## 2025

## **Accommodations Tax Funds Request Application**

Organization Name: Hilton Head Island Wine and Food Inc

Project/Event Name: Hilton Head Island Rhythm and Brews

## **Executive Summary**

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

What were the results?

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

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

### And what did we learn?

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

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

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

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

Then we learned that when you are advertising a new event, you are probably going to have to spend more money than you would on an established event. The is no brand recognition yet. So we spent about \$10,000 more on advertising than we were awarded by ATAX in marketing the event in 2023.

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

How are we going to fix all of this?.

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

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

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.Music - That was covered above.

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

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

Results - 70,000 impressions

### Email:

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

Budget vs. Actual - \$3,500 vs \$10,500

Results - 81,000 Impressions

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The plan - Focus on the drive market (again) using home page takeovers at The State and the Island Packet. We also purchased digital ads that covered the drive market.

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The plan - We had budgeted for print advertising, but later decided that Google Ads would be a better value and more cost efftive. We bought Google ads to cover the drive market once again targeting high networth women from northern Florida > Atlanta > Asheville > Charlotte > Columbia > Charleston.

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

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

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

## 2025

# **Accommodations Tax Funds Request Application**

Date Received: 09/06/2024 Time Received: 02:29 PM By: Online Submittal

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

## A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Hilton Head Island Wine and Food Inc

Project/Event Name: Hilton Head Island Rhythm and Brews

Contact Name: Jeffrey Gerber Title: Executive Director

Address: 1620 Crestwood Drive, Columbia, SC 29205

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

Event Date: September 2025 Event Location: Lowcountry Celebration Park

**Total Budget:** \$137,000.00 **Grant Requested:** \$30,000.00

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

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

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

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

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

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

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

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

A. Total Number of Physical Tourists Served: 409

A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.

B. Total Number of Physical Visitors Served: 83

A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.

C. Total Number of Physical Residents Served: 158

A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.

D. Total Number of Physical Patrons Served (A+B+C=D): 650

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

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

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

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

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

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

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

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

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

We attached the survey from USB to our application.

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

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

### **B. DESCRIPTION OF OPERATIONS:**

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

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

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

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

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

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

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

- Use a very targeted e-mail advertising program once again focusing on high income households since we saw good results from those promotions in 2017-2024
- This will be an additional event throughout the year to help keep our name relevant and fresh on people's minds and to look to bring visitors to the island more than just once a year.
- Other sources of funding include proceeds from the International Wine Judging, event admissions, event vendors and corporate sponsors.
- We also run promotions with the Chamber, Sonesta, Westin and many local media partners.
- 3. What impact would partial funding have on the activities, if full funding were not received? What would the organization change to account for partial funding? (100 words or less)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7. Additional comments. (250 words or less)

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

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

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

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

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

## C. FUNDING:

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

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

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

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

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

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

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

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

Has the organization requested other ATAX or any other funding from other public organizations?  Yes X No	sources or
If so, please list top 3 sources and amounts.	
Beaufort County ATAX	\$10,000.00
SCPRT	\$5,600.00
HHI ATAX for the Wine and Food Festival	\$130,000.00
D. FINANCIAL INFORMATION:	
Fiscal Year Disclosure: Start Month: July End Month: June	
Financial Statement Requirements:	
1. The <u>upcoming fiscal year's</u> <b>operating budget</b> for the organization.	
Budget Provided: <b>Yes</b>	
<ol> <li>The previous two fiscal years and current year-to-date profit and loss reports for organization.</li> </ol>	r the
Current fiscal year Profit Loss Report Provided: Yes	
Previous fiscal year Profit Loss Reports Provided:	
P&L for Fiscal 2022- Previous FY 1	
P&L for Fiscal 2023- Previous FY 2	
3. The previous two fiscal years and current year-to-date balance sheets.	
Current fiscal year Balance Sheet Provided: Yes	
Previous fiscal year Balanace Sheets Provided:	
FY 2022 - Previous FY 1	
FY 2023 - Previous FY 2	
4. The <u>previous two years</u> and <u>current year</u> <b>IRS Form 990 or 990T</b> .  Current year IRS Form 990 or 990T Provided: Yes	

Previous IRS Form 990 or 990T Years Provided:

## E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

### F. MEASURING EFFECTIVENESS:

If you received 2023 or 2024 HHI ATAX funds

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

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

- 2. How were the ATAX fundsused? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. (200 words or less)
  - #1 We brought in a high quality band like we proposed, but honestly that didn't work out as hoped. They were amazing and attendees really enjoyed them. But honestly I am not sure they helped us sell any tickets or put any additional heads in beds. So lesson learned and we will use local talent this year which will drop our cost from \$8,000 to \$1.800.
  - #2 We used the rest of the funds to market the event. We had hope for about 1,000 people, buit ended up with about 700. While not what we had hoped for, 700 people is not

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

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

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

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

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

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

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

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

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

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

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

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

### **G. EXECUTIVE SUMMARY**

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

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Signature: Jeffrey Gerber

Title/Position: Executive Director

Mailing Address: 1620 Crestwood Drive, Columbia, SC 29205

Email Address: circlemstr@gmail.com

Office Phone Number: 843-301-9256

Home Phone Number: 843-301-9256





CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

2023

UNIVERSITY OF SOUTH CAROLINA BEAUFORT

# **Executive Summary**

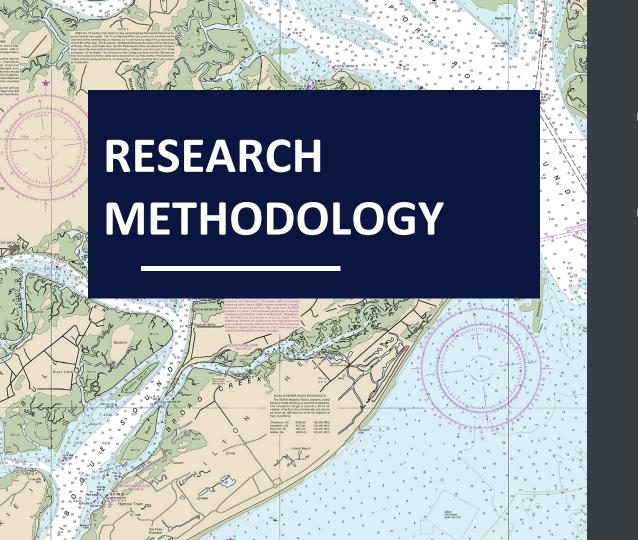
At the request of festival organizers, the University of South Carolina Beaufort (USCB) conducted an on-site survey at the inaugural Rhythm and Brews Festival on October 28, 2023. The purpose of the survey was to gain insight into festival attendees and identify how these attendees contribute to the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

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

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

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

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



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

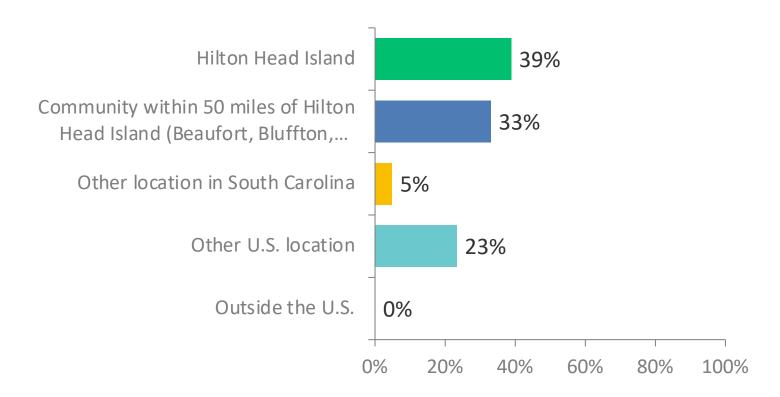
# **RESPONSES**

103

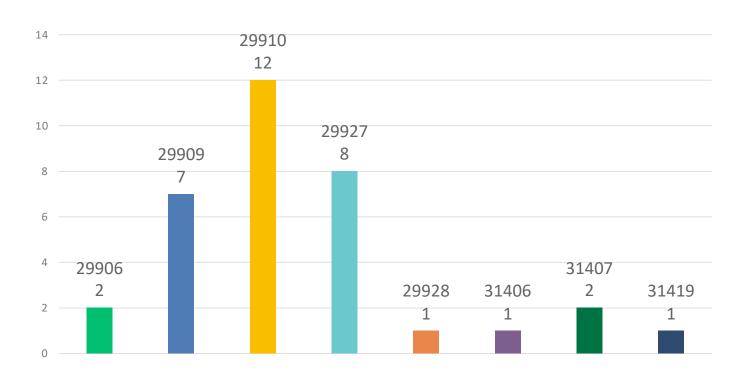


## Where is your PRIMARY residence?

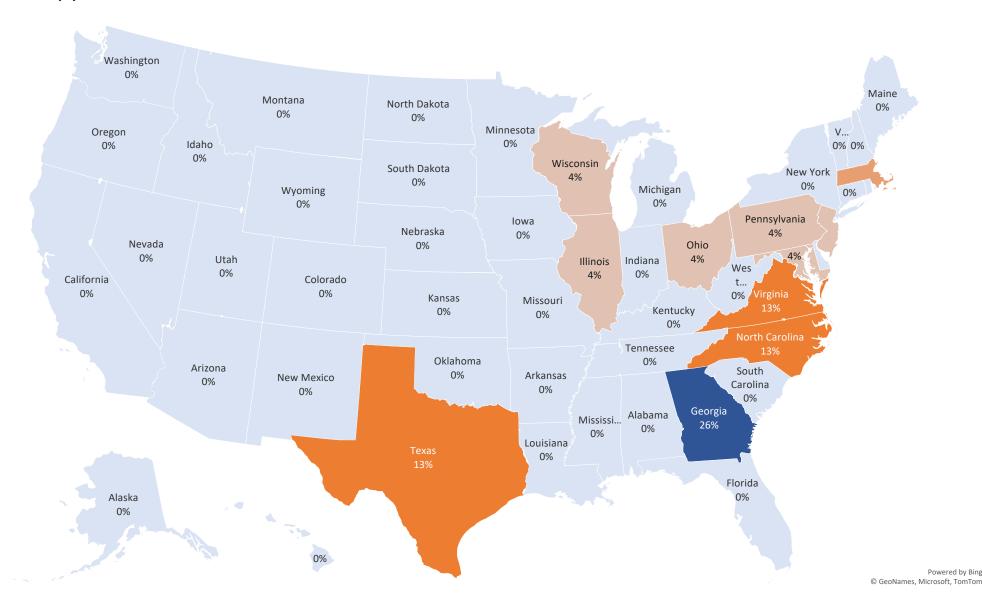
Answered: 103 Skipped: 0



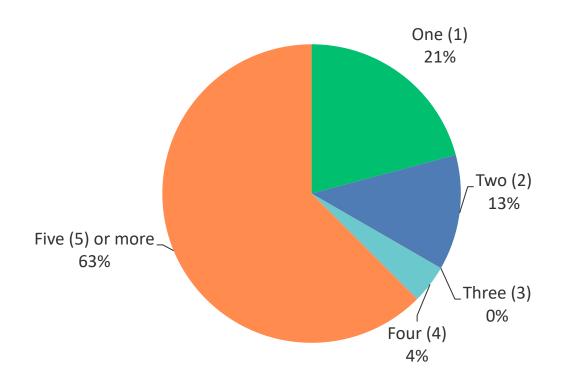
# Zip Codes for Communities within 50 Miles of Hilton Head Island



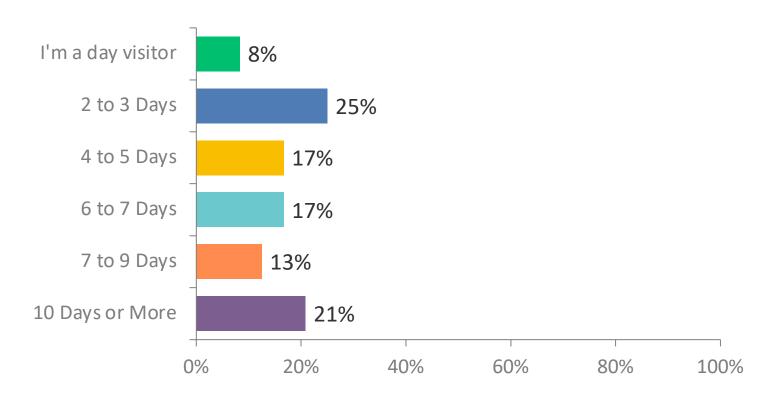
# Please us what U.S. state or territory you are visiting from.



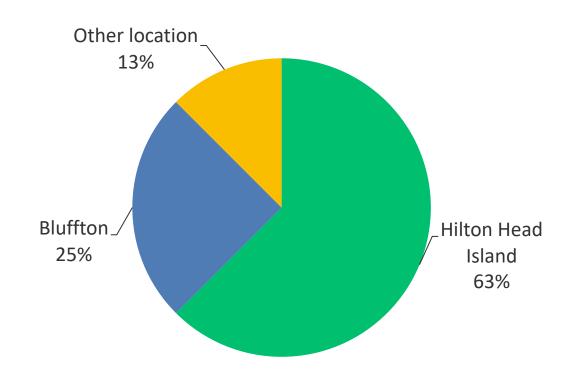
# Including this visit, HOW MANY trips have you taken to Hilton Head Island?



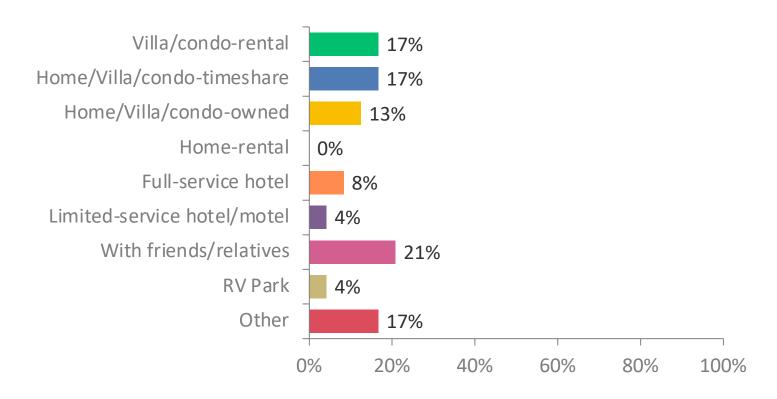
# How many days to you intend to stay in the Hilton Head Island area?



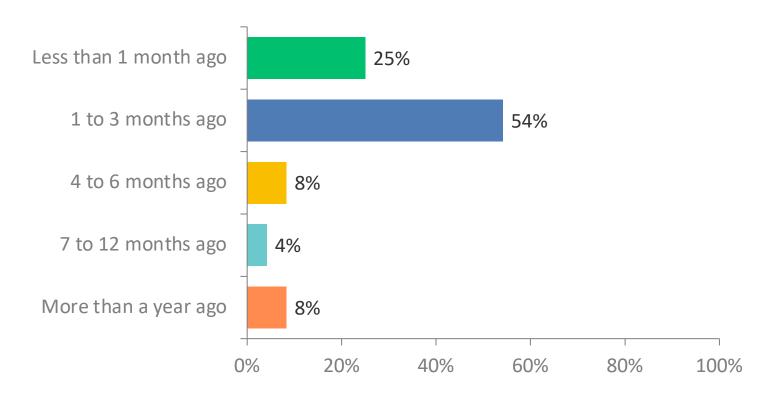
# Where are you staying overnight on this trip?



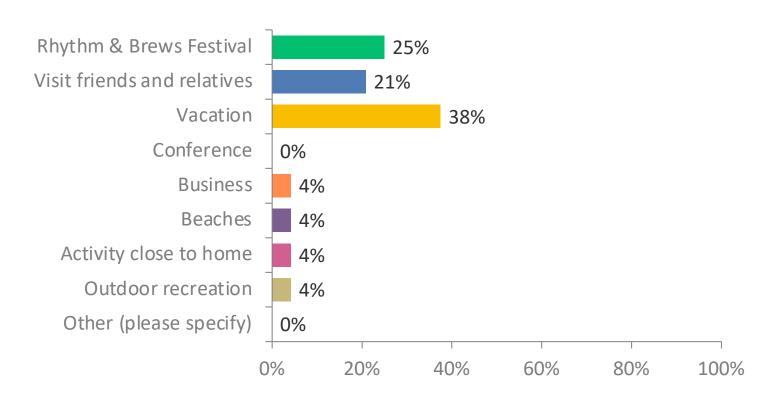
# What type of accommodations are you using while visiting Hilton Head Island?



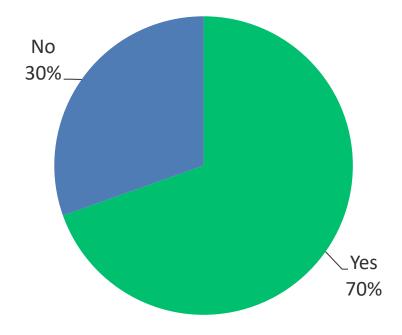
## How many months in advance did you book this trip?



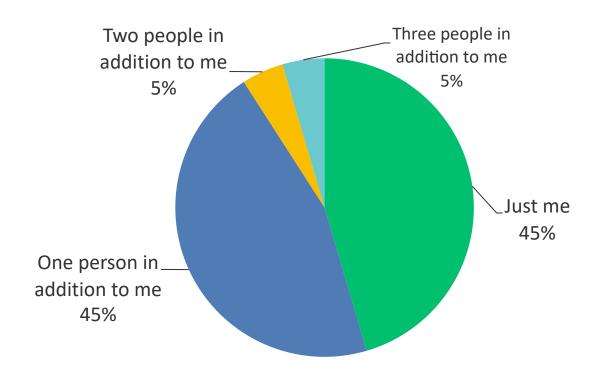
## What is your PRIMARY reason for this visit to Hilton Head Island?



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



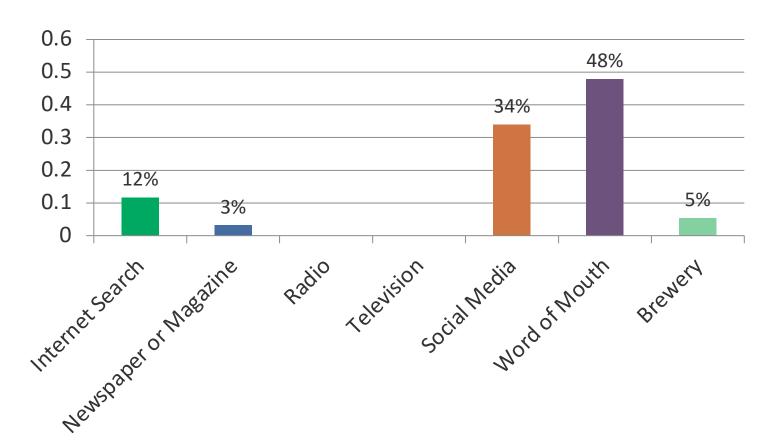
# How many people are you financially responsible for during this trip?



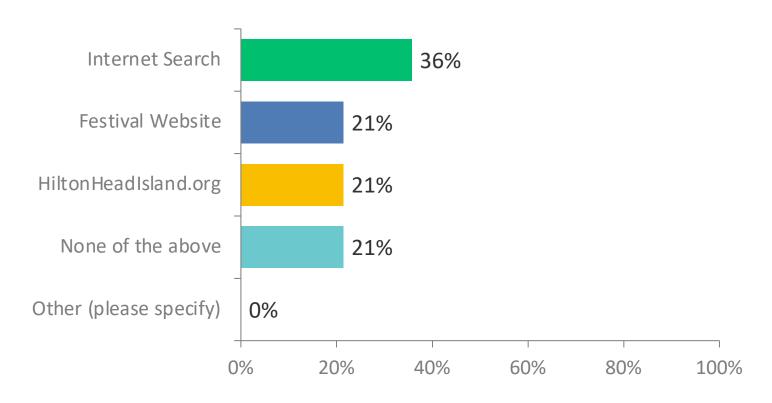
# On average, how much do you plan to spend EACH DAY while visiting?

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

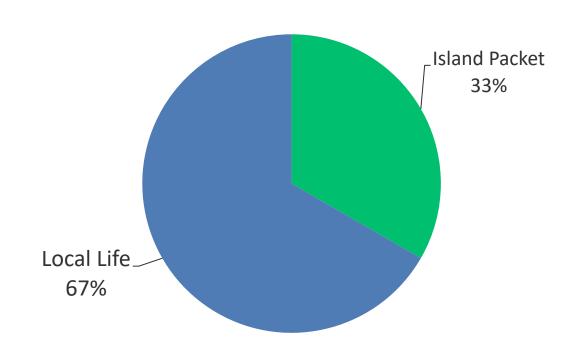
## How did you FIRST learn about this festival?



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

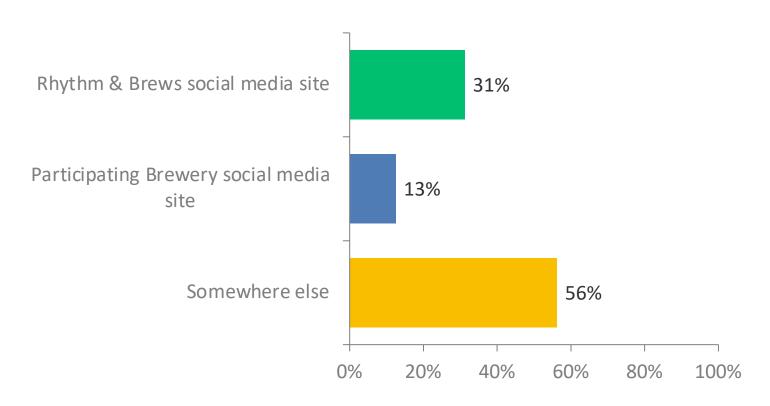


# From which Newspaper or Magazine did you learn about this Festival?



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

Answered: 32 Skipped: 71



### How would you rate the following festival characteristics?

Answered: 87 Skipped: 16

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

### How would you rate the following festival characteristics?

Answered: 87 Skipped: 16

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

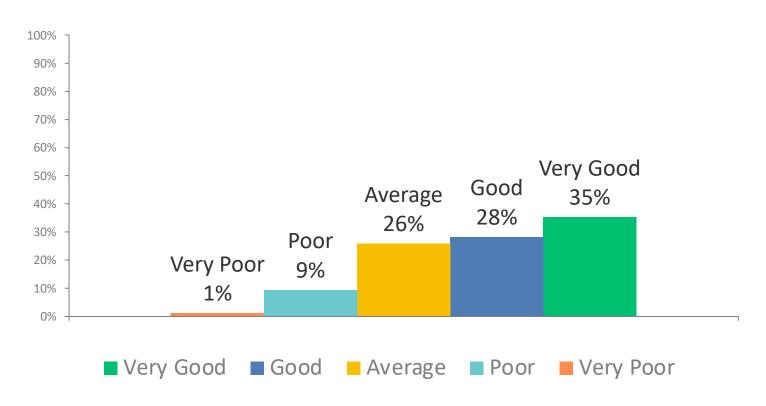
### How would you rate the following festival characteristics?

Answered: 87 Skipped: 16

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

### How would you rate your personal knowledge of beer?

Answered: 85 Skipped: 18



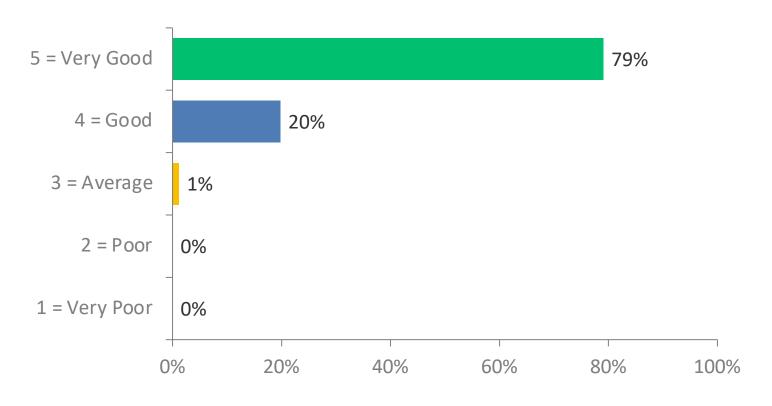
# How likely are you to return to next year's festival and recommend the festival to friends?

Answered: 86 Skipped: 17

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

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

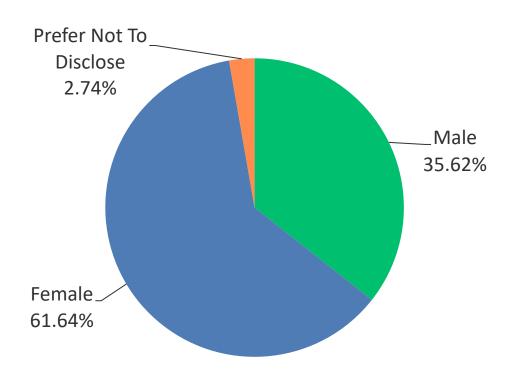
Answered: 86 Skipped: 17





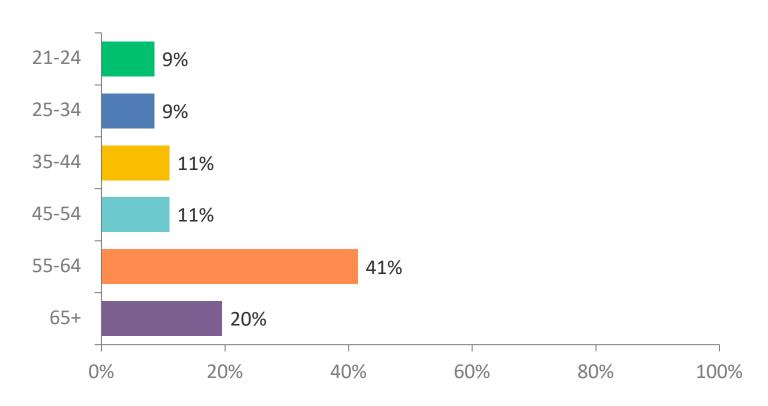
# How do you identify?

Answered: 73 Skipped: 30



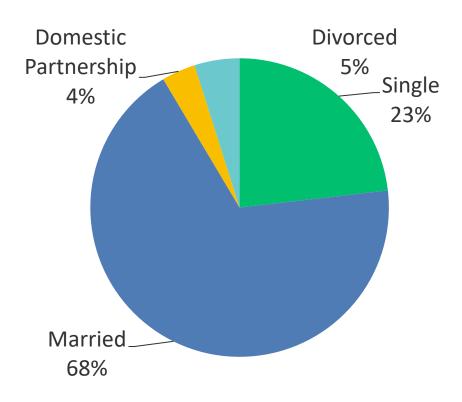
### Please indicate your age below.

Answered: 82 Skipped: 21



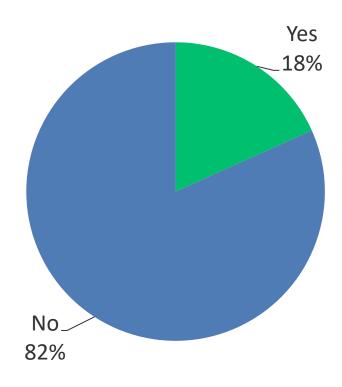
### Please indicate your marital status.

Answered: 82 Skipped: 21



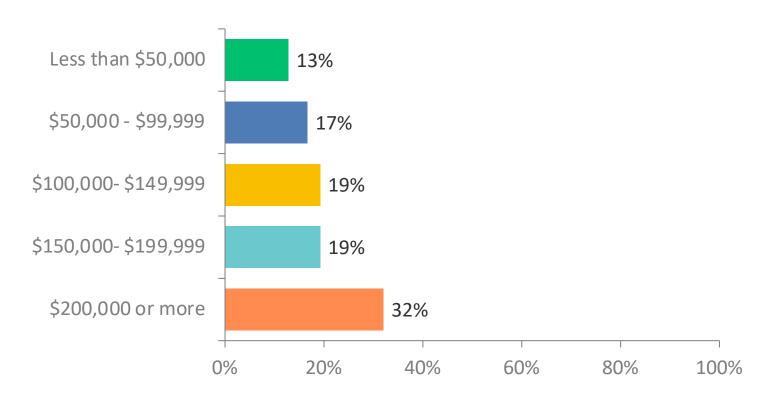
## Do you have children under the age of 18 living at home?

Answered: 82 Skipped: 21



### What is your approximate annual household income?

Answered: 78 Skipped: 25



#### Comments

Love it!

Bottle water. Great friendly first impression at admission entrance. Good times! Nothing Awesome Thanks for the pretzel Love it Well done Great event I'm here my hubby and do not drink. More wine please More food would improve the venue We think a circular vendor set up might make it easier to visit all tents. Otherwise it's great! Very hot Great Need more signs for the entrance Love this festival! Everyone is so friendly! Well run event Awesome Great festival Well done! Thank you 😎 Very well done Great event! Great All is great! Love it

# THANK YOU

CONTACT INFORMATION

Sarah Beachkofsky sbeach@uscb.edu

Dr. Kim Dudas kdudas@uscb.edu



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



Hilton Head Island Wine and Food Inc.

**Board Meeting Minutes** 

August 19, 2024, 5 PM

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

Absent – Rocky Whitehead, Mike Kaup, and Emily Johnson

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

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

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

#### 1. Shane Christensen -

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

#### 2. Potential New Board Members –

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

#### b. Andrea Fasano -

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

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

#### 3. Financials -

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

#### 4. Update on Rhythm & Brews –

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

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

p. Jeremy will be back.

#### 5. **TCL** –

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

#### 6. Off Cycle Event Possibility –

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

#### 7. Meeting Dates –

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

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

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

Thoughts? (discussion)

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

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

#### 9. Uncorked -

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

**g.** Stay Gold needs to be elevated. Can we do Uncorked at Lucky Beach? Would Dave be willing to close the restaurant for the evening? There was much discussion and no motions were made.

#### 10. **MVC** –

- **a.** It looks like MVC will be involved with the HHWFF next year. They asked all the questions they do every year. I sent a contract, but it has yet to be signed.
- **b.** This is fairly typical of them.

#### 11. Other Business – Poseidon???

#### Adjournment -

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

Revenue	Working Cra	Beer & Music Budget for 2025 Budget aft Beer VIP aft Beer GA	ATAX Amount  Qualified Reimbursible	200 1000	\$100 \$49	\$20,000 \$49,000
					,	\$69,000
	Sub Total for Events	\$69,000				
Sponso	rships	\$3,000				
	endor Booths (8) Fents???	\$2,000				
·	Sub Total Revenue	\$5,000				
ATAX To	own of HHI	\$30,000				
	eaufort County	\$0				
SCPRT	ŕ	\$0				
	Sub Total Grants	\$30,000				
	Total Revenue	\$104,000				
Expenses						
Advertising		4	l			
	Media & Google Ads	\$6,500			Money wi	ll get moved to categories selling the most tic
Email/	EDIASTS	\$12,000				
Digital	lagazine/News Paper	\$6,000				
	Rroadcast Media	\$2,000 \$1,500				
	sing Management - 10%	\$2,000				·
	tal-Marketing & Advertising	Ψ2,000	\$30,000	\$30,000	A	Are we still light for advertising?
	0			,		
<b>Event Expenses</b>						
Live En	tertainment	\$2,500				
Audio 8	ง Visual Equipment	\$3,000				
Glassw		\$2,500				
Restroc	om Services	\$3,500				

Tras	sh & Recycling	\$3,000	
Prin	ting - Signs	\$4,000	
Log	stics	\$8,000	
	ation Rental	\$750	
Ren	tals - Tables, Chairs, Furniture, etc	\$7,000	
Ten	ts	\$2,000	
Insu	ırance	\$2,000	
Ice		\$3,000	
Sur	vey of Attendees	\$750	
Sur	vey Incentive	\$2,000	
Prin	ting - Other	\$250	
Wri	st Bands	\$500	
Volu	ınter T-Shirts	\$1,000	
Fen	cing	\$1,000	
Sec	urity	\$3,000	
Mis	c Event Expenses	\$5,000	
Roo	ms for John King Band	\$750	
Lice	nses	\$1,000	
Win	e Cost	\$3,000	
Арр	earance fee for Breweries	\$2,000	
VIP	Costs - Food, Lanyard, etc	\$8,000	
Sub	total for Event Expenses		\$61,500
Other Expenses			
· ·	k and Credit Card Fees	\$2,450	
Pro	essional Fees	\$1,000	
Wel	osite Maintenance	\$500	
Sub	total for Other Expenses	•	\$3,950
	Total Expenses	\$103,450	

\$550

NET Profit (Loss)



Revenue	Craft Beer & I Working Budget Craft Beer	for 2025 Budget VIP	ATAX Qualified F	Amount Reimbursible	200	\$100	\$20,000
	Craft Beer	GA			1000	\$49	\$49,000 \$69,000
Suh	Total for Events	\$69,000					\$69,000
Sponsorships	Total Tot Evente	\$3,000					
Food Vendor Booth	s (8)	\$2,000					
Spirits Tents???	( )	, ,					
·	o Total Revenue	\$5,000					
ATAX Town of HHI		\$30,000					
ATAX Beaufort Cou	ntv	\$0					
SCPRT	,	<b>\$</b> 0					
	ub Total Grants	\$30,000					
	Total Revenue	\$104,000					
Expenses		. ,					
Advertising							
Social Media		\$7,000				Money wil	l get moved to categories selling the most tic
Email / Eblasts		\$7,000					
Digital		\$6,000					
Print - Magazine/Ne	ews Paper	\$2,000					
Radio/Broadcast M	edia	\$1,000					
Advertising Manage	ement - 10%	\$2,000	_				
Subtotal-Marketir	ng & Advertising			\$25,000	\$25,000	A	re we \$10,000 light for advertising?
Event Expenses							
Live Entertainment		\$2,500	\$2,500	\$1,750			
Audio & Visual Equi	pment	\$3,000	\$3,000	\$2,100			
Glassware		\$2,500	\$2,500	\$1,750			
Restroom Services		\$3,500	\$3,500	\$2,450			

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



# Hilton Head Hospitality Association Balance Sheet

As of August 31, 2024

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

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

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

# Hilton Head Hospitality Association Balance Sheet

As of June 30, 2023

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

# Hilton Head Hospitality Association **Profit & Loss**

July through August 2024

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

# Hilton Head Hospitality Association **Profit & Loss**

July 2023 through June 2024

	Jul '23 - Jun 24
Income	
4100 · Programs and Festivals	
4600 · WineFestival Income 4605 · Intrn'l Wine Judging Entries 4606 · Admissions	12,920.00
4606.1 · Uncorked	2,969.07
4607 · Grand Tasting	28,025.93
4608 · Public Tasting	122,065.12
4611 · Other Events	19 209 44
4611.11 · Sip & Stroll 4611.22 · Craft Beer Event	18,298.44 19,933.13
	·
Total 4611 · Other Events	38,231.57
4612 Unassigned Receipts	11,412.08
Total 4606 · Admissions	202,703.77
Total 4600 · WineFestival Income	215,623.77
4615 · Grand Tasting Auction	8,107.00
4616 · Public Tasting Auction 4617 · Wine Vendor Booths	2,080.00
4618 · Food Vendor Booths	7,125.00 1,250.00
4619 · Retail Vendor Booths	1,250.00
462001 · Sales at Retail Tent	480.00
4619 · Retail Vendor Booths - Other	1,250.00
Total 4619 · Retail Vendor Booths	1,730.00
4640 · Sponsorship	70,500.00
4655 · Grants 4656 · Town of HHI ATAX	110 220 22
4657 · Beaufort County ATAX	119,230.22 10,000.00
4658 · SCPRT	10,691.71
Total 4655 · Grants	139,921.93
Total 4100 · Programs and Festivals	446,337.70
4611.08 · Stay Gold Event	25,444.69
4799 · Rhythm & Brews Event 4800 · Miscellaneous Income	31,975.00
	-199.99
Total Income	503,557.40
Expense	
6100 · Program and Festivals Expense 6500 · Scholarship Expense	11,000.00
6600 · WineFestival Production Costs	11,000.00
6602 · Marketing & PR	
6606 · Other Marketing & PR	24,000.00
Total 6602 · Marketing & PR	24,000.00
6606.5 · Direct Administrative Expense	
6607 · Festival Director	48,000.00
Total 6606.5 · Direct Administrative Expense	48,000.00
6609 · Grand Tasting Expense	19.028.50
and arming Expense	.0,020.00

# Hilton Head Hospitality Association **Profit & Loss**

July 2023 through June 2024

	Jul '23 - Jun 24
6610 · Advertising - ATAX Elgible	
6611 · Print, News Papers	7,339.00
6612 · Magazine	3,932.00
6613 · Digital	1,173.02
6615 · Radio	5,550.00
6617 · Social Media	26,250.00
6618 · Email	3,080.00
6619 · Other Advertising	44,587.20
6610 · Advertising - ATAX Elgible - Other	57,183.99
Total 6610 · Advertising - ATAX Elgible	149,095.21
6630 · Wine & Food Fest Expenses	
6631 · Ticketing Fees	6,291.66
6632 · Logistics	19,290.15
6634 · Trash & Recycling	6,018.30
6635 · Audio, Visual, Etc.	7,989.92
6635.1 · Photography	1,100.00
6636 · Tables, Chairs, Furniture, Etc.	8,766.17
6637 · Tents, Etc.	35,112.12
6638 · Restroom Services	7,109.39
6639 · Transportation	985.00
6642 · Food & Beverage	8,884.00
6643 · Fencing	2,045.87
6644 · Glassware	15,117.23
6645 · Entertainment	9,100.00
6647 · Facility Rental 6649 · Beaufort County Sheriff	2,096.71 2,388.00
6652 · Ice	3,855.93
6653 · Survey	1,500.00
6654 · Printing	1,000.00
6655 · Programs	750.00
6656 · Maps	709.00
6657 · Signs	3,140.89
6658 · Other Printing	279.99
Total 6654 · Printing	4,879.88
6659 · Security	1,511.62
6660 · Retail Tent Expenses	1,5 : 1.62
6661 · Retail Wine Cost	2,409.10
6662 · Merchandise For Sale	2,451.57
6660 · Retail Tent Expenses - Other	221.88
Total 6660 · Retail Tent Expenses	5,082.55
CCC4 Licenses	670.62
6664 · Licenses	670.62 3,771.00
6667 · Event Food & Beverage 6668 · Wine	780.05
6670 · Give Away Item For Survey	1,963.50
6674 · Lodging	1,545.23
6676 · Awards / Medals	2,013.75
6679 · Enofile Expenses	1,405.00
6680 · Office Expenses	522.15
6681 · Other Event Expenses	22,895.27
Total 6630 · Wine & Food Fest Expenses	184,691.07
6666 · Judging Expenses	6,711.63
Total 6600 · WineFestival Production Costs	431,526.41
6682 · Bank & Credit Card Fees 6683 · Special Events Expense 6654.01 · Stay Gold Event Expense	5,225.49 10,220.88
6683 · Special Events Expense - Other	4,050.58
Total 6683 · Special Events Expense	14,271.46

3:27 PM 08/18/24 Accrual Basis

# Hilton Head Hospitality Association **Profit & Loss**

July 2023 through June 2024

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

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

# Hilton Head Hospitality Association **Profit & Loss**

July 2022 through June 2023

	Jul '22 - Jun 23
6630 · Wine & Food Fest Expenses	
6631 Ticketing Fees	6,562.30
6632 · Logistics	5,500.00
6634 · Trash & Recycling	2,946.00
6635 · Audio, Visual, Etc.	2,041.88
6635.1 · Photography	900.00
6636 · Tables, Chairs, Furniture, Etc.	12,787.97
6637 · Tents, Etc.	29,934.61
6638 · Restroom Services	5,990.28
6639 · Transportation 6642 · Food & Beverage	720.00 10.211.15
6644 · Glassware	18,198.43
6645 · Entertainment	1,650.00
6647 · Facility Rental	4,228.50
6649 · Beaufort County Sheriff	776.00
6652 · Ice	1,165.96
6653 · Survey	1,976.76
6654 · Printing	
6655 · Programs	860.00
6656 · Maps	993.96
6657 · Signs	3,770.41
6658 · Other Printing	92.38
Total 6654 · Printing	5,716.75
6659 · Security 6660 · Retail Tent Expenses	2,135.00
6661 · Retail Wine Cost	3,797.37
Total 6660 · Retail Tent Expenses	3,797.37
6664 · Licenses	196.00
6667 · Event Food & Beverage	4,350.00
6668 · Wine	713.67
6669 · Volunteer T-Shirts	1,206.00
6674 · Lodging	1,249.00
6676 · Awards / Medals	1,985.63
6679 · Enofile Expenses	1,560.00
6680 · Office Expenses 6681 · Other Event Expenses	1,010.97 9,836.52
Total 6630 · Wine & Food Fest Expenses	139,346.75
6666 · Judging Expenses	4,004.32
Total 6600 · WineFestival Production Costs	355,013.41
6682 · Bank & Credit Card Fees 6683 · Special Events Expense	6,136.85
Rhytm & Brews	3,500.00
6654.01 · Stay Gold Event Expense	14,644.62
6683 · Special Events Expense - Other	1,250.00
Total 6683 · Special Events Expense	19,394.62
6684 · Equipment	50.85
6685 · Insurance	8,027.00
6686 · Postage	293.20
6688 · Professional Fees - Accounting	750.00
6691 · Supplies & Misc. Expense	14,069.73
6693 · Website Maintenance	1,361.58
6697 · Office & Storage Facility Rent	12,775.00
Total 6100 · Program and Festivals Expense	437,523.24

1:07 PM 08/31/23 Accrual Basis

# Hilton Head Hospitality Association **Profit & Loss**

July 2022 through June 2023

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



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

#### Ouick Tips:

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

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

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

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

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

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

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

#### Financial Extension Request Filing Fee: None

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

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

Sincerely,

Kimberly S. Wickersham

Director, Division of Public Charities

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

### Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

nter	rnal Reveni	ue Service	Go to www.irs.gov/Form990 for instructions and the latest			Inspection
A	For the	2022 calend	dar year, or tax year beginning ${ m Jul} \ 1$ , 2022, and endir	ng Ju	n 30	, <b>20</b> 23
В	Check if a	applicable:	C Name of organization HILTON HEAD AREA HOSPITALITY ASS	OCIATION	D Employ	er identification number
	Address	change	Doing business as HILTON HEAD ISLAND WINE & FOOD, IN		57-07	98565
$\overline{\Box}$	Name cha	ange		Room/suite	E Telepho	ne number
	Initial retu		(843)	441-9633		
Ħ		n/terminated				
Ħ	Amended		City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29938		G Gross re	eceipts \$ 454,801.
$\exists$			F Name and address of principal officer:	H(a) Is this a gro		subordinates? Yes X No
	принам	on ponding	SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29			
i .	Tax-exem	npt status:	501(c)(3) X 501(c) ( 6 ) (insert no.) 4947(a)(1) or 527			. See instructions.
1	Website:		iltonheadhospitalityassociation.com	H(c) Group ex		
K			Corporation Trust Association Other L Year of form			f legal domicile: SC
_	art I	Summa		ation. 1999	W State 0	r legal derrileile. De
	The second second	CONTRACTOR CONTRACTOR CONTRACTOR	oribe the organization's mission or most significant activities: TO PROM	OME MILE HITEMON HE	AD TOLAND	CC HOCDIMALITHY TAIDHCEDY
d)	"	briefly des	cribe the organization's mission or most significant activities. 10 PROM	OLE THE HILTON HE	AD ISLAND,	2C HOSELIATILI INDOSIKI
nc.			***************************************			
Governance						
Ve	1		box $\ \square$ if the organization discontinued its operations or disposed $\ \square$		1	
ő			voting members of the governing body (Part VI, line 1a)		3	9
Activities &	10000		independent voting members of the governing body (Part VI, line 1b		4	
tie	5	Total numb	per of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
ξ	6	Total numb	per of volunteers (estimate if necessary)		6	200
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0.
Revenue				Prior Year		Current Year
	8	Contributio	ons and grants (Part VIII, line 1h)	640,	684.	454,801.
			ervice revenue (Part VIII, line 2g)			
Ve			t income (Part VIII, column (A), lines 3, 4, and 7d)			
Re			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	640	601	
					684.	454,801.
			I similar amounts paid (Part IX, column (A), lines 1–3)	6,	000.	19,651.
	222		aid to or for members (Part IX, column (A), line 4)			
Expenses	15		her compensation, employee benefits (Part IX, column (A), lines 5-10)			
ens	16a		al fundraising fees (Part IX, column (A), line 11e)			
x	b		raising expenses (Part IX, column (D), line 25)			
ш	11/	The second second second second	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	525,	412.	417,872.
	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	531,	412.	437,523.
		Revenue le	ess expenses. Subtract line 18 from line 12	109,	272.	17,278.
Net Assets or Fund Balances	3			Beginning of Curr	ent Year	End of Year
sets	20	Total asset	ts (Part X, line 16)	258,	767.	276,045.
t As d B	21	Total liabili	ties (Part X, line 26)			
E S	22	Net assets	or fund balances. Subtract line 21 from line 20	258,	767.	276,045.
P	art II	Signatu	re Block			
			, I declare that I have examined this return, including accompanying schedules and sta			y knowledge and belief, it is
tru	ie, correct,	and complet	e. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowled	lge.	
				10	/31/20	)23
Sig	gn	Signature of	officer	Date		
	ere	JE F	F GERBER, EXECUTIVE DIRECTOR			
			name and title			
	151.5		The state of the s	Date	Check X	7 if PTIN
	aid	HIDDDO		10/31/2023	self-emple	5 H
	epare					1101201100
Us	se Only	Y Firm's nar		Firm's		6-2750133
١.٨		Firm's add		C 29938 Phone	eno. (84	3) 671-6005
ivla	ly the IR	S discuss	this return with the preparer shown above? See instructions	* * * * *		. X Yes No

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY
	Did the annulation and at large and in the same and in a damine the annual based on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 421,281. including grants of \$ 19,651. ) (Revenue \$ 454,801.)
	PRODUCTION OF WINE AND FOOD FESTIVAL
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	·····
	······
	······
	<del></del>
40	(Code) \(\( \sum_{\text{code}} \) \( \sum_{\text{code}} \)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	<del></del>
	•••••••••••••••••••••••••••••••••••••••
	•••••
	<del></del>
	·····
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 421, 281.

Part	Checklist of Required Schedules		937	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		×
-	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	445		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
2	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			70000
00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			×
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
L	"Yes," complete Schedule L, Part IV	28a 28b		×
b c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	5/32/4		90.00
	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	0.00
Part	V Statements Regarding Other IRS Filings and Tax Compliance	- 55	.,	
	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   1a   0		res	INO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0								
b	The second second and the second seco								
3a									
b	A LA TA								
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
<b>h</b>	If "Yes," enter the name of the foreign country	4a		×					
b	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	Esponomi	×					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1000					
	and services provided to the payor?	7a 7b							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70							
C	required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
0		8							
9 a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	E0895	PHILE LINE					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)								
120	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120	#55E						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
C	Enter the amount of reserves on hand	14a		×					
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-75							
	excess parachute payment(s) during the year?	15							
	If "Yes," see the instructions and file Form 4720, Schedule N.		l lumi						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16							
	If "Yes," complete Form 4720, Schedule O.			WHAT					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?								
	If "Yes," complete Form 6069.	17							
	ii 100, complete commodo.	The second second	THE PERSON NAMED IN	THE RESERVE					

Part VI

Part '	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struci	tions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b 2	Enter the number of voting members included on line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
0	stockholders, or persons other than the governing body?	7b	1004	×
8	the year by the following:			
a	The governing body?	8a 8b	×	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	1000	
		10-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b		×
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	(Hamus)	×
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	ioa		×
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed SC  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion (	501(c)
19	Own website X Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rescort ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843) 686-			

D	- 4

-0111 990 (2022)					Page
	pensation of Officers, Dendent Contractors	Directors, Trustees	, Key Employees,	Highest Compensated	Employees, and

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

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

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

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

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

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

Part	VII Section A. Officers, Directors, T	rustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continue
	(A) Name and title	(B) Position (do not check more box, unless person officer and a directed per week		tion more than one rson is both an rector/trustee)  (D) Reportabl compensati		(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		25
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)								_			
(24)											
(25)											
1b c d 2	Subtotal  Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but reportable compensation from the organi	VII, Section		nose	e list	ted	above	e) w	72,000. 72,000. The received more	e than \$100,000	O of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8 For any individual listed on line 1a, is the organization and related organizations	officer, dire Schedule J sum of re	for su porta	<i>uch</i> ble	<i>ind.</i> con	<i>ivid</i> npe	<i>ual</i> nsatio	on a	nd other compe		3 ×
5	individual	r accrue co	ompe	nsa	tion	fro	m any	/ un	related organiza		4 ×
Secti 1	on B. Independent Contractors  Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add	ress							(B) Description of sen	vices	(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compens						ted to	th	nose listed abov	ve) who	

Part	VIII	Check if Schedule O contains a respon	nse or note to an	v line in this Pa	art VIII		
		Official Confedence of Servative a 1909		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c	302,665.				
	d	Related organizations 1d				have a distributed	
	е	Government grants (contributions) 1e	152,136.		15 美国 16 日		
Sir	f	All other contributions, gifts, grants,					
ution		and similar amounts not included above 1f					
ē È	g	Noncash contributions included in					
nd n		lines 1a-1f 1g					
9 G	h	Total. Add lines 1a-1f		454,801.			
Δ.			Business Code				
Program Service Revenue	2a						
e en	b						
gram Sen Revenue	С						
ev an	d						
og F	е	***************************************					
<u>-</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividend					
		other similar amounts)					
	4	Income from investment of tax-exempt b	ond proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d		(ii) Other				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
	h	other than inventory 7a  Less: cost or other basis					
evenue	ь	and sales expenses . 7b					
vel	_	Gain or (loss) 7c					
Œ			1				
er				A STATE OF THE BOARD			
Other	ъа	Gross income from fundraising events (not including \$ 302,665.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising ev					
		Gross income from gaming	1				
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activit			A CANADA		
		Gross sales of inventory, less					
		returns and allowances 10a	î .				
	b	Less: cost of goods sold 10kg		The state of the s			
	С	Net income or (loss) from sales of invent	ory				
S		100000	Business Code				
e e	11a						
ane	b	***************************************					
scellaneo Revenue	С						
Miscellaneous Revenue	d	All other revenue		0.	0.	0.	0.
Σ	е	Total. Add lines 11a-11d	30 E E E	0.			
	12	Total revenue. See instructions		454,801.	0.	0.	0.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . . . . (B) Program service expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and general expenses 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 19,651. 19,651. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees . . . . . Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . 10 11 Fees for services (nonemployees): 48,000. 48,000. 750. C Accounting . . . . . . . . 750. Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . . . . . 143,693. 143,693. 1,011. 1,011. 13 Information technology . . . . . 14 15 16 12,775. 12,775. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 22 Depreciation, depletion, and amortization . 8,027. 23 8,027. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 293. 293. POSTAGE 51. 51. b **EQUIPMENT** WEBSITE MAINTENANCE 1,362. 1,362. C 201,910. 201,910. FESTIVAL PRODUCTION COST d All other expenses 437,523. 421,281. 16,242. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	229,637.	1	262,290.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28,472.	4	13,097.
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
	2.5	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
V	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 65		In the second	65.0
	b	Less: accumulated depreciation	658.	10c	658.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14 15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	258,767.	16	276,045.
-	17	Accounts payable and accrued expenses	230/101.	17	2.0,0101
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to any current or former officer, director	or,		
Iiie		trustee, key employee, creator or founder, substantial contributor, or 35	%		
Liabilities		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thin			
		parties, and other liabilities not included on lines 17-24). Complete Part	X		
		of Schedule D		25	
240	26	Total liabilities. Add lines 17 through 25		26	
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
au	07			27	
Bal	27 28	Net assets without donor restrictions		28	
pu	20	Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here		20	
표		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .	258,767.	31	276,045.
et /	32	Total net assets or fund balances	258,767.	32	276,045.
ž	33	Total liabilities and net assets/fund balances	258,767.	33	276,045.

	4	2
Page	1	2

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		54,8	
2	Total expenses (must equal Part IX, column (A), line 25)		37,5	7.
3	Revenue less expenses. Subtract line 2 from line 1		17,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	2	58,7	67.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	2	76,0	45.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		Yes	No
	A		res	140
1	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
00	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	and near of	×
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	Za		
	reviewed on a separate basis, consolidated basis, or both:			10,010
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	STATE	×
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	Boundar	200000110000	a market
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	MARK	H. A.	
	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	200100400		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×
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.	3b		
		F	- 000	(2022)

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Maine C	i the organization			Employer identification number
HIL	ION HEAD AREA HOSPITALITY ASSOCIATION	ON	5	57-0798565
Par	Organizations Maintaining Donor Advi	sed Funds or Other	Similar Funds	or Accounts.
	Complete if the organization answered "			
		(a) Donor advised		(b) Funds and other accounts
4	Total aumhor at and of year	(a) Donor advised	riulius	(b) i dilos ano other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that	the assets held	in donor advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, ar			
	only for charitable purposes and not for the benefit			
	· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · Yes · No
Par				
	Complete if the organization answered "	Yes" on Form 990, Pa	art IV, line 7.	
1	Purpose(s) of conservation easements held by the o	rganization (check all th	nat apply).	
	Preservation of land for public use (for example, recre	ation or education)	Preservation of	a historically important land area
	Protection of natural habitat	•		a certified historic structure
	☐ Preservation of open space	<b></b>	1 10301 1411011 01	
2	Complete lines 2a through 2d if the organization hel	d a gualified concernati	on contribution	in the form of a conservation
_	easement on the last day of the tax year.	u a quaimeu conservati	on contribution	Distriction
	· ·			Held at the End of the Tax Year
а	Total number of conservation easements			. 2a
b	Total acreage restricted by conservation easements			. 2b
С	Number of conservation easements on a certified hi	storic structure include	d in (a)	. 2c
d	Number of conservation easements included in (c)	acquired after July 25, 2	2006, and not or	n a
	historic structure listed in the National Register .			·   2d
3	Number of conservation easements modified, trans	ferred released exting	uished or termi	
•	tax year	.ooo, ro.oaooa, ozg	a.c., c., t.,	nation by the organization coming the
4		ention apparant in local	e and	
4	Number of states where property subject to conserv			alian bandina af
5	Does the organization have a written policy reg			
	violations, and enforcement of the conservation eas			· · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violation	s, and enforcing o	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations,	and enforcing co	onservation easements during the year
		•	•	
8	Does each conservation easement reported on line 2	(d) above satisfy the red	ouirements of se	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• •	•	· · · · · · · · Yes   No
9	In Part XIII, describe how the organization reports of			
3	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easemen	•	anization 5 iman	cial statements that describes the
Part		•	•	ther Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Pa	art IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to repo	rt in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibiti	on, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote t	o its financial statement	s that describes	s these items.
b	If the organization elected, as permitted under FAS			
_	art, historical treasures, or other similar assets held			
	provide the following amounts relating to these item		0000001, 01 1030	aron in fartheraries of public service,
				•
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art,			ssets for financial gain, provide the
	following amounts required to be reported under FA	SB ASC 958 relating to	these items:	
а	Revenue included on Form 990, Part VIII, line 1 .			\$
b	Assets included in Form 990, Part X			\$

REV 05/17/23 PRO

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply)  a   Public exhibition   d   Loan or exchange program    b   Scholarly research   e   Other    c   Preservation for future generations    Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  Suring 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 an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   In   Yes   No    If 'Yes   'xyalian the arrangement in Part XIII and complete the following table:  C   Beginning balance   1   Amount    C   Beginning balance   1   Amount    C   Beginning balance   1    Distributions during the year   1    Ending balance   1    Distributions during the yea	Part								
a Public exhibition d loan or exchange program c lother c lother lother scholarly research c lother lother scholarly research c lother	3		ssion, and oth	er recor	ds, chec	k any of the	follow	ing that make sig	nificant use of its
b Scholarly research e Other     Scholarly research   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.		and the same		22					
c   Preservation for future generations 4   Provide a description of the organization sollections 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.	а	The state of the s							
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 meinteined as part of the organization's collection?  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 inc 12.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X inc 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X inc 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance.  1				e	Other				
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?			W 195					A LIVE CASE SHOWER	
Part IV Scrow 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   If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance   1d   Additions during the year   1d	4		s collections at	na expia	in now tr	ney turtner th	e orga	anization's exemp	ot purpose in Part
Part V   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 IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 900 Part IV, line 10.    Complete if the organization in Part XIII and complete the following table:	5								
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?			n to be maintai	ned as p	art of the	e organization	ı's col	lection?	☐ Yes ☐ No
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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance.  d Additions during the year  c Distributions during the year  f Ending balance.  2 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.  1a Beginning of year balance.  b Contributions  c Net investment earnings, gains, and losses.  d Grants or scholarships  c Other expenditures for facilities and programs  f Administrative expenses.  g End of year balance.  b Permanent endowment  %  Term endowment  %  Term endowment  %  Term endowment  1 Permanent endowment  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  5 Permanent endowment  6 Reprenated and administered for the organization by:  G) Unrelated organizations  G) Related organizations  G) Re	Part								
1a   Sthe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Ves   No   If "Yes," explain the arrangement in Part XIII and complete the following table:   Amount   To			swered "Yes"	on For	m 990, F	Part IV, line 9	9, or r	reported an amo	ount on Form
included on Form 990, Part X?    Yes   No							Veses was		
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	ıa								
c Beginning balance	h						* *		☐ fes ☐ No
c Beginning balance	В	if Yes, explain the arrangement in Part X	ili and comple	te the 10	llowing ta	able.		Am	ount
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	C	Reginning balance					10	-	oune
e Distributions during the year  f Ending balance  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	-10								
### Ending balance   It   It   It   It   It   It   It   I							1e		
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f	170					1f		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Contributions	2a						todial	account liability?	☐ Yes ☐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    A Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	b		III. Check here	if the ex	planation	n has been pr	rovide	d on Part XIII .	🗆
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years	Part								
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  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  f 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:  (i) Unrelated organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  658.  658.							- 1		
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 % 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: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3d(ii), are the related organizations listed as required on Schedule R?  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 (c) Accumulated depreciation depreciation  1a Land b Buildings c Leasehold improvements d Equipment 658.			) Current year	(b) Prid	or year	(c) Two years I	back	(d) Three years back	(e) Four years back
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 % 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: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related 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 (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment 658.									
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 % 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: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related 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 (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 658.	С								
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 % 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: (i) Unrelated organizations 3a(ii)   3a(ii)   3a(ii)   3a(ii)   b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (c) Accumulated depreciation (d) Book value depreciation  1a Land b Buildings c Leasehold improvements d Equipment 658.	a								
f Administrative expenses gend of year balance gend of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment %  b Permanent endowment %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii)   3a									
f Administrative expenses g End of year balance 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 %  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:  (i) Unrelated organizations 3a(ii) 3a(ii)    b If "Yes" on line 3a(ii), are the related 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 (other) (c) Accumulated depreciation (d) Book value (e) Buildings (c) Leasehold improvements (d) Equipment (d) Book value (e) Equipment (e) Cost or other basis (other) (e) Accumulated depreciation (d) Book value (e) Equipment (e) Accumulated depreciation (d) Book value (e) Cost or other basis (other) (e) Accumulated depreciation (e) Accumulated depreciation (e) Accumulated depreciation (e) Buildings (c) Accumulated depreciation (e) Book value (e) Book value (e) Accumulated depreciation (e) Buildings (c) Accumulated depreciation (e) Book value (e) Accumulated depreciation (e) Accumulated depreciation (e) Book value (e) Accumulated depreciation (e) Book value (e) Accumulated depreciation (e) Book value (e) Accumulated depreciation (e) Accumulated depreciation (e) Accumulated depreciation (e) Book value (e) Accumulated depreciation (e) Accumulated depreciati	С	AND COMMEND AND A CONTRACT CON							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment									
a Board designated or quasi-endowment			urrent year end	d balanc	e (line 1g	, column (a))	held a	IS:	
b Permanent endowment	а	Board designated or quasi-endowment	9/	6					
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:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  658.  658.	b	Permanent endowment %							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (other) (investment)  (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  658.  658.	С	Term endowment %							
organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related		The percentages on lines 2a, 2b, and 2c s	hould equal 10	00%.		5			
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 658. 658.	3a		ssession of the	e organi	zation tha	at are neld ar	na aar	ministered for the	
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  c Leasehold improvements  d Equipment  658.  658.									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		·,					St 35		
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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  d Equipment  658.  658.	h								
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 (b) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  Description of property  (d) Book value  Description of property  (d) Book value  Description of property  Description of property  (d) Book value  Description of property  Descriptio	20						27 0.2		
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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  d Equipment  658.  658.	THE REAL PROPERTY.								
Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Accumulated depreciation  (h) Cost or other basis (other)				on For	m 990, F	Part IV, line	11a. S	See Form 990, F	Part X, line 10.
1a Land          b Buildings          c Leasehold improvements          d Equipment          e Other	-		(a) Cost or oth	ner basis	(b) Cost of	or other basis	(c) A	Accumulated	
b Buildings			(investme	ent)	(0	ther)	de	preciation	
c Leasehold improvements d Equipment	1a	Land							
d Equipment       658.         e Other       658.	b								
e Other	1.00			CEO			-		650
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)				თეგ.					030.
		Add lines 1a through 1e (Column (d) must	equal Form 99	0. Part	X. columr	(B), line 10c	.) .		658.

	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	•	
	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	***************************************		
		**	
(H)	(L) 1 - 15 - 200 B - 17 - 1 (B) E - 10		
_	mn (b) must equal Form 990, Part X, col. (B) line 12.)	• 1	
Part VIII	Investments—Program Related.  Complete if the organization answered "Yes" on	Form 000 Part IV line	11a Saa Form 000 Part V 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)	4		
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.  Complete if the organization answered "Yes" on	Form 000 Part IV line	11d Soc Form 000 Part V line 15
	(a) Description	TOTTI 990, Fait IV, IIIIe	(b) Book value
(4)	(a) Description		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	* * * * * * * *	8 8 8 8 8
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.) .		

Part			Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0-1	
a	Net unrealized gains (losses) on investments	2a	-
b	Donated services and use of facilities	2b 2c	
c	Recoveries of prior year grants	2d	_
d	Other (Describe in Part XIII.)		2e
е 3	Subtract line 2e from line 1		3
4	Amounts included on Form 990. Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
HEAT POST OFFICE AND ADDRESS.	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4000	(A)-11
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	205.000
c	Add lines 4a and 4b		4c 5
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie ro.)	5
	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV lines 1h and 2	b: Part V line 4: Part X line
2: Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.
	•••••		
			***************************************

Schedule D (For	n 990) 2022 Pag	je <b>5</b>
Part XIII	Supplemental Information (continued)	_
	······································	
		•
	,	
	······································	

#### SCHEDULE O (Form 990)

Department of the Treasury

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

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

Attach to Form 990 or Form 990-EZ.

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



Internal Revenue Service Employer identification number Name of the organization 57-0798565 HILTON HEAD AREA HOSPITALITY ASSOCIATION Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BOARD MEMBER Pt VI, Line 11b: FOR REVIEW PRIOR TO BEING APPROVED BY THE BOARD AND FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE Pt VI, Line 19: A COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZATION'S OFFICE FOR ANYONE REQUESTING TO VIEW A COPY OF THE FORM 990 AND THE FORM 990 IS AVAILABLE FOR VIEWING ON THE WEBSITE OF GUIDESTAR.

### Form **8879-TE**

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

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

2022

OMB No. 1545-0047

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

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

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

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

## Form **8879-TE**

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

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

2021

OMB No. 1545-0047

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

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

internal nevertue	Service	- uc	to www.iis.govii oiiiioois	TE for the latest information	de.	
Name of filer					EIN or SSN	
	EAD AREA HOSP		ASSOCIATION		57-0798565	
Name and title	of officer or person subje	ct to tax				
	BER, EXECUTIV					
Part I	Type of Return a	and Return	Information			
CP and Form 5a, 6a, 7a, 8 5b, 6b, 7b,	n 5330 filers may ent a, 9a, or 10a below, 8b, 9b, or 10b, whic	er dollars an and the amo chever is ap	d cents. For all other forms ount on that line for the retu	and enter the applicable a s, enter whole dollars only. I urn being filed with this form ter -0-). But, if you entered	f you check the bo was blank, then l	ox on line 1a, 2a, 3a, 4a, leave line 1b, 2b, 3b, 4b,
1a Form	990 check here .			rm 990, Part VIII, column (A	ASSESSMENT TO A TANK THE PARTY OF THE PARTY	1b
	990-EZ check here			rm 990-EZ, line 9)		2b
	1120-POL check he			DL, line 22)		3b
	990-PF check here			nt income (Form 990-PF, P		4b
	8868 check here.	Control of the Contro		3, line 3c)		5b 0.
	990-T check here			art III, line 4)		6b
	4720 check here.	N	provided forces. The contraction is a second and the second and the	urt III, line 1)		7b
	5227 check here.	The second second second		tax year (Form 5227, Item		8b
	5330 check here.			t II, line 19)		9b
	8038-CP check her			nt requested (Form 8038-CP		10b
				cer or Person Subject e entity or	0.500 0.000	511
complete. I friintermediate acknowledge the date of a (direct debit) return, and the 1-888-353-4 processing of the payment delectronic fur PIN: check of X I author	urther declare that the service provider, trainer and of receipt or receipt or receipt or receipt of the service provider. If applicable entry to the financial institution 537 no later than 2 big the electronic payment have selected a pends withdrawal.  I have selected a pends withdrawal.  I have box only rize HUBERT L.	e amount in namitter, or e asson for rejecte, I authorize institution and to debit the usiness days ment of taxes be a sonal identification and the second i	edules and statements, an Part I above is the amount electronic return originator ection of the transmission, et he U.S. Treasury and its ecount indicated in the tax entry to this account. To reprior to the payment (setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (PIN) as many of the payment (Setting to receive confidential information number (Setting to rec	d, (EIN)a d, to the best of my knowled shown on the copy of the e (ERO) to send the return to the designated Financial Agent preparation software for part evoke a payment, I must contend the designature for the electronic financial and the electronic to enter my PIN in this return that a copy is shown on the electronic financial and the electronic financi	dge and belief, the lectronic return. I he IRS and to recin processing the to initiate an electyment of the fedentact the U.S. Tree the financial inster inquiries and record return and, if appears to the fedentact the U.S. Tree the financial inster inquiries and record return and, if appears to the financial inster the financial inster inquiries and record return and, if appears to the financial inster and the financial inster inquiries and resolution and the financial instead of the financi	consent to allow my eive from the IRS (a) an return or refund, and (c) tronic funds withdrawal ral taxes owed on this asury Financial Agent at itutions involved in the solve issues related to plicable, the consent to
return's  As an ofiled ref	s disclosure consent officer or person subjecturn. If I have indicate	screen. ect to tax wit ed within this	h respect to the entity, I w	m, I also authorize the afore ill enter my PIN as my signa eturn is being filed with a sta sclosure consent screen.	ture on the tax yea	ar 2021 electronically
	icer or person subject to				Date ► 09/14/	2022
	Certification and					
number (EFIN	(PIN. Enter your six-only) followed by your fix	ve-digit self-	selected PIN.	Do not enter		
am submittin				n the 2021 electronically filed 163, Modernized e-File (MeF		
ERO's signature	· ·			Date ►	09/16/2022	
		ERO	Must Retain This Fo	rm - See Instructions	·	

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

### Form 990

#### Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

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

Open to Public Inspection

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

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 42	(Code: \/Expenses \$ 514 522 including graphs of \$ 6 000 \/Payanus \$
4a	(Code:) (Expenses \$ 514,523. including grants of \$ 6,000.) (Revenue \$)
	PRODUCTION OF WINE AND FOOD FESTIVAL
	•••••••••••••••••••••••••••••••••••••••
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 514,523.

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

Part	Checklist of Required Schedules (continued)		1	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
1012 ty.	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	l.		
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	00-		V
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		×
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
202	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		×
	19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	Milai
				1

Page 5

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	201 101 101	
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	0-		
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3a 3b		×
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶	AM		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		×
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-00		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		BARR	
	sponsoring organization have excess business holdings at any time during the year?	8	WE MINDS	
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		418
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	10-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
•	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand	14a	Terror Market	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
10	If "Yes," see the instructions and file Form 4720, Schedule N.		Tom.	
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?	17		
	If "Yes," complete Form 6069.			

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

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

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

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

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

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

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

				(0	<b>C)</b>			1		
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average	box, unless person is both an					-	Reportable	Reportable	Estimated amount
	hours per week	officer and a director/trustee)						compensation from the	compensation from related	of other compensation
	(list any	유표	lng!	Officer	<u>\$</u>	Highest co	Former		organizations (W-2/	
	hours for	direc	랿	Cer	em	hest	mer	1099-MISC/	1099-MISC/	organization and related organizations
	related organizations	항환	92		Key employee	88		1099-NEC)	1099-NEC)	related organizations
	below	Individual trustee or director	Institutional trustee		8	npe				
	dotted line)	8	stee			Highest compensated employee				
(4) 0.00mm	2 22					8	_			
(1) SCOTT ENTRUP	8.00			×						
PRESIDENT & DIRECTOR		×		^						
(2) SARAH MORGOT	4.00			×						
SECRETARY & DIRECTOR		×		<u>^</u>	_					
(3) GARY WHITEHEAD	4.00			×						
TREASURER & DIRECTOR	<u> </u>	×		^	_					
(4) MIKE KAUP	4.00				ĺ			1		,
VICE PRESIDENT & DIRECTOR	ļ	×		×						
(5) ED BROWN	4.00									
DIRECTOR		×	├—	_						
(6) CHRISTOPHER TASSONE	4.00									
DIRECTOR		×								
(7) MIKE KAUP	4.00	J								
DIRECTOR		×		<u> </u>	<u> </u>	ļ				
(8) JAMES HILL	4.00	×								
DIRECTOR				-	ļ	<u> </u>	_			
(9) ROBERT HOHMAN	4.00	×								
DIRECTOR EMERITUS	1 00	_^_		<u> </u>	<u> </u>	<del>  -</del>	<u> </u>			
(10) DREW LAUGHLIN	4.00	×								
DIRECTOR				├-						
(11) JEFF GERBER	4.00	×								
EXECUTIVE DIRECTOR				_	<u> </u>					
(12)	<del> </del> -									
(13)				┢	_		-			
(14)										
						l				

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continued)
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bot officer and a director/trus						(D)  Reportable compensation from the	(E)  Reportable compensation from related	tion	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		(W-2/	from the organization and related organizations
(15)												
(16)												<u> </u>
(17)												
(18)	***************************************											
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Subtotal	VII, Sectio			· · ·			► ► E) W	ho received mor	e than \$10	0,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	officer, dire							loyee, or highes	st compen	sated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									tion or indiv		4 ×
Secti 1	on B. Independent Contractors  Complete this table for your five high compensation from the organization. Repo											
	(A) Name and business add	ress		112.5					(B) Description of serv	vices	(	(C) Compensation
s												
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who		

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

### Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All o	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response			(0)	
8b, 9l	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,000.	6,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members			W. S. (25 - 35 - 45 - 16 ) A. (4)	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (nonemployees):				
b	Management				
c	Accounting	700.		4 700.	
d	Lobbying	,,,,		700.	
е	Professional fundraising services. See Part IV, line 17		THE PROPERTY OF		
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				1
15	Royalties				
16	Occupancy	11,400.		11,400.	
17 18	Travel				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	POSTACE	259.		259.	
b	EQUI PMENT	390.		390.	
С	WEBSITE MAINTENANCE	2,000.		2,000.	
d	FESTIVAL PRODUCTION COST	508,523.	508,523.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	531,412.	514,523.	16,889.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 3 3 3 3 3 3 3 3 3 3 3 4 4 28, 472.  30, 255. 4 28, 472.  30, 255. 4 28, 472.  30, 255. 4 28, 472.			Check if Schedule O contains a response or note to any line in this Par	rt X		🗆
2 Savings and temporary cash investments 3 Pelgegs and grants receivable, net 3 Pelgegs and grants receivable, net 3 3 Capital Savings and their receivable, net 3 3 Capital Savings and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Capital Savings and other preceivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Capital Savings and dependent cost or other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Capital Savings and dependent cost or other basis. Complete Part V of Schedule D 7 Capital Savings and dependent cost or other basis. Complete Part V of Schedule D 10 Capital Savings and C						
2 Savings and temporary cash investments 3 Pelgegs and grants receivable, net 3 Pelgegs and grants receivable, net 3 3 Capital Savings and their receivable, net 3 3 Capital Savings and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Capital Savings and other preceivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Capital Savings and dependent cost or other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Capital Savings and dependent cost or other basis. Complete Part V of Schedule D 7 Capital Savings and dependent cost or other basis. Complete Part V of Schedule D 10 Capital Savings and C		1	Cash-non-interest-bearing	119,240.	1	229,637.
A Accounts receivable, net   30,255. 4   28,472.		2			2	
A Accounts receivable, net   30,255. 4   28,472.		3	Pledges and grants receivable, net		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(8)) 7 Notes and loans receivable, net 17 Notes and loans receivable, net 18 Inventories for sale or use 19 Prepaid expenses and deferred charges 10 Loans, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Investments—publicly traded securities 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 149,495. 16 258,767. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 10 Tax-exempt bond liabilities 21 Ecrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here  30 Organizations that do not follow FASB ASC 958, check here  31 And complete lines 29 through 33 32 Ectal stock or trust principal, or ourrent funds 33 Paid-in or capital surplus, or land, building, or equipment fund 34 Tetal read and complete lines 29 through 33 35 Paid		4		30,255.	4	28,472.
controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10 Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 10 . 177 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Usecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total Itabilities, and other liability of SSB, check here Imand complete lines 27, 28, 32, and 33.  27 Net assets with out donor restrictions 28 Net assets with onor restrictions 29 Capital stock or frust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total relabilities, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Total relabilities, fund building, or equipment fund 33 Paid-in or capital surplus, or land, building, or eq		5				
6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958(o)(3)(8) . 6 6  7 Notes and loans receivable, net						
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a 658.  11 Investments—publicity traded securities  12 Investments—publicity traded securities  13 Investments—program-related. See Part IV, line 11  13 Investments—program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  14 9,495, 16  258,767.  17 Accounts payable and accrued expenses  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  22 Secured mortgages and notes payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Net assets with out donor restrictions  28 Total sessets without donor restrictions  29 Organizations that do not follow FASB ASC 958, check here   29 Total assets with donor restrictions  20 Cray and complete lines 29 through 33  21 Estance darnings, endowment, accumulated income, or other funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund ballances  149,495, 32 258,767.		_			5	
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 658.  10 Less: accumulated depreciation 10b 10c 658.  11 Investments — publicly traded securities 111 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15		6				
8		223				
10a	ets					
10a	SS					111-1-11
b asis. Complete Part VI of Schedule D . 10a 658.	٩	2.5			9	
b Less: accumulated depreciation   10b   10c   658.		10a				
11   Investments – publicly traded securities   12   Investments – other securities. See Part IV, line 11   12   Investments – other securities. See Part IV, line 11   13   Investments – program-related. See Part IV, line 11   13   Intangible assets   14   Intangible assets   14   Intangible assets. See Part IV, line 11   15   Investments – program-related. See Part IV, line 11   15   Intangible assets. Add lines 1 through 15 (must equal line 33)   149, 495   16   258, 767.		86	MANAGEMENT AND		SOME	
12						658.
13   Investments—program-related. See Part IV, line 11   13   14   Intangible assets   14   15   15   15   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   149,495   16   258,767   17   Accounts payable and accrued expenses   0   17   18   18   19   Deferred revenue   19   19   19   19   19   19   19   1			Land Control of the C			
14						
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33)			THE PERSON OF TH			
16 Total assets. Add lines 1 through 15 (must equal line 33) . 149, 495. 16 258, 767.  17 Accounts payable and accrued expenses . 0. 17 18 Grants payable						
17 Accounts payable and accrued expenses 0, 17  18 Grants payable 19 Deferred revenue 190 Tax-exempt bond liabilities 200 Tax-exempt bond liabilities and other payables to related third parties 200 Tax-exempt bond liabilities and other l			Total assets. Add lines 1 through 15 (must equal line 33)	149 495	55.50	258 767
18 Grants payable		19700		1000		230,707.
19 Deferred revenue				0.		
20 Tax-exempt bond liabilities						
21 Escrow or custodial account liability. Complete Part IV of Schedule D						
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons						
Unsecured notes and loans payable to unrelated third parties	S	22				CHYCE ST. SAN
Unsecured notes and loans payable to unrelated third parties	litie					
Unsecured notes and loans payable to unrelated third parties	abi		controlled entity or family member of any of these persons		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
of Schedule D		25				
26 Total liabilities. Add lines 17 through 25						
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds Apaid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  Total net assets or fund balances  149,495. 32  258,767.			Service to the Million of the Control of the Contro			
and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here   and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances		26		0.	26	
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Organizations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 30 Lapital stock or trust principal, or current funds 30 Lapital stock or trust principal, or equipment fund 30 Lapital stock or trust principal, or current funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 Japatal Stock or trust principal, or current funds 36 Lapital Stock or trust principal, or current funds 37 Lapital Stock or trust principal, or current funds 38 Lapital Stock or trust principal, or current funds 39 Lapital Stock or trust principal, or current funds 30 Lapital Stock or trust principal, or current funds 30 Lapital Stock or trust principal, or current funds 31 Lapital Stock or trust principal, or current funds 32 Lapital Stock or trust principal, or current funds 30 Lapital Stock or trust principal, or current funds 31 Lapital Stock or trust principal, or current funds 32 Lapital Stock or trust principal, or current funds 33 Lapital Stock or trust principal, or current funds 34 Lapital Stock or trust principal, or current funds 35 Lapital Stock or trust principal, or current funds 36 Lapital Stock or trust principal, or current funds 37 Lapital Stock or trust principal, or current funds 38 Lapital Stock or trust principal, or current funds 39 Lapital Stock or trust principal, or current funds 149,495. 31 Lapital Stock or trust principal Stock or trust princip	ses					
Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  149,495. 32  258,767.	and	~-	1.840 E			(2) 医电影电影
Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 34 258,767.	3al		3.14 St (10 10 10 10 N 10 N 10 N 10 N 10 N 10 N			
and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	٦	28			28	
29 Capital stock or trust principal, or current funds	교					
Paid-in or capital surplus, or land, building, or equipment fund	ō	29			29	
31   Retained earnings, endowment, accumulated income, or other funds   149,495.   31   258,767.     32   Total net assets or fund balances   149,495.   32   258,767.     33   Total liabilities and net assets/fund balances   149,495.   33   258,767.	ets					
32       Total net assets or fund balances	SS			149.495		258.767
Z 33 Total liabilities and net assets/fund balances	t A		100 100 100 100 100 100 100 100 100 100			
	ž					

Page 12

Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI			×					
1	Total revenue (must equal Part VIII, column (A), line 12)	6	40,6	84.					
2									
3	Revenue less expenses. Subtract line 2 from line 1	1	09,2	72.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1	49,4	95.					
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities								
7	Investment expenses								
8	Prior period adjustments								
9	Other changes in net assets or fund balances (explain on Schedule O)								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
-	32, column (B))	2	58,7	67.					
Part	XII Financial Statements and Reporting			_					
	Check if Schedule O contains a response or note to any line in this Part XII		_						
		Commence	Yes	No					
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
•		Maria							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:								
	The state of the s								
h	Separate basis Consolidated basis Both consolidated and separate basis	2b		~					
D	Were the organization's financial statements audited by an independent accountant?			×					
	separate basis, consolidated basis, or both:								
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of								
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c							
	If the organization changed either its oversight process or selection process during the tax year, explain on	A							
	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	11770000000	SIPS SI	ONLY THE REAL PROPERTY.					
	Single Audit Act and OMB Circular A-133?	За		×					
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 .	3b							
		_	200	100000000000000000000000000000000000000					

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

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

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

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Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Otl	ner Similar Ass	sets (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):							
а	Public exhibition				or exchange			
b	Scholarly research		е	Other				
C	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.	on's collections	and expla	ain how t	hey further th	ne org	anization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							∏ Yes ☐ No
Part								les like
	Complete if the organization	The state of the s	" on For	m 990, F	Part IV, line	9, or 1	reported an am	ount on Form
12	990, Part X, line 21.  Is the organization an agent, trustee,	custodian or oth	or interm	odian, fo	or contributio	one or	other assets no	
ıa	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa					35. 30		_ 1c3 _ 1t0
-	in yee, explain the arrangement in ra	aria dompi	010 1110 10	moving to	2010.		An	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun							
	If "Yes," explain the arrangement in Pa	rt XIII. Check her	e if the ex	kplanation	n has been p	rovide	d on Part XIII .	🔲
Par	Endowment Funds.	1.12.1						
	Complete if the organization						- 12 Table 1 T	T
	B	(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							<u> </u>
b	Net investment earnings, gains, and							
•	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the			e (line 1g	, column (a))	held a	is:	
а	Board designated or quasi-endowmen	t <b>&gt;</b>	%					
b	Permanent endowment	%						
C	Term endowment ▶ %	est of account of the state of	/					
20	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			ration the	at are hold a	nd adr	ministered for the	
Sa	organization by:	possession of tr	ie organi.	zation the	at are rield at	nu aui	ministered for the	Yes No
	(i) Unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" on line 3a(ii), are the related or							3b
4	Describe in Part XIII the intended uses							
Part								
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	11a. S	See Form 990, I	Part X, line 10.
	Description of property	(a) Cost or of (investment)			or other basis ther)		occumulated preciation	(d) Book value
1a	Land		0.				Months and	0.
b	Buildings							
С	Leasehold improvements							
d	Equipment				658.			658.
	Other			1.00 TWO.				
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part )	, column	(B), line 10c	:.)	•	658.

Part VII	Investments - Other Securities.	descripto stanti de value anni	
	Complete if the organization answered "Yes" on For		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial			
	neld equity interests		
(3) Other			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
THE RESERVE THE PROPERTY OF THE PARTY OF THE	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities. Complete if the organization answered "Yes" on For		
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in	ncome taxes		
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
	r uncertain tax positions. In Part XIII, provide the text of the footne		322 30 30 30 30 30 30 30
	s liability for uncertain tax positions under FASB ASC 740. Check		

Schedu	e D (Form 990) 2021		Page <b>4</b>
Part		nts With Revenue per	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements.		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	name on the same of the same o	2a	
b	vane in a se ATA de Grand annual	2b	
С		2c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d		2d	
е	A LL P. Company		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	we will be the first than the first term of the	4a	
b	was to the first the first to the first term of	4b	
	A.13 P.		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Part			
	Complete if the organization answered "Yes" on Form 990, Pa		i Hotaiii
1	The Alberta Control of the Control o		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	37 - 37 - 37 - 37 - 37 - 37 - 37 - 37 -	2b	
С		2c	
d		2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	we will be a first the said and the same as the	4a	
b	THE CONTRACT OF THE CONTRACT O	4b	
С			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional in	formation.
	***************************************		

Page 5				
Part XIII	Supplemental Information (continued)			
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#### **SCHEDULE 0** (Form 990)

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

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

2021

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

HILTON HEAD AREA HOSPITALITY ASSOCIATION	57-0798565
Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BOARD	MEMBER
Pt VI, Line 11b: FOR REVIEW PRIOR TO BEING APPROVED BY THE BOARD A	ND FILING
OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE	
Pt VI, Line 19: A COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZ	ATION'S OFFICE
FOR ANYONE REQUESTING TO VIEW A COPY OF THE FORM 990 AND THE FORM	990 IS AVAILABLE
FOR VIEWING ON THE WEBSITE OF GUIDESTAR.	
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### Form 8879-E0

# IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-0047

2020

Department of the Treasury Internal Revenue Service

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

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

Name of exempt organization or person subject to tax	Taxpayer identification number			
HILTON HEAD AREA HOSPITALITY ASSOCIATION	57-0798565			
Name and title of officer or person subject to tax				
SCOTT ENTRUP, PRESIDENT				
Part I Type of Return and Return Information (Whole Dollars Only)				
Check the box for the return for which you are using this Form 8879-EO and enter the application check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not return, then enter -0- on the applicable line below. Do not complete more than one line in Part	the return being filed with this form was enter -0-). But, if you entered -0- on the			
1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line				
2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9)				
3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22)				
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part				
5a Form 8868 check here ▶ □ b Balance due (Form 8868, line 3c)	AND SECOND SECON			
6a Form 990-T check here ▶ □ b Total tax (Form 990-T, Part III, line 4)				
7a Form 4720 check here ▶ ☐ b Total tax (Form 4720, Part III, line 1)	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 an	n 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 true, correct, and complete. I further declare that the amount in Part I above is the amount should consent to allow my intermediate service provider, transmitter, or electronic return originator to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transforcessing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution as software for payment of the federal taxes owed on this return, and the financial institution to dapayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than (settlement) date. I also authorize the financial institutions involved in the processing of the electronical information necessary to answer inquiries and resolve issues related to the payment identification number (PIN) as my signature for the electronic return and, if applicable, the context of the payment of the payment of the electronic return and, if applicable, the context of the payment of the payment of the payment of the electronic return and, if applicable, the context of the payment of the pa	own on the copy of the electronic return. (ERO) to send the return to the IRS and mission, (b) the reason for any delay in S. Treasury and its designated Financial count indicated in the tax preparation lebit the entry to this account. To revoke 2 business days prior to the payment actronic payment of taxes to receive ent. I have selected a personal			
PIN: check one box only				
I authorize to enter my PIN	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 state agency(ies) regulating charities as part of the IRS Fed/State program, I also authori PIN on the return's disclosure consent screen.	copy of the return is being filed with a ze the aforementioned ERO to enter my			
As an officer or person subject to tax with respect to the organization, I will enter my PIN electronically filed return. If I have indicated within this return that a copy of the return is regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return that a copy of the return is regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return that a copy of the return that a copy of the return that a copy of the return is regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return is required to the return that a copy of the return that a copy	being filed with a state agency(ies)			
Signature of officer or person subject to tax ► X // Cow Entrugal	Date ► X 11.03.2021			
Part III Certification and Authentication				
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	5 7 0 4 1 2 5 1 3 5 5  Do not enter all zeros			

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

ERO's signature

Date > 11/02/2021

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

## 990 **990**

#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

Part			Part III
1	Briefly describe the organization's missi		<u> </u>
			NDUSTRY
	Did the organization undertake any sign	lifecant program consists during the	your which were not listed on the
2	Did the organization undertake any sign prior Form 990 or 990-EZ?		
	If "Yes," describe these new services or		
3	Did the organization cease conductin		how it conducts, any program
	services?		
	If "Yes," describe these changes on Sch	edule O.	
4			ts three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)( the total expenses, and revenue, if any,	4) organizations are required to repo	ort the amount of grants and allocations to others,
	the total expenses, and revenue, if any,	ioi each program service reported.	
4a	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$)
			································
		•••••	
			·
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
	••••••		
		······································	
		••••	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
		•••••	
4d	Other program services (Describe on Sc	hedule O \	
74	(Expenses \$ including g		e \$ }
4e	Total program service expenses ▶	71.1370/10.	·

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	2		×
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			×
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			40347
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
~ !	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		×

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

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1922/1923/20	×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
20	sponsoring organization have excess business holdings at any time during the year?	8		in the second
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	O TOTAL DESI	
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	The state of the s			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	Y.		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		10941000
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 × 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 × × 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: × 8a 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a × b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . . 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 × 13 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b × If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website ☑ Upon request ☐ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

State the name, address, and telephone number of the person who possesses the organization's books and records

and financial statements available to the public during the tax year.

20

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any relate	d org	aniz			ompe	ensa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SCOTT ENTRUP	4.00									
PRESIDENT & DIRECTOR		×		×				0.	0.	0.
(2) SANDRA BENSON VICE PRES & DIRECTOR	3.00	×		×				0.	0.	0.
(3) SARAH MORGOT SECRETARY	2.00	×		×				0.	0.	0.
(4) GARY WHITEHEAD DIRECTOR	2.00	×						0.	0.	0.
(5) DREW LAUGHLIN DIRECTOR	2.00	×						0.	0.	0.
(6) ED BROWN DIRECTOR	2.00	×						0	0.	0.
(7) CHRISTOPHER TASSONE DIRECTOR	2.00	×						0.	0.	0.
(8) MIKE KAUP DIRECTOR	2.00	×						0.	0.	0.
(9) JAMES HILL DIRECTOR	2.00	×						0.	0.	0.
(10) ROBERT HOHMAN DIRECTOR	2,00	×						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 7	Γrustees, I	Key I	Ξm	ploy	yee	s, an	d F	lighest Compe	nsated En	nplo	yees (cor	ntinued)
					(0	C)							
	(A)	(B)	/da m	at ab		ition			(D)	(E)		(F	)
	Name and title	Average					e than o		Reportable	Reportabl		Estimated	
		hours per week					or/trus		compensation from the	compensat from relate		of ot compen	
		(list any	or c	Inst	Officer	Key	Hig	Former	organization	organizatio		from	the
		hours for	dividual t	ituti	cer	em	hest	mer	(W-2/1099-MISC)	(W-2/1099-M	IISC)	organizat related orga	
		related organizations	al to	ona		Key employee	ee					related orga	ai iizatioi is
		below	Individual trustee or director	Institutional trustee		/ee	nper						
		dotted line)	ĕ	stee			Highest compensated employee						
-				550			g.	_					
(15)													
(4.0)				-101		-		-					
(16)													
(17)			_					-					
(17)													
(18)				-	-	$\vdash$		-					
(10)													
(19)													
<u> </u>													
(20)			1.75										
S:1													
(21)													
J													
(22)	Name of Control And State Cont												
(23)													
CONTRACTOR STATE	Hele (II. (1910) dan dispersión problèment provisitations described per colonial de l'approprie de la Colonial												
(24)													
_						_		-					
(25)													
						<u> </u>					-		
	Subtotal							<b>&gt;</b>	0.		0.		0.
C	Total from continuation sheets to Part				ň				0.		0.		0.
d	Total (add lines 1b and 1c)							<b>▶</b>		o than \$100		of	<u></u>
2	Total number of individuals (including bu reportable compensation from the organ		ז נס נו	1056	e iis	tea	above	e) w	mo received mor	e man \$100	,000	OI .	
-	reportable compensation from the organ	ization					U					Y	es No
3	Did the organization list any former	officer dir	actor	tri	icto	0	.OV 0	mn	loves or higher	et company	hates		
3	employee on line 1a? If "Yes," complete											3	×
4	For any individual listed on line 1a, is the										n the	FILE	
-	organization and related organizations	areater th	an \$	150	,000	)? /	f "Ye	s,"	complete Sche	dule J for	such		
												4	×
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y ur	related organiza	tion or indiv	ridual		
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hed	ule J	for s	such person .		- 9-	5	×
Secti	on B. Independent Contractors												
1	Complete this table for your five hig	hest comp	ensat	ed	ind	ере	ndent	CC	ontractors that	received m	ore	than \$10	0,000 of
	compensation from the organization. Rep	ort comper	satio	n fo	r the	e ca	lenda	r ye	ear ending with or	within the	organ	ization's t	ax year.
	(A)	March 1874							(B)			(C)	
	Name and business add	dress						-	Description of ser	vices		Compensati	on
								-					
y <del></del>								-					
								-			_		
			_					-					
	Total number of independent contractor	are (includi	na h	ıt n	10 <sup>+</sup>	limi	tod t	0 +4	nose listed abov	(a) who	72586		
2	received more than \$100,000 of compens							U II	nose listed abov	C) WIIO			
	13331734 more than \$100,000 or compens	24.011 110111		341			(8).		<u> </u>		THE RES		THE PERSON NAMED IN COLUMN TWO

	90 (202	-20								Page \$
Part	: VIII	Statement of Rev				as ar note to or	av lina in thia Da	out \/III		
N <del>.</del>		Check if Schedule	0 66	ontains a re	spor	ise or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
S, G	С	Fundraising events			1c	70,175.				
ar /	d	Related organization			1d					
s, C	e	Government grants			1e	63,453.				
tion sr S	f	All other contribution and similar amounts no			1f					
ibu	g	Noncash contribution			- 11		<b>基本直接</b>			
ontr d C	9	lines 1a-1f			1g	\$				
o F	h	Total. Add lines 1a-					133,628.			
						Business Code				
/ice	2a									
sen	b									
gram Ser Revenue	d									
gra Re	e									
Program Service Revenue	f	All other program se								
	g	Total. Add lines 2a-				<b>&gt;</b>				
	3	Investment income					1			
		other similar amoun								
	4	Income from investr								
	5	Royalties		(i) Rea		(ii) Personal				
	6a	Gross rents	6a	(1) 1100		(ii) i diddiidi				
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income o	r (los	s)		, 🕨				
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
ø.	h	other than inventory Less: cost or other basis	7a							
nue	b	and sales expenses .	7b							
eve	С	Gain or (loss)	7c							
r.	d	Net gain or (loss)				>				
Other Reven	8a	Gross income from								
0		events (not including								
		of contributions report IV, line		a on line	8a					
	b	Less: direct expens			8b					
	c	Net income or (loss)				ents ►	The second second second			
	9a	Gross income f								
		activities. See Part I			9a					
	b	Less: direct expens			9b					
	100	Net income or (loss)			CTIVITIE	es <b>&gt;</b>				
	iua	Gross sales of in returns and allowan			10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)				ory ▶				
sn	12.62					Business Code		<b>建设施工等</b>		
neo	11a									
scellaneo Revenue	b									
iscellaneous Revenue	d	All other revenue					0.	0.	0.	0.
							5-70000	0.00000		

0.

0.

Total. Add lines 11a-11d .

Total revenue. See instructions

0.

	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	4,000.	4,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
2020					
b	Legal	1 000		1 000	
С	Accounting	1,000.		1,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	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				1000000
22	Depreciation, depletion, and amortization .				
23	Insurance	1,606.		1,606.	
24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	POSTAGE	254.		254.	0.
b	TELEPHONE	295.		295.	0.
C	WEBSITE MAINTENANCE	481.		481.	
			04 451	401.	
d	FESTIVAL PRODUCTION COST	94,451.	94,451.		
е	All other expenses	115 50:	00 155	15 110	
25	Total functional expenses. Add lines 1 through 24e	115,564.	98,451.	17,113.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 23,142, 4 30,255.  4 Accounts receivable, net 23,142, 4 30,255.  5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5  6 Loans and other receivables from other disqualified persons (as defined under section 4956(f)(f)), and persons described in section 4956(c)(3)(B) .  7 Notes and loans receivable, net .  8 Inventories for sale or use .  9 Prepaid expenses and deferred charges .  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .  10 Less: accumulated depreciation .  11 Investments—publicity traded securities .  12 Investments—other securities. See Part IV, line 11 .  13 Investments—program-related. See Part IV, line 11 .  14 Intangible assets .  15 Other assets. See Part IV, line 11 .  16 Total assets. Add lines 1 through 15 (must equal line 33) .  131, 931 . 16 .  149, 495.  17 Accounts payable and accrued expenses .  500 . 17 0 .  18 Grants payable .  19 Deferred revenue .  19 Deferred revenue .  20 Tax-exempt bond liabilities .  21 Escrow or custodial account liability. Complete Part IV of Schedule D .  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .  22 Secured mortgages and notes payable to unrelated third parties .  24 Unsecured notes and loans payable to unrelated third parties .  25 Other liabilities (including federal income tax, payables to related third parties .  26 Total liabilities. Add lines 17 through 25 .  27 Total liabilities. Add lines 17 through 25 .  28 Secured mortgages and notes payable to unrelated third parties .  29 Total liabilities. Add lines 17 through 25 .  20 Total liabilities. Add lines 17 through 25 .  20 Total liabilities. Add lines 17 through 25 .			Check if Schedule O contains a response or note to any line in this Par	tX		📙
2   Savings and temporary cash investments   2   3						
Pledges and grants receivable, net  Pledges and grants receivable, net  Accounts receivable, net  Invastee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  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  Loans and other receivables from on ther disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  Notes and other receivables, net  Invastries for sale or use  Invastries for sale or use  Prepaid expenses and deferred charges  Prepaid expenses and deferred charges  Invastries for sale or use  Invastries for sale or use  Prepaid expenses and deferred charges  Prepaid expenses and deferred charges  Invastries for sale or use  Inv		1	Cash-non-interest-bearing	108,789.	1	119,240.
A Accounts receivable, net   23,142, 4   30,255.		2	Savings and temporary cash investments	With the second	2	
A Accounts receivable, net   23,142, 4   30,255.		3	Pledges and grants receivable, net		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1))), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 131, 931. 16 149, 495. 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Ecrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 26 Total liabilities not included on lines 17–24. Complete Part X of Schedule D 27 Total liabilities not included on lines 17–24. Complete Part X of Schedule D 28 Total liabilities not restrictions 29 Capital stock or trust principal, or current funds 30 Pald-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 131, 431. 31 149, 495.		4		23,142.	4	30,255.
Controlled entity or family member of any of these persons   5		5	Loans and other receivables from any current or former officer, director,			
10						
under section 4958(h(1)), and persons described in section 4958(c)(3)(8).  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments – publicity traded securities 12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Loans and other payables to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 26 Total liabilities sot included on lines 17–24). Complete Part X of Schedule D 27 Net assets with out onor restrictions 28 Net assets with donor restrictions 29 Organizations that do not follow FASB ASC 958, check here  and complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds					5	
7		6				
8   Inventories for sale or use   8   9   9   Prepaid expenses and deferred charges   10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10b   10c   11   Investments — publicity traded securities   111   12   13   Investments — program -related. See Part IV, line 11   12   13   Investments — program -related. See Part IV, line 11   13   14   Intangible assets   14   15   15   15   15   15   16   16   16	11/20					
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ets					
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	SS		Acres of the second of the sec			
b Less: accumulated depreciation	۹	9	The state of the s	NA SHAR WHITE DERIVED	9	
11   Investments – publicly traded securities   11   12   10   12   10   12   10   13   10   13   10   14   15   13   10   14   16   15   16   14   15   16   16   16   16   16   16   16		10a	basis. Complete Part VI of Schedule D 10a			
12   Investments — other securities. See Part IV, line 11   13   Investments — program-related. See Part IV, line 11   13   14   Intangible assets   14   15   15   15   16   Total assets. See Part IV, line 11   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   131, 931   16   149, 495   17   Accounts payable and accrued expenses   500   17   0   0   18   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   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   24   Unsecured notes and loans 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   25   26   Total liabilities. Add lines 17 through 25   500   26   0   0   0   0   0   0   0   0   0		b			200000000000000000000000000000000000000	
13   Investments — program-related. See Part IV, line 11   13   14   Intangible assets   14   15   15   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   131, 931   16   149, 495   17   Accounts payable and accrued expenses   500   17   0   0   18   19   19   19   19   19   19   19		11			10.00	
14   Intangible assets   14   15   15   16   17   16   17   16   17   16   17   16   17   16   17   16   17   16   17   17						
15						
16 Total assets. Add lines 1 through 15 (must equal line 33)						
17 Accounts payable and accrued expenses 500. 17 0.  18 Grants payable . 18 19  Deferred revenue . 19  Tax-exempt bond liabilities . 20  12 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 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  Total liabilities. Add lines 17 through 25 500. 26 0.  Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions 27  28 Net assets with donor restrictions 28  Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 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.  131, 431, 32 149, 495.				101 001		110 105
18 Grants payable	_					
Tax-exempt bond liabilities				500.	- 2.2	0.
Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21						
21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons						
22 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						
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	,,				21	
Unsecured notes and loans payable to unrelated third parties	ties	22				
Unsecured notes and loans payable to unrelated third parties	piii				22	
24 Unsecured notes and loans payable to unrelated third parties	Lia	23	The state of the s		23.DUS20	
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						
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			2 m			
of Schedule D		20				
Total liabilities. Add lines 17 through 25			- 기회사실실 경험하다 사용하는 그리고 있다면 가장 하면 보고 있다면 하는데 사용하다 하는데 사용하다 하는데 하는데 사용하다 하는데		25	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  131,431. 32 149,495.		26	Total liabilities. Add lines 17 through 25	500.	26	0.
and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here ➤ ☒  and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  33 Total liabilities and net assets/fund balances  131, 431.  149, 495.  131, 931.  133 149, 495.	S					
Per public 27 Net assets without donor restrictions 27   28 Net assets with donor restrictions 28   Organizations that do not follow FASB ASC 958, check here ► ★ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 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.	ü					
Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  33 Total liabilities and net assets/fund balances  34 Jan 12 Jan 12 Jan 12 Jan 12 Jan 13 Jan 149, 495.  35 Total liabilities and net assets/fund balances  36 Jan 18 Jan	ala	27	Net assets without donor restrictions		27	
Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	d B	28	Net assets with donor restrictions		28	
Capital stock or trust principal, or current funds	Fun					
g         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.	ō	29			29	
% 4 5 7 7 8 7 8 7 8 7 8 7 8 7 7 8 7 8 7 8 7	ets	30			30	
Total net assets or fund balances       131,431.       32       149,495.         Total liabilities and net assets/fund balances       131,931.       33       149,495.	Ass	31		131,431.	31	149,495.
<b>Z</b> 33 Total liabilities and net assets/fund balances	et )	32			32	
	Z	33	Total liabilities and net assets/fund balances	131,931.	33	149,495.

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н	21	TE	,	12

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

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

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization HILTON HEAD AREA HOSPITALITY ASSOCIATION 57-0798565 Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BOARD MEMBER Pt VI, Line 11b: FOR REVIEW PRIOR TO BEING APPROVED BY THE BOARD AND FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE Pt VI, Line 19: A COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZATION'S OFFICE FOR ANYONE REQUESTING TO VIEW A COPY OF THE FORM 990 AND THE FORM 990 IS AVAILABLE FOR VIEWING ON THE WEBSITE OF GUIDESTAR.

#### STATE OF SOUTH CAROLINA SECRETARY OF STATE

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#### ARTICLES OF INCORPORATION

Nonprofit Corporation - Domestic Filing Fee \$25.00

#### TYPE OR PRINT CLEARLY IN BLACK INK

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

111207-0201 FILED: 11/30/2011

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

Mark Hammond South Carolina Secretary of State

a. Upon dissolution of the corporation, assets shall be distrib purposes within the meaning of section 501(c)(3) of the corresponding section of any future Federal tax code, Federal government, or to a state or local government, for asset not so disposed of shall be disposed of by the County in which the principal office of the corporation is such purposes or to such organization or organizations, which are organized and operated exclusively for such purposes or to such organization or organizations, which are organized and operated exclusively for such purposes indicate the name of the selected entity.  OR  b. If the dissolved corporation is not described in Section 50 upon dissolution of the corporation, the assets shall be disbenefit or religious corporations or to one or more of the elementity to which the assets should be distributed, please indicate the name of the elementity.  If the corporation is a mutual benefit corporation complete either "a" or to describe how the (remaining) assets of the corporation will be distribute corporation.  a. Upon dissolution of the mutual benefit corporation, the (redistributed to its members, or if it has no members, to those corporation holds itself out as benefiting or serving.  b. Upon dissolution of the mutual benefit corporation, the (rewith the law, shall be distributed to	oration complete either "a" or corporation will be distributed (3) status, you must complete
OR  b.	Internal Revenue Code, or the or shall be distributed to the or a public purpose. Any such ourt of Common Pleas of the s then located, exclusively for as said court shall determine,
b.	
upon dissolution of the corporation, the assets shall be disbenefit or religious corporations or to one or more of the e  If you chose to name a specific public benefit, religious contentity to which the assets should be distributed, please indicative.  If the corporation is a mutual benefit corporation complete either "a" or to describe how the (remaining) assets of the corporation will be distributed corporation.  a. Upon dissolution of the mutual benefit corporation, the (redistributed to its members, or if it has no members, to thos corporation holds itself out as benefiting or serving.  b. Upon dissolution of the mutual benefit corporation, the (rewith the law, shall be distributed to	
entity to which the assets should be distributed, please indentity.  If the corporation is a <u>mutual benefit corporation</u> complete either "a" or to describe how the (remaining) assets of the corporation will be distribute corporation.  a. Upon dissolution of the mutual benefit corporation, the (redistributed to its members, or if it has no members, to those corporation holds itself out as benefiting or serving.  b. Upon dissolution of the mutual benefit corporation, the (rewith the law, shall be distributed to	stributed to one or more public
to describe how the (remaining) assets of the corporation will be distribute corporation.  a. Upon dissolution of the mutual benefit corporation, the (redistributed to its members, or if it has no members, to thos corporation holds itself out as benefiting or serving.  b. Upon dissolution of the mutual benefit corporation, the (rewith the law, shall be distributed to	
distributed to its members, or if it has no members, to thos corporation holds itself out as benefiting or serving.  b. Upon dissolution of the mutual benefit corporation, the (re with the law, shall be distributed to  The optional provisions which the nonprofit corporation elects to include in	
with the law, shall be distributed to  The optional provisions which the nonprofit corporation elects to include in	
	maining) assets, consistent
modipolation are as follows (see S.C. Code of Earls \$33.31.202(c)).	n the articles of
Please see attachment	

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

#### Filing Checklist

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

Attn: Corporate Filings P.O. Box 11350

Columbia, SC 29211

#### Attachment to

# **Articles of Incorporation of**

#### Hilton Head Island Wine and Food Inc.

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

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

# The State of South Carolina



# Office of Secretary of State Mark Hammond

# Certificate of Incorporation, Nonprofit Corporation

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

HILTON HEAD ISLAND WINE AND FOOD INC.,

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

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

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

Mark Hammond, Secretary of State