2.00	X						0.	0.	0.
(12) MIKE KAUP DIRECTOR	2.00	X						0.	0.	0.
(13) CHRIS TASSONE DIRECTOR	2.00	X						0.	0.	0.
(14) JAMES HILL DIRECTOR	2.00	X						0.	0.	0.

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 225,887.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 126,439.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		352,326.			
	Program Service Revenue			Business Code		
2a -----						
b -----						
c -----						
d -----						
e -----						
f All other program service revenue . .						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 225,887. of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events . .						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . . .						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue			Business Code			
	11a -----					
	b -----					
	c -----					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		352,326.				

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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):				
a Management				
b Legal	1,977.		1,977.	
c Accounting	6,250.		6,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	17,069.		17,069.	
14 Information technology				
15 Royalties				
16 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 Insurance	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.)				
a FESTIVAL PRODUCTION COSTS	297,743.	297,743.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	354,663.	325,743.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	120,316.	1	108,789.
	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	
	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 33)		134,768.	16	131,931.
Liabilities	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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		1,000.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	133,768.	31	131,431.
32 Total net assets or fund balances	133,768.	32	131,431.	
33 Total liabilities and net assets/fund balances	134,768.	33	131,931.	

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	352,326.
2	Total expenses (must equal Part IX, column (A), line 25)	2	354,663.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,337.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	133,768.
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	131,431.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Employer identification number

57-0798565

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UN OF SC - BLUFFTON BLUFFTON CAMPUS BLUFFTON SC 29909	N/A		8,000.				EDUCATION
(2) TECHNICAL COLLEGE OF THE LOWCOUNTRY BLUFFTON SC 29909	N/A		20,000.				EDUCATION
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

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. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Pt III, col (b): RECEIPIENTS OF GRANTS ARE ALL UNMITED STATES ORGANIZATIONS AND ACCOUNT
 TO THE HOSPITALITY ASSOCIATION FOR ALL FUNDS DISBURSED.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Employer identification number

57-0798565

Pt VI, Line 11b: A copy of the Form 990 is furnished to each board member for
review prior to being approved by the board and the mailing of the Form 990 to
the Internal Revenue Service.

Pt VI, Line 19: A copy of the Form 990 is available at the organization's office
for anyone requesting to view of copy of the Form 990 and the Form 990 is available
for viewing on the website of GuideStar.

draft

Hilton Head Island Wine and Food Inc.

Minutes

June 19, 2023, 5:00 P.M.

Present (in person) – Mike Kaup, Heather Mastropole, Sarah Morgret, Bob Hohman, Ed Brown, Scott Entrup

Present (via zoom) – Rocky Whitehead, Chris Tassone

Others Present – Jeff Gerber (Executive Director)

Absent – James Hill, Jackie Brino (Logistics for events & non-board member)

Motion to begin meeting: Scott motioned; Bob seconded – Unanimous.

Motion to accept prior minutes – Scott motioned; Ed seconded – Unanimous.

1. Financials

a. Everyone should have received a copy of the May until year end financial figures.

b. Questions?

Bob questioned the deposits that were unassigned – credit card sales that will be moved to correct category.

Ed wanted to know if credit card deposits were gross amount or net. Jeff replied that it is the gross amount for the day. The statement doesn't break it down by transaction. Then you assign the sales to tickets with a general journal entry by tickets (GT, VIP, SNS, PT etc.)

Bob wanted to know if we would get to new process for auctions and Jeff said we would. Still researching.

c. SCPRT awarded us \$ 5,186 this year. They dropped every award 8.5% this year due to the increase in the number of requests. Jeff explained how they score the grants. The new budget for next year, we will anticipate \$5,000 from them to allow for the decrease if there is one.

d. We have D&O insurance again.

2. USCB – What do we want to do?

e. Jeff had a really good talk with Eva on Thursday. There is \$4,350 currently in scholarship account for USCB.

f. Discussed the students not being willing to work and Eva did not like that. A new person is coming on to replace Keri Olivetti who has left USCB.

g. Eva was not happy about the students' attitude so there is potential for things to get better with the students.

h. Our scholarship has not been on their website but that is going to change. Discussed USCB trying to get their program moving.

Do we want to move forward with an endowment fund at USCB? Discussed the \$10,000 that is earmarked for USCB. Amounts were discussed of how to split the scholarship money between TCL and USCB for next year. Discussed penalizing one vs. the other.

Heather wanted to know when the decision to award the amount is told to the schools. We must tell them during the summer, so they can award scholarships to students during the school year.

What do we want to do with the \$10,000 that is earmarked for USCB. Since they already have \$ 4,350 that they did not use we could take \$5,650 from the \$10,000 earmarked for them and make their total \$10,000 and leave the balance in the scholarship fund.

Ed made the motions to take the \$5,650 from the \$10,000 and give it to USCB to make their total \$10,000 leaving the balance in the scholarship fund. Bob seconded and it was unanimous.

The qualifications for students receiving the scholarship now in place were discussed and it was suggested to make some changes to those qualifications. We will go over this in more detail soon.

There were many questions about the amounts and the criteria for the Endowment. Who controls the money? Chris is not in favor of the Endowment, and neither was Ed. Rocky suggested keeping the money in our control and investing it ourselves. Chris does not like the concept of giving the money to the school. The big concern is that the students get the money not the school. After much discussion of the pros and cons of setting up an endowment it was decided to table this decision until we could have a meeting with Chris, Rocky, the rest of the board members and Tim from the Endowment program.

Scott spoke about the new marketing program USCB is using to attract new students.

4. Volunteer Appreciation Party

- a. The party will be held at Rockfish.
- b. Date confirmed for Tuesday, June 27 from 4:30 to 6:30.
- c. Thanks to Rocky for hosting this event.

5. Dates for board meetings for the rest of the year.

- a. We decided to host a retreat again this year. We do have enough for an agenda, and it is a good investment of our time. The date for the retreat is Saturday, August 12, starting at 8:00 a.m. at USCB.
- b. Dates of the meetings for the remainder of the year are: July 10, August 12 (the retreat), September 18, October 9, November 6, and December 11.

6. Officers for FY 2023

- a. These are 1-year terms.
- b. President-Bob nominated Heather and Scott seconded - unanimous.
- c. Vice-President-Bob nominated Mike and Scott seconded -unanimous.
- d. Treasurer -Scott nominated Ed and Heather seconded - unanimously.
- e. Secretary-Bob nominated Sarah and Scott seconded - unanimous.

7. Rhythm & Brews Update

- a. Saturday, October 28 at Lowcountry Celebration Park from 1-5 (1-2 VIP). Budget looks good.

1500 people most likely. We are on the website for the Wine Festival so that is helpful to sell this event.

Discussed weather issues- what is liability?

Heather will look to other suppliers for the glasses as the company we used went out of business.

b. We are going to run this like the W&F Festival.

c. Music:

1. Zack & Charlie will be opening act (same as Craft Beers at Beach)

2. Headliner

d. # of breweries committed update-confirmed breweries only about 50% have responded.

e. Fencing-Jackie is still looking for fencing as there is a shortage due to the busy time of year. Scott offered information on other suppliers of fencing. Discussed cost of purchasing fencing, storage if we did purchase, purchasing with other organizations, delivering and setting it up. Heather said we could put a storage unit in at Lincoln and South if that was an option.

Renting a storage unit is expensive. Ed will check into a supplier he knows.

We are also going to check with the town about "webbing" fencing and see if that is allowed.

8. Survey Results

a. Survey has been emailed but will discuss at the retreat.

9. Emeritus

a. Bob wanted to make sure we included all former people involved in the organization such as Andy Twisdale in addition to Tommy and Drew. Need to set up qualifications such as serving at least 10 years. Also, what will they receive in the future for tickets? (If anything)

10. ATAX – We need to discuss ATAX requests for the HHWFF & Rhythm & Brews

b. HHWFF – Last year we asked for \$130. Scott asked how long we have been asking for this amount and Jeff said for about 5-6 years. Scott asked if we should ask for more since our costs have been going up? Jeff agreed they had been going up, but stated we had become much more efficient in our marketing so were able to get more tickets sold for the same amount. Everyone was happy with that response.

c. Motion to ask for \$130,000 from ATAX for the HHWFF by Scott, Mike seconded - Unanimous.

d. Rhythm & Brews – Last year we asked for \$25,000. The same question was asked about if we need to ask for more funds. Jeff said he was not sure yet as the event wasn't until October 28th. When pushed, he thought we might end up spending an additional \$10,000 on advertising. The board decided the prudent thing to do was ask for half and see if we need to ask for more the following year after we have an event under our belt.

e. Motion to ask for \$30,000 from ATAX for the Rhythm & Brews event by Scott, Ed seconded – Unanimous.

10 Other business – None

Scott moved to adjourn, and Heather seconded – Unanimous.

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
RECEIVED FOR THE SECRETARY OF STATE
ORIGINAL FILED IN THE
OFFICE OF THE SECRETARY OF STATE

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

TYPE OR PRINT CLEARLY IN BLACK INK

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

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

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

Charleston	Charleston	South Carolina	29407
City	County	State	Zip Code

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

Print Name

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

Agent's Signature Jacob Varghese, Assistant Secretary

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

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

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

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

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

40 Pond Drive

Hilton Head	Beaufort	SC	29926
City	County	State	Zip Code

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



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

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

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

OR

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

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

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

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

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



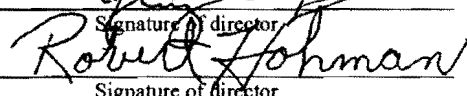
8. The optional provisions which the nonprofit corporation elects to include in the articles of incorporation are as follows (See S.C. Code of Laws §33-31-202(c)).

Please see attachment

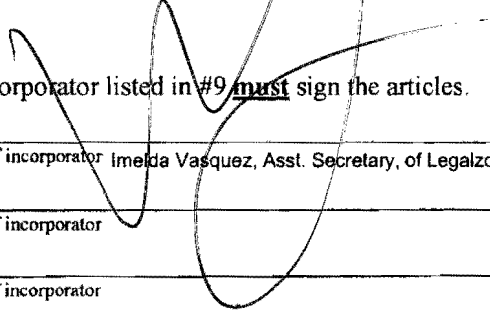
9. The name and address of each incorporator is as follows (**only one is required, but you may have more than one**).

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

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

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

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

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

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

Filing Checklist

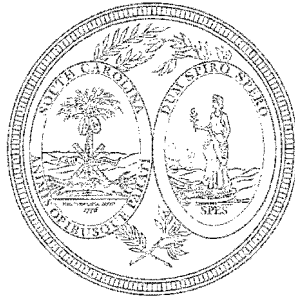
- Articles of Incorporation (in duplicate)
- \$25.00 made payable to the South Carolina Secretary of State
- Political Associations must submit a CL-1 Form and an additional \$25 fee
- Self-Addressed, Stamped Return Envelope
- Return all documents to: South Carolina Secretary of State's Office
Attn: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

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

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

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

The State of South Carolina



Office of Secretary of State Mark Hammond

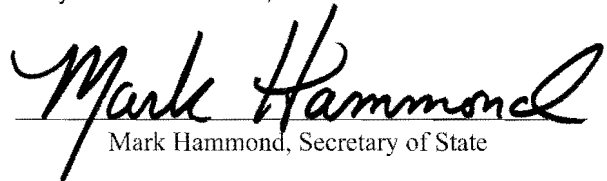
Certificate of Incorporation, Nonprofit Corporation

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

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

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

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


Mark Hammond, Secretary of State